

*California Social Work Education Center*

*C A L S W E C*

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**Family Group Decision-Making  
Models for Social Workers in the  
Child Welfare Setting**

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## CaISWEC PREFACE

The California Social Work Education Center (CaISWEC) is the nation's largest state coalition of social work educators and practitioners. It is a consortium of the state's 16 accredited schools of social work, the 58 county departments of social services and mental health, the California Department of Social Services, and the California Chapter of the National Association of Social Workers.

The primary purpose of CaISWEC is an educational one. Our central task is to provide specialized education and training for social workers who practice in the field of public child welfare. Our stated mission, in part, is "to facilitate the integration of education and practice." But this is not our ultimate goal. Our ultimate goal is to improve the lives of children and families who are the users and the purpose of the child welfare system. By educating others and ourselves, we intend a positive result for children: safety, a permanent home, and the opportunity to fulfill their developmental promise.

To achieve this challenging goal, the education and practice-related activities of CaISWEC are varied: recruitment of a diverse group of social workers, defining a continuum of education and training, engaging in research and evaluation of best practices, advocating for responsive social policy, and exploring other avenues to accomplish the CaISWEC mission. Education is a process, and necessarily an ongoing one involving interaction with a changing world. One who hopes to practice successfully in any field does not become "educated" and then cease to observe and learn.

To foster continuing learning and evidence-based practice within the child welfare field, CaISWEC funds a series of curriculum sections that employ varied

research methods to advance the knowledge of best practices in child welfare. These sections, on varied child welfare topics, are intended to enhance curriculum for Title IV-E graduate social work education programs and for continuing education of child welfare agency staff. To increase distribution and learning throughout the state, curriculum sections are made available through the CalSWEC Child Welfare Resource Library to all participating schools and collaborating agencies.

The section that follows has been commissioned with your learning in mind. We at CalSWEC hope it serves you well.

## INTRODUCTION

This training curriculum introduces information in modular format with the goal of familiarizing the student or trainee with the Family Group Decision-Making model of working with families in child welfare. The curriculum is written for training workshops and classroom teaching by agency trainers, child welfare training academies, schools of social work, agency-based field instructors, and faculty/field liaisons. In addition to social workers, it may also benefit a number of other professionals who are involved in the family group decision-making process, such as attorneys, public health nurses, teachers, clergy, mental health practitioners, recovery counselors, foster parents, etc.

There is a crisis in foster care with more children needing placement than there are suitable foster homes. The need for new approaches to out-of-home-care planning has emerged. Family group decision-making, as one of these approaches, has garnered heightened interest among child welfare programs in both the U.S. and abroad.

The roots of the practice are firmly embedded in the family-centered and strength-based approach of working with families. It is based on a core belief that within families lies the wisdom to come up with solutions to protect their children and resolve other issues of concern. The model arose in the child welfare setting in 1989, a time when child welfare agencies worldwide were looking at better, more effective, and more culturally competent ways of working with families. In New Zealand, the major initiator of family group decision-making practice, the push for a more family-centered approach came from the indigenous Maori people. The Maori recognized that they were

overrepresented in "stranger" care and that their family strengths were not being recognized in the child welfare system. At the same time, in Oregon in the United States, child welfare personnel were realizing that the "system" was failing families and there needed to be ways of bringing families and community into the net of resources for those in the child welfare system. Here, the Family Unity Meeting model arose.

Child welfare practitioners and administrators have recognized that they cannot protect children alone, cannot successfully parent children as an agency, and that children need to be connected to a family, friends, and a community for their healthy development and protection. The appearance of family group decision-making models in so many settings grew out of these realities.

The roots of family group decision-making practice are firmly embedded in New Zealand and Oregon; however, the dynamic nature of this topic in practice today is impressive. Practitioners worldwide are discussing their experiences, sharing research and practice at conferences, chatting online, and openly sharing resources and ideas.

The American Humane Association has played a leading role in bringing all of these efforts together. They have organized yearly Roundtables in various American cities, made written materials available, and most recently developed a website devoted exclusively to family group decision-making.

The model is being implemented across the United States and abroad. The efforts of the AHA supports the recognition of the importance of maintaining the integrity of the model as it is rapidly adopted. One of the benefits of their role in this dynamic practice is the sharing of research from various locations such as Oregon, Washington,

Great Britain, and Sweden. Empirical evidence supporting the FGDM model has only recently begun to appear and there is much work in the future.

In order for the practitioner to work effectively with families using this model, there must be a genuine respect for the institution of the family (in all its varieties and definitions), a belief that people can change, and recognition that each person possesses strengths to build on. The family group decision-making model also epitomizes good practice with families of every culture and ethnic group as it offers each family respect and privacy to come up with solutions for their own unique concerns. The model builds on these beliefs and this curriculum shares the gift of the experience and knowledge of those who have practiced and written on the subject.

This model of working with families is based on the following values and beliefs about people:

- Families have strengths and can change.
- Strengths are what ultimately resolve concerns.
- Strengths are discovered through listening, noticing, and paying attention to people.
- Strengths are enhanced when they are acknowledged and encouraged.
- People gain a sense of hope when they are listened to.
- Options are preferable to advice.
- Empowering people is preferable to controlling them.
- A consultant is more helpful to people than a boss.

(Graber & Nice, 1999).

This curriculum is presented in six modules:

1. Historical Perspective of Family Group Decision-Making
2. Models of Family Group Decision-Making
3. Cultural Competency in Family Group-Decision Making
4. Micro, Mezzo, and Macro Skills Utilized in Family Group Decision-Making
5. Family Group Decision-Making Practice
6. Outcome Measures in Family Group Decision-Making

The California Social Work Education Center (CalSWEC) Child Welfare Competencies taught in this curriculum are identified in the next section. Each module includes basic didactic lecture content, instructional guides and suggestions, interactive exercises, topics for discussions, video and other resources, and a pre- and posttest instrument with answer sheet. Also included are an appendix of handouts, a workshop presenter evaluation form, references, and a list of sources of information and resources.

So dynamic is this model, the authors of this curriculum warn the reader to access website resources while acquainting themselves with this topic for training and education. The synergism of a practice approach that fuels practitioners with excitement, enthusiasm, and hope has not been experienced at this level in many decades. It is with a strong belief in FGDM that the authors welcome newcomers to study, practice, and evaluate this approach.

We would like to respectfully acknowledge the early work of our colleagues in New Zealand whose family group conferencing so greatly influenced practice in the United States and other countries. We also acknowledge the trailblazing efforts of our colleagues in Oregon whose family unity model influenced practice in California and beyond. We also acknowledge the courage, dedication, and commitment of all those in child welfare who have made the leap of faith in belief in families by adopting this model. Finally, we acknowledge and respect all the families, friends, kin, faith community, and others who have participated in family group decision-making, thereby making every effort to improve the outcomes for children in the child welfare system.

# CaISWEC COMPETENCIES

The following CaISWEC competencies are applicable to the curriculum modules specified.

## **Section 1: Ethnic Sensitive and Multicultural Practice**

- 1.7 Student is able to evaluate models of intervention such as family preservation, family-centered services, and family-centered crisis services for their application, possible modification, and relevance to cultural and ethnic populations. (Modules 2, 3, 5, 6)
- 1.13 Student participates in community outreach activities and develops and maintains collaborative relationships with individuals and groups in community agencies and organizations. (Modules 4, 5)

## **Section 2: Core Child Welfare Skills**

- 2.2 Student is able to assess the interaction of individual, family, and environmental factors, which contribute to abuse, neglect, and sexual abuse, and identifies strengths, which will preserve the family and protect the child. (Modules 2, 3, 4, 5)
- 2.5 Student has knowledge of the special characteristics and situations of the low-income family and the single-parent family. (Module 3)
- 2.6 Student understands the dual responsibility of the child welfare caseworker to protect children and to provide services and support to enable families to care for their children. (Modules 4, 5)
- 2.9 Student accurately assesses the initial and continuing level of risk for the abused or neglected child within the family while ensuring the safety of the child. (Modules 4, 5)
- 2.10 Student understands policy issues and legal requirements affecting child welfare practice, including confidentiality, worker liability, reasonable effort requirements, minimum sufficient level of care, least restrictive environment, permanency planning, establishment of paternity, and knows how to implement these requirements in practice. (Modules 2, 3, 4, 5)
- 2.13 Student understands the potentially traumatic effects of the separation and placement experience for the child and the child's family and the negative effects on the child's physical, cognitive, social, and emotional development. (Modules 4, 5)

- 2.15 Student understands the principles of permanency planning and the negative effects that inconsistent and impermanent living arrangements have on children. (Modules 4, 5)
- 2.16 Student understands the importance of the biological parent maintaining contact with the child in placement, of encouraging parents when appropriate to participate in planning, and of regular parent-child visitations. (Modules 4, 5)
- 2.17 Student understands the medical, legal, and social management needs of children with special medical needs such as HIV disease, drug dependency, and the medically fragile child. The student helps foster and birth families in meeting those needs, and in coping with the stresses of such care. (Modules 3, 4, 5)
- 2.18 Student works collaboratively with foster families and kin networks, involving them in assessment and planning, and supporting them in coping with special stresses and difficulties. (Modules 4, 5)

### **Section 3: Social Work Skills and Methods**

- 3.2 Student conducts effective ongoing case assessment and planning. (Modules 4, 5)
- 3.3 Student demonstrates the ability to evaluate and incorporate information from others, including family members and professionals, in assessment, treatment planning, and service delivery. (Modules 3, 4, 5)
- 3.4 Student conducts effective casework interviews. (Modules 4, 5)
- 3.5 Student understands the importance of and demonstrates the ability to work with the client in the community, including home, school, etc. (Modules 2, 3, 4, 5)
- 3.6 Student is aware of his or her own emotional responses to clients in areas where the student's values are challenged, and is able to utilize the awareness to effectively manage the client-worker relationship. (Modules 3, 4, 5)
- 3.11 Student can engage clients, especially non-voluntary and angry clients. (Modules 3, 4, 5)
- 3.12 Student engages families in problem-solving strategies and assists them with incorporating these strategies. (Modules 1, 2, 3, 4, 5)
- 3.13 Student has knowledge of and understands how to work collaboratively with other disciplines that are routinely involved in child welfare cases. (Modules 4, 5)

- 3.14 Student can produce concise, required documentation. (Modules 4, 5)
- 3.19 Student understands and utilizes the case manager role in creating and sustaining a helping system for clients. (Modules 4, 5)
- 3.20 Student understands and knows how to plan for and implement home-based services whenever possible to prevent removal of children from their homes. (Modules 1, 2, 3, 4, 5)
- 3.21 Student effectively and appropriately uses authority, while continuing to use supportive casework methods, to protect children and engage families. (Modules 4, 5)
- 3.24 Student understands the strengths and concerns of diverse community groups and is able to work with community members to enhance services for families and children. (Modules 3, 4, 5)
- 3.25 Student understands how to plan and conduct appropriate placement activities for children, using the concepts of concurrent planning. (Modules 1, 2, 3, 4, 5, 6)

### **Section 5: Workplace Management**

- 5.3 Student can understand client and system problems from the perspective of all participants in a multi-disciplinary team and can assist the team to maximize the positive contribution of each member. (Modules 4, 5, 6)
- 5.8 Student demonstrates a working knowledge of the relationship process of accessing community resources available to families and children; utilizes them appropriately, and updates as necessary. (Modules 3, 4, 5)
- 5.9 Student can develop a strategy to identify new agency and community resources to meet client needs. (Modules 4, 5)
- 5.10 Student is familiar with a range of collaborative models. (Modules 4, 5)

### **Section 6: Child Welfare Policy, Planning, and Administration**

- 6.10 Student understands the leader's responsibility to plan and develop systems that address the diversity of staff, children, and families in public child welfare. (Modules 3, 4, 5)
- 6.11 Student understands that decision-making processes in public child welfare practice require ethical reasoning that is informed by professional standards. (Modules 3, 4, 5)

## **MODULE I**

### **HISTORICAL PERSPECTIVE OF FAMILY GROUP DECISION-MAKING**

# MODULE I

## HISTORICAL PERSPECTIVE OF FAMILY GROUP DECISION-MAKING

**Note to Instructor:**

This module is a combination of lecture, interactive exercises, and group discussion. This module introduces the trainee to the context of the family group decision-making module and to the basic outline of a family group conference.

**Goals:**

Participants will learn the historical basis of family group decision-making models in social work practice with families and be able to place them in a contextual framework.

**Objectives:**

At the completion of this module, participants will:

1. Describe how the family group decision-making model has its origins in basic social work practice approaches with families.
2. Articulate the philosophy, values, ethics, and legislative mandates that contributed to the contextual framework for this practice approach within public child welfare.

### INTRODUCTION

Family Group Decision-Making emerges at a time when social work practice in the United States has evolved to a more inclusive, empowering practice in working with families in child welfare. Terms like "family-centered" and "strength-based" are guide lights in practice with families in the child welfare system. Research has shown that "the system" does not necessarily answer the needs of children. Foster care is not the panacea, group homes do not always result in healthy outcomes, and the Juvenile Court system does not provide a good substitute for a caring family environment. We have seen that parents in the "system" do not do well when we concentrate on their

problems. We see many parents giving up, losing hope, and children losing touch with their families of origin.

Children, families, and communities are at serious risk as our society faces issues of poverty, homelessness, addiction, violence, abuse, incest and neglect. Members of these populations, especially the children, are aware of these realities on a daily basis. Children are at greatest risk. For some, the cost is their lives. Resolving the concerns that bring families to the attention of agencies is critical to increase safety for children. It is important to be able to articulate concerns, not problems and to understand the difference between the two. Problem terminology invites adversarial relationships. Family and agency energy that is put into fighting is not there to address concerns. It is not unlike a tug-of-war, where tremendous energy is exerted with little progress in either direction. The Family Unity Meeting can get much done by inviting everyone to pull together, using their energy to resolve concerns (Nice & Graber, 1999, p. 8).

**ATTENTION INSTRUCTOR:**

It will be helpful to engage your trainees in thinking about families by having them think about their own family. This can occur by injecting these "Family Moments" into your training. These will be interspersed throughout the curriculum.

**Family Moment**

What is your position in your family?  
What was your nickname in your family?  
What is the term of endearment used in your family towards children?



**ATTENTION INSTRUCTOR:**

It may enhance your training to post some key statements on the wall at your training site. These should reflect the values of Family Group Decision-Making and it can be helpful to refer to them throughout your training.

"Children are best protected when families are strong."  
(Nice & Graber, p. 10)

## Engaging Extended Families: Throwing Out the Safety Net

- Historically, in child welfare, social workers have not engaged extended family in the task of protecting their children. The intensive workload required in child welfare and its demands have kept the focus predominantly on parents and their children.
- Family conferencing "throws the net out much farther," with the intent of capturing extended family, kin, and lifelong family friends and support systems. It comes with the belief that these are the people most committed to protecting children in the family. These are the people who will remain in the lives of children long after the professionals are gone. By enabling these family members to come together, we essentially unleash their family wisdom, unfetter their creativity, and allow them to come up with creative solutions to the issues that brought the family to the attention of the child welfare system.

Tell me and I will forget  
Show me and I might remember  
Involve me and I will understand  
(Chinese Proverb)

- Family Group Decision-Making is a simple process and resembles traditions familiar to many cultural and religious groups. It is now being practiced in several locations in California, the United States, and abroad. Module II will discuss a few of these models some detail. Module III will discuss the model in the cultural context.

## HISTORY

- In child welfare there have been conditions unfolding that have created a fertile ground in which this model has developed. Prior to 1930, social services were provided primarily by churches and voluntary organizations, as was financial assistance for people in need. (Zastrow, 2000).
- The roaring '20s was largely a time of prosperity. When the great depression hit in October, 1929, the entire country was affected to some degree. The number of unemployed went from 3 million in the spring of 1929 to 15 million in January of 1933. This represented more than 20% of the workforce. (Trattner, 1974).

## **Industrial Revolution**

- Also impacting this massive event was the phenomenon of families having moved in massive numbers to cities as part of the industrial revolution. Prior to this, there were few communities in America or Europe with populations larger than a few thousand. One of the consequences of the Industrial Revolution was the development of large urban areas close to factories. Because employment opportunities were limited in rural areas, many workers moved to cities. With such movement, family and kinship ties were broken, and those who were unable to adapt faced a loss of community identity, alienation, and social breakdown (Zastrow, 2000).
- The reality for families during this period was reinforced by the public policies or the lack of public policies addressing families in crisis. For example, in 1931, Herbert Hoover approved a bill for \$45 million to feed starving livestock in Arkansas but opposed a \$25 million bill to feed starving farmers and their families in the same state (Trattner, 1974).

## **The New York Society for the Prevention of Cruelty to Children 1875**

- The first agency to recognize child abuse, the New York Society for the Prevention of Cruelty to Children, grew out of the Society for the Prevention of Cruelty to Animals. This organization developed out of the case of Mary Ellen in 1875 (Watkins, 1990). Mary Ellen was severely beaten by the couple who had raised her since infancy. The Society for Prevention of Cruelty to Animals was approached by concerned community members who knew of no legal ways to protect the child. The organization brought the case to the court's attention and Mary Ellen was placed with another family for her protection. Her abusive caretakers went to prison. This brought about the first Society for the Prevention of Cruelty to Children. Others followed around the country.
- Laws were developed addressing protective issues, followed by the development of agencies providing protective services for children. At this time, the direction of services was focused on protecting the child and punishing the parent. The move towards a more family-centered approach to social work was slow in coming about.

## **White House Conference on Children**

- The first White House conference on children occurred in 1909. This conference affirmed, for the first time, both the importance of the child's family and that a child not be removed from home for reasons of poverty alone.

## **Protective Services**

- Protective services has had two main approaches from the beginning: law enforcement and rehabilitation. The first approach emphasized punishment for the abusive or neglectful parents, whereas the second emphasized the importance of helping the parents and keeping the family together rather than disrupting it (Zastrow, 2000). Various laws have moved protective services toward the latter approach but for many in the field, the practice reality has lagged behind the passage of the laws. Family Group Decision-Making is a concrete example of family-centered and strength-based practice.

## **Child Abuse Prevention and Treatment Act of 1974**

- The Federal legislation known as CAPTA (Child Abuse Prevention and Treatment Act; PL26-272) passed in January, 1974, and provided direct funding to states to develop child abuse and child neglect programs. This legislation showed a real shift towards looking at the family. Previous emphasis had been on foster care and protecting children, but not on families or permanency for children. The need for permanency planning for children was addressed in this legislation and adoption was expanded as an option in permanency for children.
- This marked a significant shift in attitude away from removal of children from their parent/s as a solution in child abuse cases. This legislation discussed the realization of children "languishing in foster care." With this came the discussion of their need for permanency.

## **Family Preservation and Support Act of 1993**

- The Federal legislation called the Family Preservation and Support Act of 1993 included services such as family support/home visiting programs, family resource centers, and intensive crisis intervention. These efforts led to the following changes:
  - In-home work with families becomes popular along with public recognition that people can change, and that parents can learn parenting and homemaking skills.
  - New guiding principles are utilized: (a) the safety of the child is paramount, (b) the worker must build on strengths of family and community, (c) the goal of "family preservation" is not an end-all but a point on a continuum (i.e., the birth family is not always the answer--children may need a new family).
  - Critical questions are raised in regards to (a) the number of children in out-of-home care, (b) keeping the child safe—emphasis on reviews of

fatalities, (c) making reasonable efforts, (d) public dollars required in child welfare and how monies are spent, and (e) children not served—outcomes for children in foster care).

### **Concurrent Planning (Adoption and Safe Families Act of 1997)**

- Concurrent planning is the process of immediate, simultaneous, and continuous assessment and case plan development that provides a continuum of options to achieve early, family-based permanence for every child removed from his or her own family. Concurrent planning is a court/agency/family collaboration that must include probability of reunification, availability of extended family resources, and identification of a family who will commit to legal permanency for the children.
- Or, more simply stated, concurrent planning is the process of working toward reunification while at the same time establishing an alternative permanency plan.
- The laws regulating this practice are:
  - Federal: Adoption and Safe Families Act of 1997 (Public Law 105-89, 1997).
  - State of California: Assembly Bill 1544 (Stats. 1997, ch. 793).
- The significance of this law relevant to family conferencing is its stated inclusion of family in the decision-making around permanent planning for children. The collaboration of court/agency/family represents a significant shift in practice in child welfare.

### **Signs of Shift in Practice to Emphasis on Families**

- Emergence of family-focused treatment.
- Mediation and alternative case resolution emerging in child welfare, juvenile courts, and probation.
- Concurrent planning as a catalyst for change. Significant shift to shorter timelines for parents to change, with a stated goal of giving children permanency planning as early as possible.
- Shift away from the law and adjudication towards the social worker and the relationship with the family. More discussion in agencies of "voluntary" agreements.
- Community involvement.

- Collaboration with the community becomes a guiding principle.
- A recognition that within the community are support systems for families and for the protection of children.
  - Family group decision-making, family conferencing, and family unity meetings all grew out of the fertile ground of these legislative and practice shifts. These changes laid the foundation that led to practitioners' considering the possibility of letting families come up with solutions to their own concerns and protective issues. It builds on family strengths rather than focuses on problems, furthers the use of the language of concerns, and offers families hope. Rather than seeing court action and foster care as the panacea for all cases of child abuse and neglect, the practice supports community and family responsibility.

### **WHAT IS A FAMILY GROUP DECISION-MAKING CONFERENCE?**

- The family group decision-making conference or family conference brings together nuclear and extended family and kin members, friends, community members, the faith community, professionals, and concerned others who have an interest in a child's well-being.
- It is based on the principle that families need to be involved in decisions about the children in their family.
- In the past, in child welfare, social services or the court made most decisions about what happened to children and families. There are better outcomes when families are involved in the decisions that impact their family.

### **Difference Between “Family Group Conference” and “Family Unity Meeting”**

- There was, in 1989, a clear distinction between the terms "family group conference" and "family unity meeting," indicating the difference between the New Zealand and Oregon models. The most important feature distinguishing the two models was the inclusion or exclusion of private family time. In adapting the New Zealand Model, Oregon introduced the idea of exploring "strengths" and "concerns" in the family unity meeting. New Zealand left the family alone to come up with a plan and, in the beginning, Oregon facilitated the whole family meeting. Today, it is not so easy to determine what model is being used by the name alone. Currently, in most locations in the United States, it appears agencies are using a combination of the two models with private family time being the most common practice in all locations. Adaptations of models are appearing more rapidly than can be accounted for at this writing.

## Structured Meeting

- Family conferencing is a structured, task and goal-oriented group meeting of all the above-named individuals.
  - It is an opportunity for the family to be involved in decisions around the safety of the children in the child welfare system. It is based on the beliefs that within the family lie the solutions as they are best informed about themselves, that there are strengths in the family upon which to build, and that by coming together with all the other individuals (community, church, friends, etc.), children can be kept from harm.
  - A facilitator and co-facilitator from the sponsoring or contracted organization lead the meetings. In most jurisdictions, these individuals are most frequently child welfare social workers. However, successful meetings have been led by other than social workers. In some places, such as Hawaii, the meetings are led by a contractor with mediations background, and a trained community member (Personal communication, Arlynn Howell, January 5, 1999).
  - The meetings are not therapy meetings. Undoubtedly, issues that are unresolved within the family will come up at meetings. When the meeting is being arranged, the coordinating individual explains that many unresolved issues of the family will not be discussed at the meeting, rather the facilitator will redirect the discussion back to the issues around the safety of the children.
- ✓ *Note to instructor: In asking this question, participants must literally 'walk in someone's moccasins' as the American Indian saying goes.*

### Family Moment

What would it take to get your family to come to a family conference?

## The Steps of a Meeting

For more details to the process, see Module V where a discussion of skills is included.

- **Pre-meeting**
  - Invitations and preparation
- **Meeting**
  - Welcomes, introductions, and information sharing
  - Participants decide on a goal for the meeting
  - Strengths are shared, discussed, and listed
  - Break (refreshments or light meal shared)
  - Concerns are shared, discussed, and listed
  - Participants take a short break while the facilitators group the concerns into some general categories
  - Private family time
  - Meeting reconvenes to finalize the family's plan
  - Closure
- **Post-Meeting**
  - Follow-up with family and other participants
  - Critical reflection
- This model represents a significant shift away from the hierarchical or government control way of working with families in the child welfare system. The model has, in the various settings where it has been introduced, not been without its challenges and struggles as the social workers shift to this new way of working with families.

In the field of child protection, power is very heavily weighted toward the state and its statutory authority. The concept of partnership, therefore, is severely tested within this context. Shared decision-making, an expression of partnership, can create considerable anxiety for the workers as they attempt to strike the right interventive balance. Workers know that getting the balance wrong can have serious safety implications for the child. They also know that over- and underintervention in family life can result in them

being pilloried for inadequate supervision if a child gets hurt or for heavy-handedness if a family is perceived to be unduly interfered with (Connolly & McKenzie, 1999, p. 12).

- The practitioner, the supervisor, or the administrator looking at the practice or implementation of the family group decision-making model must be mindful of this tension and bring it to the forefront of discussions.
- The following can be a guide in that discussion.

### **PRACTICE MOMENT**

- What issues of "control" can you discuss?
- Discuss either from your own practice as a social worker or relevant to the history of child welfare where decisions were predominantly led by the agency or the courts in the past.
- How does the family group decision-making/family conferencing model differ?
- What is the social worker's role?
- How would the family feel about the agency after a meeting?

## **CONCLUSION**

Family Group Decision-Making grew out of a historical context. All over the world, child welfare workers and administrators were responding to the demands of their communities to be more inclusive. The hierarchical style of child welfare was no longer viable. It was in this context that the family group decision-making and family unity meeting models were born. The student or trainee, by examining his or her own family and family values will hopefully begin to see the value of this innovative approach.

## MODULE I PRE- AND POSTTEST

Name \_\_\_\_\_ Date \_\_\_\_\_

### Fill in the blanks:

1. In the family group decision-making model, we do not articulate the family issues as \_\_\_\_\_ but rather use the language of \_\_\_\_\_.
2. The model of family group decision-making is based on the belief that the wisdom to resolve family concerns lies within the \_\_\_\_\_.
3. Prior to 1930, social services were provided primarily by \_\_\_\_\_ and voluntary organizations.
4. A significant factor that impacted families in 1929 was \_\_\_\_\_.
5. The first official organization to recognize child abuse was the \_\_\_\_\_.
6. Public Law 26-272 or the \_\_\_\_\_, provided direct funding to states to help them develop child abuse and neglect reporting programs.
7. The \_\_\_\_\_ Act of 1993 included areas such as family support/home visiting programs, family resource centers, etc.
8. Concurrent planning is significant in its collaboration between \_\_\_\_\_, \_\_\_\_\_, and \_\_\_\_\_.
9. In California, the two laws describing Concurrent Planning are \_\_\_\_\_ (Federal) and \_\_\_\_\_ (State).
10. The most significant fact that empowers and respects families in the Family Group Decision-Making model is \_\_\_\_\_.

## MODULE I PRE- AND POSTTEST ANSWER SHEET

Name \_\_\_\_\_ Date \_\_\_\_\_

### Fill in the blanks:

1. In the family group decision-making model, we do not articulate the family issues as problems but rather use the language of concerns.
2. The model of family group decision-making is based on the belief that the wisdom to resolve family concerns lies within the family.
3. Prior to 1930, social services were provided primarily by churches and voluntary organizations.
4. A significant factor that impacted families in 1929 was the Great Depression.
5. The first official organization to recognize child abuse was the New York Society for the Prevention of Cruelty to Children.
6. Public Law 26-272 or the Child Abuse Prevention & Treatment Act (CAPTA), provided direct funding to states to help them develop child abuse and neglect reporting programs.
7. The Family Preservation & Support Act of 1993 included areas such as family support/home visiting programs, family resource centers, etc.
8. Concurrent planning is significant in its collaboration between court, agency, and family.
9. In California, the two laws describing Concurrent Planning are Adoption & Safe Families Act (Federal) and Assembly Bill 1544 (State).
10. The most significant fact that empowers and respects families in the Family Group Decision-Making model is family alone time.

## **MODULE II**

### **MODELS OF FAMILY GROUP DECISION-MAKING**

## MODULE II

### MODELS OF FAMILY GROUP DECISION-MAKING

**Note to Instructor:**

This module presents an overview of the major types of family group decision-making models in place. The module includes lecture content, a video presentation, interactive exercises, and group discussion. The trainee will begin to explore the discreet factors among the various models and the relative strengths of the distinguishing characteristics.

**Goals:**

Participants will learn the similarities and differences of various family group decision-making models and analyze the experiences of the national and international examples.

**Objectives:**

At the completion of this module, participants will be able to:

1. Define and describe the similarities and differences of various family group decision-making models.
2. Analyze and critique the reported experiences of U.S. and international agencies that have implemented forms of family group decision-making.

## INTRODUCTION

The term,

'Family Group Decision Making' (FGDM) is a planned process in which parents/caregivers are joined by family, friends, and providers of community resources (professionals and natural helping networks) to decide what is best for the well-being of children who have been maltreated and how to ensure their future safety. All participants are prepared in advance so that they can bring their best thinking and wisdom to a family-centered gathering. (Harper & Coburn, 1998, p. 1)

### Variations

- There are variations on the format of these meetings. Over time, different locations have developed their own style and variations of format based on two originators. The New Zealand Family Group Conferencing Model (FGDM) and

the Oregon Family Unity Model (FUM) are the two main influences. The locations discussed here reflect variations on these two influential models. It appears all locations are experiencing success in terms of the outcomes of these meetings but we will look at some key locations, how they have implemented their model, how they differ, and how they are the same.

- Clearly, the tradition of families coming together to solve their problems or discuss family concerns is not a new concept. Many families engage in this practice as part of their family culture. For many cultural groups this tradition extends back for many generations. It appears that colonization in some cases and government intervention in others interfered with the strengths of these traditions in families. Family group decision-making is a way of returning to the tradition of allowing families to come together and come up with their own unique solutions for protecting their children.

## Models

- We will discuss four family group decision-making models that are being practiced today.
  - The **New Zealand Model** is one based on a national law that mandates all child welfare cases where a child is being considered for out-of-home care must have a family group conference (Hardin, 1994).
  - With the **Oregon Model**, a State law mandates that a family unity meeting should be considered in every case where out-of-home care is being considered (State of Oregon, 1997).
  - The **California Models** are predominantly county-based, each influenced by the county structure, courts, academic, or political and economic factors. The counties of Santa Clara, Stanislaus, and San Diego have taken early initiative in this effort. There are other counties employing the model but for this module, we will focus on these three.
  - Last, we look at the community-based '**Ohana Model** from Hawaii.

## The New Zealand Model: The Children, Young Persons and their Families (CYPF) Act (1989)

- In New Zealand, prior to 1989, when children came into the child welfare system, there was no policy regarding consideration of resources in the family, immediate or extended. A result, particularly for Maori children, was being placed in foster homes and becoming guardians of the state without consideration for their cultural identity or their wider family network (Wainui, 1997). The CYPF in 1989 was a concrete way of showing a commitment to a more family-centered method

of working with families (The Children, Young Persons and Their Families [CYPF] Act, 1989).

- One of the most significant parts of the CYPF was the official recognition of the Family Group Conference. Within the law is a definition and a prescribed outline of the procedures for holding a family group conference.
  - It also defines the position of a family group conference coordinator whose primary duty is to:
    - Coordinate and facilitate the conferences,
    - Ensure that all the information and resources are provided to help the family, and
    - Support and assist in carrying out any decisions that are made in the conference.
  - The Children, Young Persons and Their Families Act of 1989 mandates the child welfare agency refer every substantiated case of child abuse or neglect for a family group conference. The court is mandated to refer such cases for a conference when the case has come before them in an emergency.
  - The New Zealand model grew out of pressure from the Maori people in particular who come from a long tradition of family and tribal structure (Hardin, 1994). The CYPF recognizes and respects these traditions by recognizing that:
    - Each family is the expert on itself,
    - Maori people have a strong and powerful extended family structure and tribal culture, and
    - Children need to be placed less with strangers in foster care and more with family.
- ✓ *Attention Instructor: A video is available from New Zealand, which depicts a family going through the FGCM. See Resource List.*

## Format

- Information Giving: The professionals explain the case to the family. The family asks questions of the professionals (which makes the professionals accountable).
- The Family Meeting: The entire extended family meets **in private** to discuss the child abuse issues and how to protect the child. The professionals may be invited to sit in on part of the private meeting to clarify issues, but this is not encouraged. The family is encouraged to come up with solutions and a plan on their own. This may be a very emotional time as, for some of the family, it may be the first time

they are aware of the protective issues or concerns. The family must decide if they believe the abuse occurred prior to coming up with a plan.

- The Decision Stage: The social worker and others come together again with the family. The family presents their plan and it is discussed. There is give and take between the family and professionals and the family's plan is often elaborated or modified. The family may return to the private room to work on some details. The entire group generally meets until a mutually agreeable decision is reached.
- Veto Power: parents, custodians, social workers, children's lawyers, and the care and protection coordinators have the right to veto the family's decision. When this happens, the matter goes to court for a judge to resolve the disagreement.
- Often cases can avoid the court system altogether with this process. Sometimes it is the decision of the family group that the matter needs to go to court and be heard by a judge.
- Often, a return date for a follow-up meeting is scheduled to review the agreement.

(Hardin, 1994)

### **ATTENTION TRAINER**

This would be a good time to show the video of the Maori family conference, "Mihi's Whanau" or "Widening the Circle." See Resource List for ordering information. Note the importance of respecting family spiritual needs as observed on the videotape.

Allow time for discussion. It may help to focus the discussion by asking:  
What would it take to get your family to come to a family conference?  
Who in your family cares and who would come?  
How did this family conference respect and empower the family?

### **Outcomes**

- Extended family is more involved in decision-making around children needing care and protection--during the meeting process and long after.
- Extended family is more involved in providing help to the parents, the children, and the custodial relative.
- Transracial placements were reduced; children are now placed more often within their own families.

- Judges and attorneys can spend more time on fewer cases. Fifteen percent of the cases having a family group conference end up in court.
- Social workers' practice shifted to spending more time with extended family and less with professionals and with investigations.
- Social workers, because they are now working more intensely with families, must become familiar with the family's culture.

(Hardin, 1994)

## THE OREGON MODEL: FAMILY UNITY MEETINGS

- Oregon was the first state to incorporate a version of family group decision-making into their agency practice. As part of the historical context of social work practice in the '80s, there was more emphasis on working with families, less emphasis on adjudicating cases, and a sense that "the system" was not serving as a good parent for children.
- It was in this context that the Family Unity Meeting was born in 1989 in Oregon.

The fact that the Oregon and New Zealand initiatives were developed concurrently and had resulted from similar concerns reinforces the similarities in welfare practice internationally and the parallel processes that are so much a part of the worldwide community (Connolly & McKenzie, 1999, p. 50).

- A staff person within the State of Oregon's Children's Services Division presented the model when he became a manager of family-based services. It was in 1992 that Oregon became aware of the New Zealand model. Oregon invited New Zealanders to come to Oregon to share and exchange best practice ideas. The model used in Oregon today exhibits some of these blended ideas on what works best. It represents the model, which has become known as the Family Unity Meeting Model (Nice & Graber, 1999).

"Factors leading to the development of the Family Unity Meeting (FUM) Model (Oregon, 1990)

- Family preservation and family support movement
- Promote early permanency planning
- Build community partnerships
- Improve cooperation with families for child safety"

(Harper & Coburn, 1998, p. 3)

## Outcomes

- According to Nice and Graber (1999), it was believed that by bringing families together to find solutions for children in the child welfare system more positive outcomes would occur:
  - Increased safety for children,
  - Engaged families and communities in the helping role,
  - Resolved concerns,
  - Strengthened families,
  - Hope for families and social workers, and
  - Reduced worker frustration and burnout.

(Nice & Graber, 1999, p. 7)

- It is based on the belief that:
  - Children deserve to be safe,
  - Children deserve stability in their lives,
  - Families have strengths and can change,
  - Empowering people is preferable to controlling them,
  - Strengths are enhanced when they are acknowledged and encouraged, and
  - The child welfare and juvenile justice systems are over-using litigation and under-using collaboration/negotiation to make safety decisions for families and communities. This weakens children, families, communities, and those who work with them.

(Nice & Graber, 1999)

"The more eyes, hands, and hearts involved with a family, the safer the child."  
(Jim Nice, Oregon)

"Strengths are what resolve issues of concern."  
(Larry Graber, Oregon)

## Format

- Meeting preparation.
- Introductions and purpose of meeting.
- Identifying concerns.
- Noticing and acknowledging family strengths.

- Asking for best thinking, finding solutions by using either Option 1 (family meets alone to come up with a plan), or Option 2 (everyone at the meeting stays together to co-create a plan).
- Everyone develops a plan together. If the family has developed a plan, they bring it back to the entire group where it is discussed and adjusted if necessary.
- The agreement is written up.
- Carrying out the plan and setting date to review.

(Nice & Graber, 1999)

### **The Oregon Family Decision Meeting Law**

- Law enacted in 1997 that requires that the State Office for Services to Children and Families **consider** the use of a Family Decision Meeting whenever a child has been placed in state custody for longer than 30 days. The Law outlines specific requirements relating to notification of family members and development of a Family Plan (State of Oregon, 1997).
  - Notification requirements
  - The Family Plan
  - Remote participation

### **CALIFORNIA MODELS**

California counties became aware of what was happening in Oregon and in New Zealand, with several becoming interested in implementing a program using some form of family group decision-making. The following counties do not necessarily depict every county using this model, but rather represent some interesting differences in how individual counties have developed their own unique programs.

#### **Santa Clara County (McDonald & Associates, 1999)**

- In 1995, the administration of the Department of Family and Children's Services (DFCS) identified Family Group Decision Making (FGDM) as a "new approach for working with families who came to its attention." (Santa Clara County, Department of Family and Children's Services, 1999, p. 1.1).
- Santa Clara County is a large Northern California county known for its creative and innovative programs. The county developed its Family Conference Model (FCM), adapting features of the New Zealand and Oregon models to meet its circumstances. Since the FCM was implemented, beginning in 1996, the model has continued to be adapted and expanded. It is now seen as "a strength-based,

family-centered, child-focused, culturally competent model [to achieve] the best care and protection for children" (Santa Clara County, Department of Family and Children's Services, 1998).

- The model has been seen as so successful that in June 1998, the County Board of Supervisors established the Family Conference Institute to "champion the use of" FGDM by other county departments. The court has recently declared, "The goal of the Model Court effort is to use Family Group Conferences in the majority of cases brought to the attention of child welfare authorities." (National Council of Juvenile and Family Court Judges, 1998, p. 69)

### *Objectives*

- Generate better results for children by enabling families to have greater self-determination,
- Identify and tap resources within family systems,
- Demonstrate greater respect for families,
- Unite families who are unable to do so themselves,
- Reduce social isolation,
- Strengthen families,
- Reduce trauma to children from custody decisions,
- Provide social workers with increased and improved alternatives in serving families, lessening social worker 'decision burnout' because of few desirable options,
- Allow customization of services to families, and
- Move child welfare practice toward providing services identified by the family as necessary to meet their needs, rather than just the services that social service practitioners view as appropriate. (Santa Clara County, Department of Family and Children's Services, 1998, p. 3.2)

### *Outcomes*

- In implementing this program, Santa Clara expected the following outcomes:
  - An improvement in the ability of the family and the county to ensure the child's safety,
  - A reduction in out-of-home placements and court involvement,
  - A cost-related savings in services and placements, and
  - An improvement in family, community, and social worker relations. (Santa Clara County, Department of Family and Children's Services, 1998, p. 3.3)
- Unique program attributes in Santa Clara County that, at the time of their June 1999 report, had not been implemented elsewhere:

- Family Group Decision Making was open to families and children at all stages of the child welfare process, from intake to adoption.
- Conferences were conducted both by full-time facilitators and other staff who volunteered for this responsibility in addition to their regular full-time jobs.
- Trained facilitators from DFCS, the public child welfare agency, and private, Community Based Organizations were used to facilitate conferences.
- All conferences were staffed with both a primary facilitator and a co-facilitator.
- All conference logistics were handled by a Family Conference Specialist, a Social Worker 1 who had the skills to work with individual family members as well as arrange the scheduling and other logistics of the conferences.
- A comprehensive, multi-year evaluation, with built-in technical assistance features, was developed as an integral part of the program development process.
- With the establishment of the Family Conference Institute, family conferencing became the keystone of an initiative to change the delivery of child welfare and other human services in the county. (Santa Clara County, 1999, pp. 5.4-5.5)
- Follows a three-phase conference model which is a blending of the New Zealand and Oregon models:
  - 1) Introductions of all present, summary of purpose, and "ground rules." Identify family strengths, and discuss issues and concerns. Review court process and options, resources, and plan in place with the court.
  - 2) Private family time: when family meets with family and any non-family participants to develop a plan based on information from phase 1. The family may ask for the facilitator to stay, however, the facilitator only remains on rare occasions. The family is encouraged to meet alone to write up a plan to present to the social worker and facilitator/s.
  - 3) The family presents their plan, which is accepted, modified, or rejected by the social worker. The facilitator helps identify the tasks and responsibilities necessary to carry out the plan. When all is agreed upon, the meeting terminates.

## **Stanislaus County**

- Stanislaus County also combined the New Zealand Family Group Conference and the Oregon-based Family Unity Meeting models to come up with their Family Decision Meeting structure. They emphasize their reluctance to refer to their practice as a model

because of the danger of misunderstanding what we are doing as a 'static' device or methodology for intervention with families....We propose a dynamic relationship-based partnership with families that by its very nature must evolve with the experience generated in the partnership" (Kook & Sivak, 1998, p. 35).

They are unique in their emphasis on community building.

### *Unique Characteristics.*

- Family Alone Time: this is **non-negotiable** in Stanislaus County (Kook & Sivak 1998, p. 40). Even if the family asks the facilitator to stay, it is explained that the sanctity of the process requires the family wrestle with the best plan for its children and trusts the family to come up with the best plan for its children. The family is asked to come up with who, what, where, and when in their plan.
- Distinction between Family Decision Meeting Coordinator and facilitator. The coordinator is responsible **only** for bringing together the family and extended family and that they are prepared for the meeting. This coordinator **never** facilitates a meeting. A facilitator guides the meeting and a co-facilitator documents the family's strengths and concerns on an easel during the meeting. The facilitator can be a department staff person or an outside community volunteer.
- Court diversion placements have been created so that parents could opt for voluntary placement of their child with kin or in foster care for up to 30 days while a family decision meeting is coordinated. Thus planning for the safety of the children and rehabilitation of the parents can be done in an environment free of the court-imposed boundaries and time lines.

### **San Diego County**

- San Diego became aware of the Family Unity Meeting model in Oregon in a site visit in 1994. The roots of the early efforts took hold in the Family Preservation Program at that time. The culture of the Children's Services Bureau at the time was amenable to this change, as the deputy director was committed to the values of family-centered practice. However, these early efforts were thwarted by the move by the county to a combined health and human services agency model, which meant massive regionalization and downsizing. New program changes, such as adopting the family unity model system-wide, fell into a lower priority.
- The practice early on did not leave families alone for private time but rather the facilitators were present for the entire meeting process. This was eventually changed as the staff become more confident with the model and more trusting of the family's ability to come up with plans on their own. Since early in 1999, San

Diego Family Unity Meeting staff has been using the practice of leaving families alone to develop their plan.

- In spite of the early implementation challenges, the interest was kept alive by committed staff and those who believed fervently in the model, fueled by the positive evaluations and feedback from families and social workers that had been involved in meetings. In spite of the systemic barriers due to the massive organizational change, the staff continued to respond to the slowly increasing demand for meetings for families. The model, called the Family Unity Meeting, continued in this mode through 1998 (Harrison & Quinnett, 1998).
- The institutionalization of the model in San Diego County took place in 1999. The change process in the agency to a more family-centered, strength-based approach to working with families by that time was more evident. This was aided by the implementation of the Dependency Court RECOVERY PROJECT, which included a Family Unity Meeting component as part of the Project. The project was designed to explore the feasibility of the use of family group conferences as a major component of the dependency process (San Diego County Superior Court, 2000).
- This project, of which family unity meetings was a major piece, was funded by an \$85,000 grant awarded by the Judicial Council of California, Center for Children and Courts. This grant provided a social worker, an aide, and support personnel of the Health & Human Services Agency, Children's Services. These personnel were charged with conducting 30 family unity meetings in the "front end" focused on families active in dependency court specifically SARMS (Substance Abuse Recovery Management System) eligible.
- Prior to this project, the focus of family unity meetings was primarily on voluntary cases or cases where reunification of children with their parents was predominant. This project marked a shift to working with parents entering the dependency system where alcohol and/or drug use are concerns. The project also focused specifically on those eligible families where there was a child under three in the family.
- The staff members within the agency were initially slow to respond to the project mandates. The social workers often cited large caseloads, time constraints, and doubt that their families would be willing to participate in a meeting. Certainly the doubts of these social workers were not unexpected. In implementing the model in other parts of the system, social workers often state similar concerns. However, as in other cases, once the social workers experienced the success of the meeting, the positive outcomes, and the creative solutions to the safety issues around the children, they began to make referrals. The project met and exceeded the goal of 30 meetings.

- Significant to the overall success of the family unity meeting model in San Diego County and relevant to the Dependency Court RECOVERY PROJECT was the influence of the presiding judge in the Juvenile Dependency Court, Judge James Milliken. His overwhelming support of the family unity meeting model influenced executives at the highest levels within the Children's Services program (Harrison & Quinnett, 1999). As a result of this successful project, the Juvenile Court and Health & Human Services Agency Children's Services created a joint statement supporting and encouraging the utilization of the family unity meeting model.

### **'OHANA CONFERENCING: THE HAWAII MODEL**

(Personal Communication, Arlynn Howell, January 1, 1999.)

- 'Ohana Conferencing was initiated in July, 1996 as a collaborative effort by the Family Court of the First Circuit, the Department of Human Services and the Wai'anae Community on the island of O'ahu. The project began as a court diversion initiative, utilizing community-based support for families to divert them from formal court intervention. Support from the National Council of Juvenile and Family Court Judges, and the Edna McConnell Clark Foundation assisted in the development of the 'Ohana Conferencing' model. ('Ohana Conferencing, n.d.).

There was an initial demonstration project and, as of January 1998, the service was expanded to O'ahu-wide services.

- EPIC (n.d.), a non-profit organization was specifically created which designed policies and procedures to implement this model in the state. As of 1999, EPIC held over 500 conferences within a 3-year period and has conducted trainings statewide for facilitators and social workers.
- Significant to this model is the emphasis on and participation of the community. "All family conferences are held in the community at a comfortable, accessible location with food and drink provided at every conference." ('Ohana Conferencing, n.d.). A team of facilitators--a community facilitator with a professional social worker/attorney/mediator who is experienced in child welfare cases leads the meeting,.
- The key role is that of the community facilitator who is indigenous to the Hawaii community, shares the family's local roots, cultural values, and lifestyle, and who understands the formal and informal network of support systems in the various ethnic communities.
- These individuals are essential to the process as they "bring a rich and deep knowledge of the community's values and resources to the 'Ohana Conference." ('Ohana Conferencing, n.d.). They represent the life and soul of the community and as such, educate the professionals, social workers, attorneys, and the court.

The involvement of this community facilitator in the 'Ohana Conferencing process affirms the community's role and responsibility in the protection of children at risk.

- Neither the community facilitator nor professional facilitators make case decisions or recommendations. This role is maintained by the Child Protective Services social worker who must agree to the plan created by the family during family alone time. If there is no ultimate agreement on the plan, the matter is referred to the family court judge. The 'Ohana Conferencing format closely mirrors the New Zealand model.



**ATTENTION TRAINER:**

Having just presented a variety of models, it will be helpful here to discuss Family Conferencing based on the following distinguishing characteristics. These are the areas where the various sites have some differences. These areas are also those where discussion occurs in general in the area of Family Group Decision-Making.



**DISTINGUISHING CHARACTERISTICS FOR DISCUSSION**

- Meeting format:
  - Discuss the value of “strengths” being discussed prior to “concerns.”
- Family alone time:
  - Discuss the difficulty in professionals adopting this practice.
- Facilitator neutrality
  - Discuss the issues around using an internal agency facilitator vs. an external facilitator.
- Mandating meetings or not
  - Discuss the pros and cons
- Facilitator skill level
  - What might be the issues of the clinically trained facilitator?
- Coordination vs. facilitation
  - What are the challenges of being both a coordinator and facilitator of a meeting?

## CONCLUSION

Having discussed these various models, the trainee is now ready to move on to more specific aspects of family group decision-making. It is the hope of the instructor that the trainees now see and understand the overall picture of this practice and recognize the key distinguishing characteristics. The remaining modules address the knowledge base and skills needed to begin practicing this approach.

## MODULE II PRE- AND POSTTEST

Name \_\_\_\_\_ Date \_\_\_\_\_

Fill in the blanks:

1. Family Group Decision-Making in New Zealand developed out of demands from the \_\_\_\_\_, the indigenous Polynesian community who declared the social welfare system discriminatory and racist?
2. The State of \_\_\_\_\_ implemented the first family conferencing model called Family Unity Meetings in the USA.
3. The significance of the New Zealand model is the mandate that the child welfare system refer every substantiated case of child abuse or neglect for a \_\_\_\_\_.
4. The family conferencing model developed in New Zealand is most unique as it allows the family to \_\_\_\_\_.
5. Oregon's family unity meetings are unique in their emphasis on the family's \_\_\_\_\_.
6. Hawaii's 'Ohana Conferencing' model represents a good example of involvement of the \_\_\_\_\_ in meetings.
7. At a family conference, the issue of neutrality is most significant for the \_\_\_\_\_ of the meeting.
8. In the California models, the \_\_\_\_\_ has the right to veto the family's plan if it does not concur with the court orders.
9. " \_\_\_\_\_ are what resolve issues of concern" (Larry Graber, Oregon).
10. In San Diego County, the only professional not permitted to attend the family unity meeting is \_\_\_\_\_.

## MODULE II PRE- AND POSTTEST ANSWER SHEET

Name \_\_\_\_\_ Date \_\_\_\_\_

Fill in the blanks:

1. Family Group Decision-Making in New Zealand developed out of demands from the Maori, the indigenous Polynesian community who declared the social welfare system discriminatory and racist?
2. The State of Oregon implemented the first family conferencing model called Family Unity Meetings in the USA.
3. The significance of the New Zealand model is the mandate that the child welfare system refer every substantiated case of child abuse or neglect for a family conference.
4. The family conferencing model developed in New Zealand is most unique as it allows the family to meet privately.
5. Oregon's family unity meetings are unique in their emphasis on the family's strengths.
6. Hawaii's 'Ohana Conferencing' model represents a good example of involvement of the community in meetings.
7. At a family conference, the issue of neutrality is most significant for the facilitators of the meeting.
8. In the California models, the case-carrying social worker has the right to veto the family's plan if it does not concur with the court orders.
9. "Strengths are what resolve issues of concern" (Larry Graber, Oregon).
10. In San Diego County, the only professional not permitted to attend the family unity meeting is the attorney.

**MODULE III**

**CULTURAL COMPETENCY IN FGDM**

## **MODULE III CULTURAL COMPETENCY IN FGDM**

**Note to Instructor:**

This module is a combination of lecture, interactive exercises, and group discussion. It provides an approach to teaching cultural competence, content related to the model's development, and suggested areas for further study.

**Goal:**

Participants will increase cultural competency in understanding families in their cultural contexts.

**Objectives:**

At the completion of this module, participants will be able to:

1. Articulate knowledge and understanding about how we define, describe, and experience the diversity of relationships called "family."
2. Experience in-class exercises to increase self-understanding about how individual family life experiences affect perspectives toward families.
3. Articulate knowledge and understanding of the multi-problem family, the drug-abusing family, single parent families, same-sex families, immigrant/refugee families entering California, and families connected to faith communities.
4. Describe how culture, ethnicity, race, and experiences of oppression impact those families in their relationships with authority and how their strengths can be mobilized for problem solving.

### **INTRODUCTION**

This curriculum provides students with a relatively new approach to intervening to protect children, one that challenges traditional child welfare practice. The FGDM model is built on family strengths and from that base is built opportunities for family involvement, participation, resolution, problem solving, prevention of further abuse and neglect, all within a cultural/community context. In addition, the model requires social

workers to reach out into the community and family to widen the safety net and bring family and community members into collaboration for the good of the child.

According to Jim Nice, one of the first practitioners and currently a trainer in this model from Oregon, this “practice pays honor to what people know and do.” (Personal Communication, Jim Nice, August 28, 1999). Learning to trust families to make decisions using their own process are key to this approach. Believing that families have the ability to make these decisions and carry them out is very difficult for many in the helping professions due to the largely deficit-based and pathological perspectives that have proliferated in professional education of social workers and others in the helping fields.



**VALUING FAMILIES:  
AN EXERCISE IN REFLECTION AND RETOOLING FOR STRENGTHS**

**Purpose:**

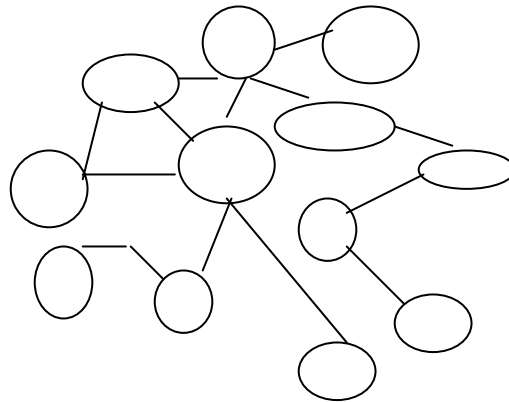
This exercise is recommended to help participants sort out their personal and professional values regarding families. It is the first step in becoming culturally competent.

**Tools:**

Brainstorming tool (see small example below; a full sheet is reproduced in Appendix A).

**Instructions:**

Have each participant take 2 minutes to write down as quickly as possible all the words that come to mind when they think of their *client families*. Write the words in each circle.



- ⇒ What comes to mind immediately without evaluating what you are thinking? What do you think of when discussing your cases? What feelings do you feel? What words come to mind that describe your client families?
- ⇒ Now have participants turn the sheet over and take another 2 minutes to write down words in the same way, as quickly as possible, *about their own families*—any definition of their family.

### **Discussion**

Use a board or large sheet to write two columns for client family words, asking participants to call out words that appear on their brainstorming sheet about client families. Do the same in the next column for participant's own families. Have participants point out observations from this exercise. Compare and contrast the words about their own families and client families. Are there different perspectives? Different values? Different expectations? Different feelings? Are there also very similar words? Does the perspective change when one views another's family from a distance or when the family is labeled as a "client family?"

### **Reflective Work**

Participants should be challenged with the task to begin reflective work on their own and retooling their perspectives on client families, especially to look for strengths. It is important to periodically "clear the decks" so to speak, when working with complex cases and get a "correction" when we become negative, jaded, cynical, hopeless, angry, etc.

## **CULTURAL CONTEXT**

- The fact that FGDM found its contemporary form from the Maori culture in New Zealand is significant in this discussion of cultural competency. The FGDM Model

is culturally respectful from its philosophy of valuing family group decisions to its practice of supporting strengths and resources from within the natural social network. It is sound in its native roots, as families since their beginnings have found ways to solve problems and survive through family members talking with each other. Forms of family decision-making are found in cultures around the world including Polynesian, Hawaiian, and American Indian, and have emerged through New Zealand's lead in North America, Western and Southern Europe, the Pacific Islands, and Australia. For a description of the traditional Hawaiian family problem-solving practice of *Ho'oponopono* utilized in contemporary mental health and other settings, see Appendix B.

✓ *Note to instructor: This section provides knowledge about where and how FGDM was institutionalized in New Zealand. See references for further detail.*

## **THE MAORI INDIGENOUS PEOPLE OF NEW ZEALAND AND THE IMPACT OF RACISM IN SOCIAL WELFARE SYSTEM**

### **Understanding the Historical and Cultural Context in Which Family Group Conferencing Was Developed**

- The family meeting is referred to as *Whanau Hui* in the Maori language (Wilcox et al., 1991). *Whanau*, means extended family and *hui* means grouping, gathering, or meeting.
- The extended family is the most important part of the culture. Everyone's family serves as the central base of their existence, where values, beliefs, behaviors, and expectations are learned and maintained. And with the Maori, as in most other Polynesian cultures, the family's life is strongly tied to the land including family structure, kin relationships, child rearing practices, and family decision-making (Wilcox et al., 1991).

### **New Zealand's Historical Context**

- In New Zealand's history of colonization by England, the Treaty of Waitangi, was signed in 1840 giving the Maori people the right to decide "over matters involving members of their families." (Wilcox et al., 1991, p. 6). However, this right was seriously eroded and overlooked for 150 years, as increasing numbers of Maori children were removed from their families by the Department of Social Welfare which employed social workers who were primarily, *Pakeha*, or white.
- The charge of institutional and personal racism and discrimination against Maori children and families was made in a formal report in 1986 by the Maori Perspective Advisory Committee to the Minister of Social Welfare (Ministerial Advisory Committee on a Maori Perspective for the Department of Social Welfare, 1986). It's extensive work culminated in advising the Minister of Social

Welfare about the needs of the Maori and the drastic changes needed in policies and practices to return more responsibility of decision-making and resources to the Maori people to help their own families. Particularly in relation to the needs of a Maori child, the recommendations strongly expressed the need for social workers to consult with family and kinship members before a final placement decision was made in court.

- The report titled, *Puao-te-ata-tu*, meaning “day break,” speaks extensively to the effects of racism and oppression in a system and the resulting economic dependency and deprivation of the Maori, requiring drastic changes in policy initiatives and practice approaches.
- The concept of “biculturalism,” which “involves understanding and sharing the values of another culture” is described, and its importance in institutional accountability to meet the needs of all clients (The Maori Perspective Advisory Committee, 1986, p. 20). A comprehensive approach was recommended to address the serious sociocultural and economic imbalances and injustices in the social welfare system. A redistribution of resources and an unconventional social work approach were required to include the Maori community in planning, decision-making, and service provision.
- At the heart of the issue of dependence of the Maori in New Zealand was the loss of control of their land, which prevented the natural development of the tribes. Non-Maori paternalistic policies and efforts to assimilate Maori tribes into the white culture further deprived them of autonomy and development.
- The Children, Young Persons, and Their Families Act was passed in 1989, incorporating all of the 13 recommendations of the *Puao-Te-Ata-Tu* report. The time was opportune for changes in the child welfare system as in other parts of the world; there was a growing recognition that families needed to be strengthened, relationships preserved, and children needed to be placed with their families as much as possible.

### **Development of Family/Whanau Decision-Making Practice**

- This was the beginning of family group decision-making practice in the social welfare system as explained by a document written by Wilcox et al. (1991), and entitled *Family Decision Making Family Group Conferences*. The change process, necessitated by the legislation, required leadership and support from management so that staff could develop and implement new practices that involved families making decisions about their children. Funding rules had to change, to be “de-institutionalized” with more creative approaches applied with an eye on the long-term savings for the government. Staff trainings and group meetings were held to gain the trust of those who were facing the most changes in the way things were done. Structural changes were made to increase the

number of Maori staff who could be trained and mentored to assume positions of responsibility. The “culture” of the agency began to change as barriers were lowered to be more inclusive of both racial groups, and as families were given the power to make decisions.

### **Starting With Our Own Families**

- The key to accepting change among management and staff was the focus on their own families. One’s perspective changes when a person considers his or her own family. When staff were asked to personalize the issues, their feelings and attitudes changed on what was appropriate with client families. Family group decision-making began to be accepted as a way to work with all families.

✓ *Note for instructor: The following is an exercise to begin work in using our own families as ground zero when considering ‘client families.’*

**EXERCISE**  
**Starting With Our Own Families**

**Instructions:**  
Cite a brief case scenario and ask participants to answer the following questions. It can be in discussion format or in small group format. Have participants keep a list of these questions for personal reference every time they meet members of a new family in the caseload. If participants are supervisors, the same list of questions can be important to pose to supervisees around case issues.

- ⇒ What if this child was my child?
- ⇒ What if this family involved in the child welfare system was my family?
- ⇒ What would I want for the child and for my family and myself?
- ⇒ What outcomes would I prefer?
- ⇒ How would I want to work with a social worker?
- ⇒ How can the worker help my family and me?

✓ *Note to the instructor: The following section provides a brief framework, which guides the teaching of cultural competency content.*

### **TEACHING CULTURAL COMPETENCY**

- Teaching cultural competency involves providing opportunities for learning in attitudes, knowledge, and skills. Cognitive, affective, and skills development are commonly found in training in other fields. This curriculum has selected two models as a conceptual framework to guide the user in presenting this material:

(a) Cross et al.'s the Cultural Competency Continuum (1989), and (b) Fullan and Pomfret's, Cultural Sophistication Framework (1977) including Orlandi's additional overall effect factor (Orlandi et al. 1992). Both use a continuum from incompetent to competent, from high to low levels of capability, and are multidimensional.

**The Cultural Competency Continuum**

- Using the cultural competency continuum model developed by Cross et al. (1989), the goal in practice is to continually move toward cultural proficiency. The continuum (see Figure A) moves from cultural destructiveness to cultural proficiency, which requires changes in attitudes, increase in knowledge, and skills. A practitioner cannot however, optimally practice cultural competency without the sanction and support of a system, which embraces culturally competent practice.

<b>Figure A: The Cultural Sophistication Framework</b>			
	<b>Culturally incompetent</b>	<b>Culturally sensitive</b>	<b>Culturally competent</b>
Cognitive dimension	Oblivious	Aware	Knowledgeable
Affective dimension	Apathetic	Sympathetic	Committed to change
Skills dimension	Unskilled	Lacking some skills	Highly skilled
Overall effect	Destructive	Neutral	Constructive

(Orlandi, p. 297)

- Culturally competent systems of care and practitioners within those systems must have five essential elements to become culturally competent. These are:
  - 1) To value diversity (see Cross et al., 1989 for a detailed summary of underlying values and assumptions in a culturally competent system);
  - 2) To be able to assess itself/oneself of their own culture;
  - 3) To understand the “dynamics of difference” in cross-cultural interactions;
  - 4) To sanction and incorporate the institutionalization of cultural knowledge and skills; and
  - 5) To contribute to adaptations to meet diversity needs of different groups (Cross et al.).

## **VALUING DIVERSITY**

### **The Cultural Sophistication Framework**

“The Cultural Sophistication Framework” developed by Fullan and Pomfret (1977), and further enhanced by Orlandi (1992), describes competence on three levels: culturally incompetent, culturally sensitive, and culturally competent along four dimensions: cognitive, affective, skills, and overall effect. Figure A above illustrates the Cultural Sophistication Framework (Orlandi, 1992).

The desired goal in cultural competency training would be a person who is culturally competent in knowledge and issues regarding a particular population or several groups, is committed to change and open to new learning, and has practice skills in the necessary areas. Using this definition, the overall effect for a client system would be positive and constructive. For a practitioner interested in developing Family Group Conferencing skills, this can be an area of continual learning as long as the worker is committed to becoming culturally competent.

The intermediate level of “Culturally Sensitive” describes a larger group of practitioners who are at the cognitive level of awareness of cultural differences, sympathetic to the need for changes in approaches, policies, etc., but are not sufficiently skilled to effect much change. The overall impact of such practitioners in making a difference for culturally different client systems is neutral. It would be safe to say, a greater proportion of practitioners fall into this category. However, if someone were to practice in Family Group Conferencing, the experience alone of working with diverse families, will eventually move them into a higher skill level with increased effectiveness.

The least desirable position is that of “Cultural Incompetence” where a practitioner is oblivious, apathetic, and unskilled resulting in negative consequences for a culturally different client system.

## **ASSESSING ONESELF**

All of us are deeply immersed in our family systems, who we are, how we think, communicate, what we choose to do and to be, whom we choose to be with to love, to marry; each family develops their own styles or cultures over generations which becomes family traditions (Hartman, 1983, p. 76).

- Cultural competency requires an assessment of ourselves, our definition of family and the transformations in our lives of what we call “family.” According to Rothman (1999), one’s definition of family is an important part of our worldview.
- We gain parts of our individual identity through the family and also gain from how the family was identified through relationships with extended family, neighborhood, and community. Each person’s family has influenced their identity development and worldview and continues to be influenced throughout life.
- Along with the definition of family and sources of identification, we must look at the various roles we, as individuals, have played in our families. We must also examine ourselves and family members as resources and sources of strengths.

Those of us who are helping professionals also need to be aware of the implicit assumptions about family normality, health, and dysfunction we bring to our work from our own world views, based in our cultural standards, personal experience, and clinical theories (Walsh, 1998, p. 38).

## **Achieving Self Differentiation**

- Each person’s family has affected how they feel and relate towards others in their personal and work lives. It is important in working with families, to achieve self differentiation, that is, the ability to hold one’s individual integrity of self while still being able to be connected to the family group one works with.
- ✓ *Note to the Instructor: At this point, it is essential that participants engage in a beginning exercise to think, reflect, and share with each other what they discover. The following exercise should be a beginning effort at a continual process of assessing, clarifying, and reflecting, for practitioners to be clear about where they are in relation to other families in this work.*

## **Exercise: My Family**

(Time: at least 30-40 minutes for exercise followed by 15-20 minutes of discussion)

There are several ways this exercise of thinking, reflecting, and sharing can be conducted. The following are suggested with creative license encouraged.

Have participants take out a sheet of paper and take 15-20 minutes to jot down who constituted their family of origin at the time of their birth and have them add changes of who constituted their family, along a time line, up to their adulthood. If there is only a limited time for this exercise, have participants select a particular age in which they will describe their family (i.e., at age 10).

For those who are familiar with the genogram, this is an excellent format to utilize. For those who are comfortable with cartoon or stick figure drawings, they may want to use this format instead.

Oftentimes, it helps to prescribe a particular context in order to bring forth the memory (i.e., think of what the inside of your house looked like when you were age 10, draw a rough sketch of the rooms, and then think about who constituted your family at that time). Go beyond those walls into the neighborhood and community to look at relationships within a larger context.

Have participants think and reflect upon what roles they played in the family, what the family did together and separately, how they communicated, what family meals sharing times looked, felt, and sounded like, what 'things' were valuable in the context, what values and beliefs were valued, and what feelings came up in remembering their family. If there is time, have participants think and reflect upon how their definition of the family changed over time as they matured and moved on in life. Participants should also think and reflect upon the strengths and resources within and without the family.

### **Sharing:**

The next step is to find a partner to share their findings and telling of stories. Each partner should allot enough time to share.

### **Discussion:**

Opening the discussion to the larger group starts with participants sharing their insights from this exercise. Guided questions include:

- What insights and reflections can we draw from this exercise?
- What similarities and differences do we see in these varied narratives and definitions?
- What happens when you focus on strengths and resources within the family?
- What insights into your identity have you gained from definitions of the family?
- How do different ethnic groups define family beyond those present in the home (i.e., religious affiliation, extended family overseas or in the country of origin, deceased ancestors)?
- Where does "community" fit into the family picture (i.e., the participation of the family in community or neighborhood life)?

**Exercise: Examples of Culturally Destructive Attitudes and Practices Towards Families in Child Welfare**

Ask participants to brainstorm and contribute to what they think are attitudes and practices towards families that can be considered culturally destructive and why. List on larger white sheet or blackboard in grid framework with three columns titled as below.

<b>Culturally destructive practice/attitude</b>	<b>What can we do differently?</b>	<b>Culturally competent practice/attitude</b>
Child's traumatic removal from family	Reduce trauma to child	If removed, use kinship home
Use official, formal means	Increase face-to-face contact to convey important messages	Set appointment for home visitation

**DYNAMICS OF DIFFERENCE**

- There is no definition of “family” that meets all diverse forms of people who identify themselves as an entity called “family.” Because family forms are culturally defined and because there is constant social change that affects definitions of family, it is safe to state that families are defined only by their members.

**Knowledge of Diversity in Families**

- As U.S. society becomes more heterogeneous, social workers must learn about differences in family styles of communication, how they make decisions, how they accept outsiders intervening in family issues, and how they range within a family in acculturation to the mainstream culture.
- Social workers must become knowledgeable about different family values, general and specific beliefs about themselves in relation to the world, about their desires and future hopes for their children, their childrearing methods, and expectations of behavior and development.
- Providers of services must also be aware of intergroup differences and how socioeconomic and acculturation factors affect families in the expression of their cultural preferences.
- Being aware of the multicultural array of populations and their origins and geographical areas of residence within one’s location of practice is a required area of knowledge in becoming cultural competent.

- Most important is the awareness of current and historical institutional and structural acts of racism, discrimination, and barriers to opportunities, which serve to oppress individuals and families of color and differing national origins. Thus, emotional and behavioral responses to the child welfare system must be understood in relation to the families' experiences and perceptions.
- Finally, the perspective that all families have experiences and knowledge that are sources of their strengths is essential to maintain as social workers collaborate with client families to move toward problem resolutions.

## **DEFINITIONS OF FAMILY**

- In sociological terms, there are two basic forms of the family, the *nuclear* and the *extended* (Zastrow, 2000). The nuclear family has been described as a married couple and their biological children living together, a particular form found in most industrialized societies. In the United States, only 1 out of 2 American children now live in traditional nuclear families with both parents and no one else.

### **Extended and Single-Parent Families**

- The extended family includes relatives, such as grandparents, aunts, uncles, cousins, and in-laws. In many cultural groups, extended family members live together or very close to each other. Among émigrés to the United States, extended family members who live in the country of origin are considered part of the household and are economically supported due to the difference in socioeconomic status. These families are largely from Asia, the Pacific Islands, Central and South America, and the Caribbean.
- A clearly recognizable third form of the family has been developing in the United States, the *single-parent* family, which constitutes 1 out of 4 families.

### **Three Generation and Skipped Generation Families**

- Three generation households, including parents, children, and grandchildren are increasing. About 5% of all children now live with their grandparents. According to the U.S. Bureau of the Census, 1994, between 1970 and 1993, the number of children under 18 who lived in grandparent-headed households increased from 2.2 million children to 3.4 million. More than 1 million of these children lived in grandparent households described as 'skipped generation' due to the absence of the children's parents.
- These changes reflect the sociocultural and economic factors in society resulting in longer lifespans of the elder generation, changes in marriage and childbearing, and problems with substance abuse and the impact of the AIDS epidemic. In African American households, grandchildren living with grandparents were found

to be more prevalent. In 1993, 12% of African American children were living with their grandparents (Saluter, 1994). Among grandparent households, there were disproportionately more African American grandmothers who were the primary caretakers than any other race (Caputo, 1999).

- Women between the ages of 15 and 24 constitute 40% of the total population of women of childbearing age, but account for 70% of births outside of marriage. The impact of the 1996 welfare reform legislation, which changed the policies toward independent support of single mothers, seems to have affected the increase in more children living with grandparents (Saluter, 1994).
- Other alternative family arrangements include blended families with stepparents and half-siblings sharing a household, same-sex parents with children, foster families, communal families, etc.



**Exercise:**  
**How Many Different Kinds of Family Constellations Can You Name?**

Have participants call out as many family forms as possible and write them on the board to illustrate the changes in definitions of the family, forms of the family, and move away from the traditional nuclear family.



**WORKING WITH FAMILIES OF COLOR AND ETHNICITY, IMMIGRANT, REFUGEE, AND FAMILIES OF DIFFERENT COUNTRY OF ORIGIN**

- ✓ *Note to Instructor: The content below only touches the surface of information and issues important for learning in this section. The instructor is encouraged to seek original references for more detailed content to expand upon the topics.*

**Significance of Racial Discrimination**

- “To members of ethnic minority groups—whether in the role of client or worker—race is a significant part of history and personal identity.” (Davis & Proctor, 1989, p. 14). The significance of racial discrimination experienced by individuals and families of color in the United States must be acknowledged and understood by practitioners working with families.
- These experiences not only affect each individual but the dynamics internal to the family and subsequently, their interface with systems and providers of

services outside the family. The following case description came from a social worker in Colorado about a Family Group Conference with a Sioux tribe.

At one point the maternal great aunt, who identified herself as grandmother (cultural), said that she had lost a grandson forever to Social Services. She cried and said no one had ever asked us about our children before. Many of the family members had been involved with DSS at some level and they kept asking the question—where were you then? Some of the family members disagreed with the outcome of the family meeting because the family that was chosen had a white father. They were pretty angry about that but continued to thank us for coming and supporting them through the process. Reservation Protection workers came to witness the meeting. They commented to the aunt that they could have made the decision. The aunt said, ‘What a difference it makes to have the decision come from the family.’ (Family Unity Meetings Newsletter, 1999, p. 2).

Davis and Proctor (1989) recommend that “family practitioners should:

- View minority families as a social system interacting with other social systems
- Have some historical knowledge of these families as colonized or quasi-colonized people in order to make appropriate assessments
- Understand that behaviors in these families may be influenced by social structures which differ from those impacting on white families
- Perceive minority family structures as significantly affected by the wider social environment. (Davis & Proctor, 1989, p. 63)

### **Families in Transition**

- Nonwhite families in the United States are in as much transition as white families, affected by the fast changing socioeconomic context driven by technology and the values of individual success. In addition, culturally different families who have migrated to this country through choice or through a refugee experience, whether recently or several generations passed, face difficult acculturation tasks which places stress on family structure, role relationships, and on communications. Moreover, many originate from countries in which there is a history of distrust and fear of government and its representatives.

### **Culture Shock**

- “Culture shock” is an expression that describes newcomers’ perception and state of mind when encountering sometimes diametrically opposed values, ways of thinking and doing, beliefs, and laws, etc. (Okamura, Heras, & Wong-Kerberg, 1995). Practitioners must be mindful of the wide gap experienced by immigrant families between the way it was in their country of origin and the expectations of

mainstream culture in this country. For most, it takes many years of residence to begin to shift some gears. For some, the adaptation tasks are too formidable or they are protected from having to make adaptive changes (i.e., speaking and reading English). Extended kin and social networks are important resources for transitioning families for information, income, housing, childcare, and general advice and support.

### **Different Acculturation Rates**

- Most often in a growing family, including grandparents, there is a range of acculturation rates with the youngest generation, equipped with English language skills and an American education, moving rapidly away from family traditions. Families struggle with the breakdowns in tradition, the loosening of long-held values, and the increased desire of the young, to be independent and autonomous of hierarchical or gender-based family rules.
- Most immigrant/refugee parents, particularly Mexican, Puerto Rican, African, Middle Eastern, Central and South American, and Asian/Pacific Island struggle with getting an economic foothold in this country by working long hours, often at more than one job. Consequently, their children must master school and other developmental tasks on their own.
- The menial labor of immigrant/refugee parents remind them of their inferior status as they are disenfranchised from participating in decisions regarding their children's lives. 'My parents can't understand' is often heard from the lips of youngsters who serve as a go-between for their parents. Cultural identification, then, becomes a dynamic, every-changing part of these family members' lives.

### **Practitioner's Task**

- Practitioners need to develop effective cross-cultural interactive knowledge and skills, starting with looking into their own cultural framework, understanding that each person's perspective influences how they view other families. Culture-specific knowledge gained from reading about and interacting with members of the specific community is the second step to working with these families in a culturally competent and respectful manner.
- "Culture-specific information helps explain the cultural values, beliefs, and behaviors that may be encountered in cross-cultural interactions," (Lynch & Hansen, 1998, p. 55). Numerous culture-specific references are becoming available for the instructor willing to search these out. Lynch and Hansen is a text specifically designed for the interventionist working with children and families.

## **Incorporation of Cultural Knowledge and Skills**

- Returning to Cross et al.'s model of the Cultural Competency Continuum, a major element in any system is the incorporation of the institutionalization of cultural knowledge and skills within the system. The cultural content discussed thus far needs a context within which competency is expected and learning is encouraged and supported.

## **Adaptations to Meet Diversity Needs of Different Groups**

- The last essential element in the Cultural Competency Continuum is the contribution of adaptations in services to meet the diversity needs of different groups. This element is clearly applicable to the practice of Family Group Decision-Making, which meets the needs of diverse family groups. The following content describes many other cultural groups of families with whom child welfare social workers interact with daily.

## **FAMILIES IN POVERTY**

✓ *Note to the Instructor: The culture of poverty and its relationship to “class” membership in a society that measures individuals based on economic success, are areas that must be addressed as macro issues that affect social work practice.*

- In 1992, 18% of American families were considered poor which includes 22% of all American children. They fell below the Poverty Line index income level and considered having chronic difficulties in providing themselves with basic needs. As we enter a new millennium, with changes in the socioeconomic order, the middle class shrinks while those in poverty increases. There is a growing divide between the rich and the poor. It is the working class that struggles to stay afloat as basic standards of living become more and more costly.
- A subset of the poor are what sociologists call the “underclass” generally defined as individuals and families who experience persistent or chronic poverty, which can extend for a lifetime, across generations with little or no mobility, living in substandard neighborhoods, with high levels of dysfunctional behavior (Mincy, Sawhill, & Douglas, 1990).
- According to Mincy et al. (1990), between 1970 and 1980, poor neighborhoods increased 75% and “bad” neighborhoods by 331% with greater proportions of the population living in these neighborhoods. Thus, they conclude, the underclass is growing. These “underclass” neighborhoods are described as high crime areas, with greater welfare dependency, school dropouts, poverty, and other social problems, factors that affect the environment and subsequent life chances for children.

- It is important to distinguish between the culture of the underclass and the culture of ethnic/racial subgroups as well as the effects of the socioeconomic and political realities on family relationships and social functioning.

Declining economic conditions and job dislocation have had a devastating impact on many families' stability and well-being, fueling substance abuse, family conflict and violence, marital dissolution, homelessness, and an increase in poor single-parent households. Social and economic disempowerment has also contributed to the high rate of unwed teenage parenting. (Walsh, 1998, p. 33).

## **SUBSTANCE-ABUSING FAMILIES**

✓ *Note to Instructor: The culture of families impacted by members with history of substance use and abuse with its concomitant negative effects on the family system need to be a high priority for cultural knowledge for child welfare social workers. See Appendix C, Family Unity Meeting Vignettes 1 and 2 for examples of meetings with substance abuse involved families.*

- If asked to name one singular factor significantly impacting the public child welfare system since the 1970s to the present, it would be difficult not to point to substance abuse. The Child Welfare League of America (1992) cites substance abuse as affecting at least 80% of all cases of "substantiated abuse and neglect". The National Committee for Prevention of Child Abuse noted 675,000 children were maltreated in 1989 by caregivers who were chemically dependent (NCPA, 1989). In San Diego County, it is estimated that 85% of children and families in the public child welfare system are affected by substance abuse. The consequences of increased parental substance abuse are increased numbers of children reported for abuse and neglect. Increased reports and investigations lead to the need for more placements out of the home.
- There is very little governmental support for treatment programs for chemically dependent women and less for pregnant women and mothers (Azzi-Lessing & Olsen, 1996). When they appear in the child welfare system, they face an uphill battle to meet the demands of the court-mandated system. It is not simply a task to "get clean," for these mothers, but to learn job skills, parenting, and how to care for themselves and their families without dependence on chemical substances. Drug involvement includes fathers as well, however, there is little data available on fathers in the child welfare system.
- Drug exposure to children is of critical concern in the child welfare field, particularly those children exposed pre-natally and post-natally. In a study of 36 hospitals in 1989, it was estimated that 375,000 children were exposed before birth to chemicals identified as amphetamines, cocaine, heroin, marijuana,

methadone, and PCP (Chasnoff et al., 1987). This study did not include alcohol, which is a significant contributor to fetal alcohol syndrome.

- Family group conferencing is a new child welfare practice that can meet the challenges of finding early placement solutions within the extended family while the treatment needs of the substance-abusing parent can be met. This approach strengthens the family while still protecting the child. Because cycles of recovery require longer periods of time for a parent to be able to reunify, often going against the mandatory timelines, kinship placement solutions are more pragmatic (Tracy & Farkas, 1994). Family group conferencing also opens up opportunities for family members who have 'burned their bridges' because of habitual abuse of trust and relationships, to rebuild relationships and return to the natural support system.

## **MULTI-CRISIS FAMILIES**

✓ *Note to Instructor: See Appendix C, Family Unity Meeting Vignette 6 for an example of a family meeting with multiple issues.*

- Walsh uses the term "vulnerable families" to describe multi-crisis families who experience chronic stressors of serious problems that "overwhelm their functioning" (1998, p. 237). Crises are chronic, experienced by different members of the family, sometimes involving more than one generation. Families are affected by serious and chronic physical or emotional illness and disability, violence, chemical dependency, sexual abuse, and other chronic stressors. These families are also termed "severely dysfunctional" or multi-problem, focusing on the deficits. More strength-based perspectives remove blame from the family, seeing the families as "overloaded and under-supported" (Walsh, p. 238).
- It is common to view these families as "problem families," but it is suggested by Walsh that the families be considered as "families struggling with problems, which are largely beyond their control and often not of their own making," (1998, p. 238). We must also be cognizant of the larger community's role in affecting vulnerable families.

## **SAME-SEX FAMILIES**

- Gay and lesbian couples most often have children in their households through prior heterosexual marriages or adoption, with lesbian households more likely to have children. More lesbian women have been married than gay men (J. Harry, as cited in Chilman et al., 1988). Lesbian women in recent years have taken opportunities to have children through special fertilization procedures. Thus, homosexual parents are not necessarily in a relationship to create a family. It has been found in one study that lesbian mothers were more likely to be concerned than single heterosexual mothers about their son's needs for adult male figures to relate to (Kirkpatrick, Smith, & Roy, 1981).
- Foster homes for gay and lesbian adolescents offered by gay or lesbian foster parents are another innovation, which recognizes the needs of the youth to be in a protective environment. Gay teens are particularly at risk for abusive treatment in the schools and community and sometimes within their own families if their homosexuality is not acceptable. Consideration of an adolescent's sexuality and safety from harassment is extremely important in placement decisions with families.

## **FAITH COMMUNITY FAMILIES**

- *The Spirit Catches You and You Fall Down*, (Fadiman, 1997), tells us about the significance of cultural traditions and beliefs in a Hmong American family in California who encountered a very Western-oriented system in the treatment and care of their seizure disordered child. The medical treatment providers and the well-meaning child welfare worker who removed the child from her family faced persistent opposition from the family whose spiritual diagnosis and treatment were entirely misunderstood and mistrusted. After considerable pain, loss, and anguish on all sides, the child was cared for at home and received the most loving care within her natural context.
- The strengths of faith, religion, and spirituality cannot be underestimated and for families strongly affiliated through their beliefs, this is a central force in their lives whether through organized religion or not. Families in the faith community can be of any religion or belief system, from Christians and Jews, Muslims to Buddhists, Catholics, and animists, to pantheistic believers. Through the sharing of beliefs, families support each other and are available to their community as extended family members. In family group conferencing, this community is often represented by a pastoral figure in the meetings; however, many other forms of assistance can be made available from other individuals and families.
- The churches, in most communities where Family Group Conference Meetings are held, have been very open and inviting of the use of its facilities for this work. In a Family Group Conference with a Samoan family, the family's Samoan

church was the logical meeting place, where no less than 45 members of the extended family were present. It was a site that signified respect for the family's ties to the church, its central role in the life of the family and community.

## **CONCLUSION**

This module only touches the tip of the iceberg on content about cultural competency. It is but a beginning for further exploration and study for both teacher and student as it is a lifelong task. As Family Group Conferencing is practiced; the cultural competency of the practice will excite and resonate for both participants and facilitators as it holds much promise to move child welfare practice in the right direction.

## MODULE III PRE- AND POSTTEST

Name \_\_\_\_\_ Date \_\_\_\_\_

Fill in the blanks:

1. Everyone's \_\_\_\_\_ serves as the central base of their existence, where values, beliefs, behaviors, and expectations are learned and maintained.
2. The key to accepting change among management and staff in New Zealand was the focus on \_\_\_\_\_.
3. In the Cultural Competency Continuum model, the goal is to move toward \_\_\_\_\_.
4. Because family forms are culturally defined and there is constant social change affecting definitions of family, it is safe to state that families are defined only by their \_\_\_\_\_.
5. In sociological terms, there are two basic forms of the family, the \_\_\_\_\_ and the \_\_\_\_\_.
6. The nature of the traditional family has changed significantly in the last 40 years, so that only \_\_\_\_\_ out of \_\_\_\_\_ American children live in a traditional, nuclear family with both parents and no one else.
7. \_\_\_\_\_% of the children and families in the public child welfare system in San Diego County are affected by substance abuse.
8. The negative history of \_\_\_\_\_ and oppression experienced by people of color in the United States must be understood in relation to their responses to authority.
9. Learning to be culturally competent involves changes in attitudes, knowledge, and skills to improve \_\_\_\_\_.
10. A practitioner cannot optimally practice cultural competency without the sanction and \_\_\_\_\_ of a system that embraces culturally competent practice.

## MODULE III PRE-AND POSTTEST ANSWER SHEET

Name \_\_\_\_\_ Date \_\_\_\_\_

Fill in the blanks:

1. Everyone's family serves as the central base of their existence, where values, beliefs, behaviors, and expectations are learned and maintained.
2. The key to accepting change among management and staff in New Zealand was the focus on their own families.
3. In the Cultural Competency Continuum model, the goal is to move toward cultural proficiency.
4. Because family forms are culturally defined and there is constant social change affecting definitions of family, it is safe to state that families are defined only by their members.
5. In sociological terms, there are two basic forms of the family, the nuclear and the extended.
6. The nature of the traditional family has changed significantly in the last 40 years, so that only 1 out of 4 American children live in a traditional, nuclear family with both parents and no one else.
7. 85 % of the children and families in the public child welfare system in San Diego County are affected by substance abuse.
8. The negative history of racism and oppression experienced by people of color in the United States must be understood in relation to their responses to authority.
9. Learning to be culturally competent involves changes in attitudes, knowledge, and skills to improve effectiveness.
10. A practitioner cannot optimally practice cultural competency without the sanction and support of a system that embraces culturally competent practice.

## **MODULE IV**

### **MICRO, MEZZO, AND MACRO LEVEL SKILLS UTILIZED IN FAMILY GROUP DECISION-MAKING**

## **MODULE IV MICRO, MEZZO, AND MACRO LEVEL SKILLS UTILIZED IN FAMILY GROUP DECISION-MAKING**

**Note to Instructor:**

This module incorporates the use of lecture, role play, group discussion, and exercises. The trainee will begin to understand the skills used in the family group decision-making model, at the micro, mezzo, and macro levels. The trainee will begin to use the language and skills as the experiential part of the module.

**Goal:**

Participants will learn micro, mezzo, and macro level skills utilized in family group decision-making in child welfare.

**Objectives:**

At the completion of this module, participants will be able to:

1. Understand the rationale for multi-disciplinary social work skills in family group decision-making practice.
2. Articulate and demonstrate micro skills in engaging the members of a family group, planning and contracting for services, crisis intervention, and evaluating the efficacy of the intervention.
3. Articulate and demonstrate mezzo skills in group formation and development, facilitation, working with group dynamics, working with cultural differences of participants, anger and hostility management, and problem solving.
4. Articulate and demonstrate macro skills in interfacing with the community, the court system, foster care providers, and agencies, and using administrative skills in marketing the model within an agency and developing a program within a child welfare setting.

### **INTRODUCTION**

The family group decision-making models of family conferencing or family unity meetings call into play a number of skills at all levels. This is as true for the administrator of a program of family group decision-making as it is for the practitioner.

For example, the administrator should exhibit the values of the program in order to engage staff, community, and the agency in implementing a program. The practitioner facilitating the meeting or bringing participants together for a family conference will employ a myriad of skills in those processes.

## **MICRO SKILLS, BELIEFS, AND QUALITIES OF THE FACILITATOR**

### **Core Value**

- First and foremost in the family group decision-making model must be a belief in the ability of families to come up with solutions to their issues and concerns. This is the core value of the model.
- Key to that belief is the family's alone time or private time when all the professionals leave the room and leave the family together to come up with a plan of action to address the concerns. This practice is considered "the New Zealand model." While asking others to leave may be seen as discourteous, difficult, awkward, or even hurtful toward the negotiation process, the inclusion of non-family members can inhibit frank discussion, resulting in a decision that may more likely be incomplete or unworkable (Wilcox et al., 1991).
- The practice of leaving the family alone to deliberate is also a trust issue. Historically, helping professionals have expected families in the system to provide us as with a great deal of private information. They were told they could trust that this information would not be misused or abused. Of course, this was not always the case. As a New Zealand social worker and author, Harry Walker said, "Professionals are often trained to undervalue and distrust families. By this, they sacrifice the most powerful tools they have at their disposal," (H. Walker in Nice & Graber, 1999, p. 20).
- In Stanislaus County, California, the issue of family alone time is non-negotiable. Even if the family requests the facilitator to stay, it will be explained that the sanctity of the process requires that the family wrestle with these issues and that the facilitator trusts the family to come up with the best plan for its children (Kook and Sivak, 1998, p. 40).

### **Trust**

- Trust in the agency has often been shaken. Families who have been excluded from decisions around their own family do not have trust in "the system." It is fairly common that many family members coming to family conferences have a negative and distrustful attitude towards the agency and agency personnel,

particularly members of ethnic minority communities. It is unfortunate but sometimes true that family members have attempted to engage with agency staff but have been turned away.

- Also, there is a general and pervasive negative attitude regarding child protective services that has frequently been portrayed in a less than flattering light. On occasion, family members have had previous experience with the agency regarding their own family, a relative or friend. Any of these experiences may have led to the participants' skepticism regarding working with the "system." This presents an opportunity for the facilitator and co-facilitator to model empowering and respectful behavior and thereby have an opportunity to turn around this negative impression.

### **Bridge Building**

- Bridge building opportunities are presented at the family conference--on various levels and the skilled facilitator can assist in this bridge building. "Successful programs deal with children as parts of families, and with families as parts of neighborhoods and communities," (Harper & Coburn, 1998, p. 42). The family conferencing model is a family centered, child-focused model and recognizes Schorr's (1989) point.
- Many of the families in child welfare cases have been divided by the dynamics around the issue that brought the children into the "system." The parents' drug or alcohol abuse, the domestic violence, the molestation, the neglect are all situations that may have separated parents from their family of origin or caused strife within the family. The family conference activities, including the pre-meeting, opens up the communication again, often affording the family group an opportunity to come together with a particular focus. The conference cannot resolve years of strife but may begin the rebuilding of the bridges destroyed by years of negative history within the family.
- It is from participants in family conferences who echo the sentiment that they have restored faith in the "system" after attending a meeting. The act of bringing family and supports together in a respectful and empowering way has done much to build bridges between the agency and the community in general. Overwhelmingly, feedback from participants is positive towards the agency following a meeting.
- This is true for those participants who are members of the "professional" community. Their being involved in a family conference is positive as well. The feedback forms from community-based agencies, clergy, teachers, and others are overwhelmingly positive towards the agency and towards the facilitators after a family conference. Also, these participants remark on their renewed faith in

families in general, the particular family, and in the power of families to resolve their own issues.

## Group Skills

- There is much discussion about the skills needed to facilitate a family conference. Certainly the clinical social worker or other clinicians are trained and skilled in running the traditional clinical "therapy" or therapeutic group and may feel they are best prepared to lead family conferences. Certainly social workers in other arenas possess considerable skill acquired through their education and experience.
- It is important to note that a family conference or family unity meeting involves group process but it is important to note that it is not a therapy or treatment group. It is a task group focused on a practical and concrete outcome, namely a plan or agreement around the concerns defined by the family and others.
- It is however significant to note that a number of social work skills are employed during a family conference. At a recent meeting, a skilled observer listed 25 "direct practice" skills used by the facilitators of the meeting. This was revelatory to the facilitators being observed who were not aware that they were using many of the skills listed. Some of the skills used included:
  - Listening
  - Observing of nonverbal behavior, posture, eye contact, position of seating, etc.
  - Clarifying and defining
  - Use of developmental stages to explain behaviors of children and youth
  - Encouraging involvement
  - Paraphrasing
  - Joining with family members when appropriate
  - Normalization
  - Giving hope for solutions
  - Reframing
  - Confronting
  - Self-disclosing
  - Information giving
  - Reflecting feeling and content

More details on these various skills can be obtained from a text on counseling skills.

- Facilitators are used from a variety of backgrounds in the various locations employing family group decision-making. They have not all been social workers. It is important to find individuals who value families and believe in the power of the family. The successful facilitators who are not social workers have had considerable life experience and excellent communication skills. However there is a particular skill that is required for which specific training is provided and that is the ability to reframe.

## Reframing

- Reframing is a cognitive technique used to help clients and others see situations or problems from another point of view. The technique is also called 'relabeling' or 'redefining' (Sheafor, Horejsi, & Horejsi, 2000). It is used to help a client consider a different meaning they attach to a particular life experience or situation. In a family conference, this skill is essential and invaluable, to gently suggest or persuade a family member to view a behavior or idea in a different and more positive light. If offered alternative perceptions, a family member can soften their stance and acknowledge another perspective. It is the technique that keeps the meeting from straying into the realm of history, blaming, and negativity.

### REFRAMING VIGNETTE

A family unity meeting has been convened with the goal of finding a safe and suitable placement for the twins, aged 8, who were removed from the parents due to their methamphetamine abuse. The parents had not seen many of their family members for some time. The parents have "burned out" many of their immediate and extended family members due to their history of repeatedly asking for money, violent outbursts, and irresponsible lifestyle when using drugs. The parents were now in recovery and the social worker was considering returning the twins to their care. In the family conference, when discussing concerns, the grandmother brought up as her concern the fact that the parents had been drug users for 15 years.

How could the facilitator reframe the grandmother's concern?

- ❖ The facilitator reframed by asking her what was her concern about the parents' drug use.
- ❖ She said the parents would leave the children unattended to go out with their friends.
- ❖ The facilitator reframed again by asking what worried her about that.
- ❖ She said she worried that harm would come to the children if left without adult supervision.
- ❖ By reframing further, the real concern of the grandmother related to her fear of the parents' relapsing and the children being harmed. By reframing the grandmother's first stated concern, the facilitator got down to the issue around the safety of the children, a concern that tied to the goal of the meeting. This also helped move away from the parents' being in a defensive mode as it allowed them to look at the issue of child safety and to discuss their relapse prevention plan.

## Power Issues

- The experience of the family unity meeting or family conference is new to many professionals who are invited to participate. Often, professionals are used to being in charge, exerting a certain control in situations where, as the professional, they possess certain power bases including the following:
  - Connection power: being able to call upon and use influential people or resources
  - Expert power: having the knowledge, skills, and education related to the "system"
  - Information power: possessing information that is valuable to and needed by others
  - Legitimate power: holding a position of authority and the rights that accrue to that position in the organization or larger social system
  - Reference power: being liked and admired; the group members want to identify with the professional
  - Reward power: being able to offer social or tangible rewards
  - Coercive power: being able to sanction, punish, or deny access to resources and privileges (French & Raven, as cited in Cartwright, 1959, p. 93).
  
- Professional participants may possess some or all of these listed power bases and may have varying degrees of comfort with being in a situation where they are not being called on to exert any power. The facilitator of the meeting must be skilled in dealing with this fact--both for the professionals attending the meeting and for any power issues they have themselves. Most commonly, this issue may exhibit itself when a professional participant wants to dominate the discussion. The facilitator must be comfortable with interrupting, perhaps referring to the ground rules if there is one about "equal time" or redirecting the discussion to others by asking for others' input.
  
- Issues of power may come up from family participants as well. Child welfare professionals in this model are sitting around the table with family members who have no experience with child welfare, may only have negative impressions regarding the child welfare system, or may resent the intervention of child welfare services in their family, for any reason. It is not uncommon that these feelings arise at the onset of the meeting where the facilitator may need to clarify the purpose of the meeting, use respectful language, and remain calm amidst the ventilation of these feelings.

## Neutrality

- Neutrality of the facilitators is essential to the outcome of the family conference. In the various agencies using the family conferencing model, the issue of a neutral facilitator is observed and respected. It is expected that the neutral facilitator take the participants through the course or format of the meeting without a previously conceived idea of what the family's plan will look like.
- "If the facilitator is unable to remain true to his/her agreed-upon role and be utterly neutral, or is unable to ensure that the meeting is conducted within the guidelines for these meetings, then the process loses all credibility," (Anderson, Shackelford, McFadden, & Woodruff, 1997, p. 36).
- The facilitator has the daunting role of leading the meeting of often-disparate participants with various points of view. The neutrality of this individual allows for the voicing of viewpoints on the part of participants without fear of judgment or criticism. The facilitator states their stance as neutral at the beginning of the meeting as well as when they first begin contacting participants.

## Transference and Counter-Transference

- The facilitator must be aware of transference and counter-transference. The purpose of a group may influence the emergence of these issues. Projection of feelings by members onto the leader is called transference. Projection of feelings onto members by the leader is called counter-transference.
- The more a group is structured and the more it is focused on impersonal issues that the members have little stake in, the less likely group processes are to be affected by the personalities of the individuals. It is essential for group leaders to become self-reflective practitioners who consider carefully the meaning of their interactions with all members of the group.
- One of the hallmarks of an effective leader is the ability and willingness to examine the effect of personal beliefs, expectations, preferences, personality, style of relating, and subjective experience of reality on a particular group (Toseland & Rivas, 1998). The issues that arise at a family conference are often intensely personal and fraught with years of shame and guilt for the perpetrators of the abuse. So, although the goals and outcomes of the meeting are behavioral and concrete, the likelihood of strong feelings emerging for all participants is high.
- The effective facilitator must also be aware of the cultural factors that may be present at the meeting. There will be many families from different cultures who do not expect or prefer not to take such an active role. There are those families

who do not practice joint decision-making. In those situations, the facilitator may wish to incorporate some of the following practices:

- Brief the family about the meeting, its purpose, and who will be present well in advance of the meeting.
  - Reduce the number of professionals present unless the family has requested that others be present.
  - Encourage families to bring those people who are important to them--relatives, spiritual leaders, friends, and so forth--and be sure that a skilled interpreter is present if families are English-language learners or non-English speaking.
  - Incorporate practices that are culturally comfortable for the family, such as serving tea, taking time to get acquainted before beginning the more formal aspects of the meeting, or, for some families, conducting the meeting in a highly formal manner.
  - Be sure that family input is encouraged without creating embarrassment. If it is felt that family members will not interact comfortably in such a public forum, be sure that the Interventionist who knows the family best has spoken with them ahead of time and represents their perspective at the meeting.
  - Ensure that the goals, objectives, or outcomes that are being developed are matched to the family's concerns and priorities.
  - Allow time for questions, but be prepared to discuss the kinds of questions that other families often ask. This allows questions to be answered without having to be asked by family members who may feel uncomfortable about public questioning," (Lynch & Hanson, 1998, pp. 505-6).
- It may be helpful for the facilitator to become more aware of their style of interaction and leadership by doing a self-assessment of their strengths and weaknesses as a leader. Toseland and Rivas's (1998) Leadership Comfort Scale (LCS) is such an instrument:

## LEADERSHIP COMFORT SCALE

Indicate your feelings when the following situations arise in the group. Circle the appropriate feeling.

1. Dealing with silence	comfortable	uncomfortable
2. Dealing with negative feelings from members	comfortable	uncomfortable
3. Having little structure in a group	comfortable	uncomfortable
4. Dealing with ambiguity of purpose	comfortable	uncomfortable
5. Having to self-disclose your feelings to the group	comfortable	uncomfortable
6. Experiencing high self-disclosure among members	comfortable	uncomfortable
7. Dealing with conflict in the group	comfortable	uncomfortable
8. Having your leadership authority questioned	comfortable	uncomfortable
9. Being evaluated by group members	comfortable	uncomfortable
10. Allowing members to take responsibility for the group	comfortable	uncomfortable

(Toseland & Rivas, 1998, p. 119)

- To further explore their own degree of comfort with various situations, the prospective group facilitator may also ask:
  - Describe what you perceive to be your major strengths and weaknesses as a leader
  - What types of group members make you feel uncomfortable?
  - What situations or events during group meetings do you find particularly difficult to deal with?
  - What feedback have you received from others about your leadership skills?
  - What steps have you taken to improve your leadership skills? What steps have you considered but not yet taken? (Toseland & Rivas, 1998, p. 119)
- By engaging in this self-exploration, the prospective facilitator will be better prepared and equipped to deal with transference and counter-transference issues when they emerge in the family conference.

### Confrontation and Conflict Management

- The facilitator must be comfortable with confrontation and conflict management. The content of the family conference is often emotional and evokes powerful feelings, and these feelings and emotions may often be expressed as anger. Some of the participants are often natural antagonists who bring to the meeting their own ideas of what would be the best outcome.

- The facilitator can begin the meeting by establishing some "ground rules" for behaviors. These ground rules can define for the group those specific member behaviors and to the overall pattern of behavior that are acceptable to the participants. Often family members know who is the "talker" at the meeting and may establish a rule that establishes equal time to all present so that no one dominates the meeting.
- It is not uncommon for ground rules to include such guidelines as:
  - No cursing
  - Respectful language
  - No old history
  - One voice at a time, no side conversations



### CONFLICT MANAGEMENT EXERCISE

**Situation:**

You are the facilitator of the family conference. The participants are in the "strengths" area of the meeting, coming up with the strengths of the mother. The mother has a long history of alcoholism. She used to, prior to her current sobriety, cause scenes at the grandmother's house often resulting in police intervention. The grandmother is angry, does not want to think of her daughter's strengths, but rather yell and say mean things about how she acted in the past and how she should not get her children returned to her care.

**Intervention:**

Discuss how the facilitator should intervene in this situation. How does the facilitator intervene and still maintain the self-esteem of the grandmother? What ground rules could be referred back to? What if the grandmother refuses to cease her behavior?

- When the meeting is being planned and the facilitator or coordinator is reviewing the meeting format with participants, the issue of ground rules can be discussed. This is helpful if problematic behavior on the part of a family member comes up prior to the meeting. Explaining to prospective participants that there will be ground rules may help reassure them that the facilitator will control the meeting.

In preparing for the family group conference, coordinators will make themselves aware of which people in the family carry the most authority in the family to see if they are willing to take responsibility for keeping violent family members in check during the family group conference. This person would also be identified in the plan of the family group conference to take on this role after the meeting. These

people, along with the support people, will also be asked to let the coordinator know when tension is too high during the family group conference and ask for a break (Burford et al., 2000).

- It is not unusual for conflict to occur at a family conference. This is not surprising. "It is unlikely that all members of a task group will immediately agree on all aspects of the work of the group. Thus, it is important for workers to realize that conflicts occur even in effective task groups," (Napier & Gershenfeld, as cited in Toseland & Rivas, 1993, p. 19).
- Also, in some families, conflict may be the style of relating. The family conference brings together family members who often have a lifetime of experiences in relating to each other--not always in an enlightened manner. The family conference facilitator lets the group know at the beginning of the meeting that conflict and anger are not unusual or unexpected and that the feelings are okay. They state also that should the anger get out of hand to the extent that participants feel unsafe, that the meeting can be stopped or terminated depending on the extent of the disruption.

✓ *Note to the Instructor: See Family Unity Meeting Vignette #6 (Appendix C) for an illustration of a highly conflictual family and meeting.*

"Conflicts can be reduced by a number of procedures such as:

1. View conflict as a natural and helpful part of group development.
  2. Help members recognize the conflict.
  3. Encourage group norms of openness and respect for others' viewpoints.
  4. Encourage group members to suspend judgment until they have listened to the entire group discussion.
  5. Encourage members to view issues in new ways, to understand situations from other members' vantage points, and to be flexible in their own views of a situation.
  6. Help members avoid focusing on personality conflicts or personal differences. Instead, help members explore the facts and preferences underlying their alternative viewpoints and opinions.
  7. Emphasize factors that promote consensus in the group discussion.
  8. Develop information and facts about the situation and seek expert judgments to help resolve conflicting information.
  9. Follow orderly, preplanned steps for considering alternatives and deciding on solutions.
  10. Use decision criteria that are mutually agreed-on by group members.
  11. Clarify and summarize the discussion frequently so that all members have a similar understanding of what is being discussed and the decision criteria that will be used.
  12. Be sensitive to members' personal concerns and needs in developing solutions and arriving at a decision.
  13. Remain neutral in the conflict and ask questions that seek clarification whenever possible."
- (Toseland & Rivas, 1998, p. 119)

## Behavioral Focus

- The effective facilitator should also be able to focus on behaviors. As stated, the family conference is not a treatment or therapy group. It is a task group coming together to address issues around child safety. The goal of the meeting is established at the beginning of the meeting, which relates to child safety. Establishing this goal may take some time, as it is here that any existing issues of denial arise. It is crucial to establish clear goals for the meeting such as placement or safety for the children. This assists the facilitator in keeping the meeting focused on this issue and the specific behaviors and actions that relate to this. If participants move into old history, feelings or resentments, the facilitator refers them back to the goals they participated in establishing for the meeting. Since everyone participated in establishing and agreeing upon the goals, then the sense of ownership in these should assist in keeping the focus also.

## MEZZO SKILLS

### The Family Group Conference As "Group"

- The family group conference is a "group" with all its characteristics and dynamics. It most closely resembles "a task group." A task group is defined as, "any group in which the overriding purpose is to accomplish a goal that is neither intrinsically nor immediately linked to the needs of the members of the group. The work of a task group may ultimately affect the members of the group," (Toseland & Rivas, 1998, p. 119).
- As Toseland and Rivas (1998) state, "participation through group interaction helps members feel they have a stake in their organization or community. Also, resistance to change is minimized when those who are to be affected are given the opportunity to participate in the change through group discussion and shared decision-making," (p. 19).

### Engaging the Participants

- We observe in the family conference, time and again, that the participants, particularly the family members, become engaged in the process from the beginning. By virtue of involving them in a process to resolve their own family issues of concern, we engage the family.

Tell me and I'll forget  
Show me and I might remember  
Involve me and I'll understand  
(Chinese Proverb)

- The process of involvement begins prior to the meeting. It begins when the first contact is made with the parents. The parents are contacted and asked about their willingness to participate in the conference and asked about whom they wish to come to the meeting. This early and empowering involvement reflects the values of the family conferencing model.
- Every participant receives a clear explanation of the format of the meeting and what to expect when they come. It is critical for the coordinator/facilitator to work with the family and child to identify individuals who can protect and care for the child, supervise the implementation of meeting plans, support the family in caring for the child, maintain contact with the child and family members, and who have a personal relationship and connection with the child (American Humane Association, 1997).
- The initial contact is important in another way. It is the beginning process of the meeting. The family participants begin to think about and often talk about the impending meeting. If the meeting is planned for effectively, a major part of the work is done among family members by the time the meeting convenes. They have often discussed issues of concern and have their ideas and thoughts ready to bring to the family conference.
- In this first contact, the family may want to begin to relate their story to the coordinator. Respect for this process is critical and may establish trust in the process on the part of the participants.

### **Community Involvement**

- The family conference also brings in other participants, that is, community representatives, faith community, and close friends. This can be advantageous to the outcome for the family. "The increased quantity of information available in groups can be beneficial for generating alternative action plans, for problem solving, and for making decisions," (Toseland, p. 18).
- The family conference should include all the significant players and possible resources for the family. This diverse mix does appear to make for positive outcomes in the form of good plans to address the issues of concern.
- It is important to be aware of the mix that is coming to the meeting, that is, to not overpower the family with professionals. Either the number of the professionals attending the meeting should be held to a minimum to safeguard against the family members feeling overpowered or a comfortable blend of family members and professionals should be attained (American Humane Association, 1997).
- This model is based on a family-centered approach. It is also about increasing safety for children by bringing in those who can be a resource to the family. In the

past, child welfare has not routinely brought together the various resources involved in a family's life in an effort to address particular areas of concern or worry. The family conference attempts to bring in key resources as well as family. In fact this model expands resources by creating a process that respects, invites, and uses the basic and primary resource of a child's family, extended family, and community (Graber & Nice, 1998). The focus is on those resources who will be in the life of the family after the child welfare system is not. The focus is on resources that the family can access on their own.

## **Working With Cultural Differences**

- The previous module discussed several major issues around working with various cultural groups. There is ample opportunity to do so as the family conferences reflect the rich diversity of the agency client population. Although it is not possible for the facilitator of the family conference to be familiar with all the complexities of diverse cultures and backgrounds, it is helpful for leaders to become familiar with the backgrounds of client groups with whom they frequently work (Toseland & Rivas, 1998).
- It is particularly important for the facilitator to be accepting and non-judgmental about the values, lifestyles, beliefs, and behaviors of others and to recognize the value of difference and diversity (Toseland & Rivas, 1998).
- The reality in many communities and in child welfare is that families often represent a variety of cultural factors. The maternal and paternal relatives may be of different cultural, socioeconomic or ethnic groups. The family may, even if all from one ethnic or cultural group, differ in other areas such as education, acculturation, language or income level. Stereotyping members on the basis of preconceived notions of cultural behavior is an ineffective approach. Members must be individualized and differentially assessed. Cultural sensitivity in assessing members is a prerequisite for becoming an effective group leader (Chau, 1992).

### **CULTURAL MOMENT**

- ❖ "Facilitators who value punctuality and careful scheduling may need to examine their frustration with families who place less emphasis on clock and calendar time.
- ❖ Facilitators who value optimism and humor may discover they are uncomfortable with individuals who are depressed or whom they see as complainers.
- ❖ Facilitators who value frugality may have trouble understanding why a family with limited resources just bought a VCR or a cellular phone.
- ❖ Facilitators who pride themselves on their sensitive but direct communication skills may have difficulty with families who do not look them in the eye or nod "yes" when the answer is "no," (Lynch & Hanson, 1998, p. 54).

## Anger and Hostility Management

- Strong feelings and anger often emerge during a family conference. The participants, particularly the family members, often have a history with each other that leaves many unresolved angry feelings. Sometimes it is the culture of the family to express themselves in what sounds like anger. Some individuals have limited ways of expressing their true feelings so they express anger or frustration.
- Child abuse, neglect, abandonment, molestation, and exploitation issues in child welfare evoke strong feelings. When drug and alcohol abuse is a factor, there is a strong likelihood of anger emerging at some point in the meeting due to the previous history in the family. The facilitator of the family conference must be prepared to manage anger and hostility.
- It is unlikely that all members of a task group will immediately agree on all aspects of the work of the group. Thus, it is important for workers to realize that conflicts occur even in effective task groups.
- The development of ground rules early in the meeting may assist the facilitator in managing anger that gets out of hand. For example, if the group has included "no cursing" or "no yelling" as a ground rule, the facilitator can stop the meeting, and refer to the ground rules in an effort to intervene with the out-of-control individual. The facilitator always has the option of stopping the meeting if it appears someone's behavior is getting out of control. No one should feel unsafe in a meeting.

## MACRO SKILLS

- A number of macro skills will come into play related to family conferencing. If the family conferencing/family unity meeting model is not in place, there will be dynamics around change involved in bringing up the model in the agency. It may require a shift in practice philosophy for the particular agency.
- For example, the act of involving family members in decision-making may represent a significant shift in practice. How does the practitioner who is trying to implement family group decision-making approach this situation? As practitioners in Stanislaus County in California have stated,

Our belief in the wonderful and liberating aspects of this process should not be taken to suggest that all families and all workers will readily jump into this experience. The reluctance of families to move into this transformed relationship can easily be understood given the history of oppression, retribution, and punishment that has alienated many of them already. Workers and systems must be willing to redefine themselves in ways that will seem alien and

frightening. As is true with all movements to transform our social and political relationships, this must be viewed as a long-term struggle, not as the "quick fix" that our funding and our culture have made us require or seek (Kook & Sivak, 1998, p. 35).

### **MACRO SKILLS RELATED TO CHANGE**

- Have a good reason for making the change: culture changes are usually not fun. Make sure you understand why the change and that it is necessary.
- Involve people in the change: people who are involved are less likely to resist.
- Attempt to put a respected person in charge of the process: it helps to have someone who is respected in charge of the process.
- Create transition management teams: you can't do it alone. It helps to have a team to plan, anticipate, troubleshoot, coordinate, and focus the change efforts.
- Provide training in new values, skills, and behaviors: training brings groups together; it allows them to express their concerns and reinforce newly learned skills.
- Bring in outside help: sometimes there is more power in what an outsider says than in the same ideas coming from inside. Use this power to reinforce the directions in which you want to go.
- Establish symbols of change: encourage the development of newsletters, new logos or slogans, and/or recognition events to help celebrate and reflect the change.
- Acknowledge and reward people: as changes begin to work, take time to recognize and recall the achievements of the people who made it happen.

(Scott & Jaffe, 1995, p. 13)

- An understanding of the process of change helps the practitioner negotiate through their agency when this new practice model is being implemented. For example, in San Diego County, the family unity meeting facilitators attend case consultations, unit meetings and take advantage of opportunities to discuss the family unity model.
- The supervisor and the manager of the program have made presentations to court personnel, attorney groups, to the local Child Abuse Coordinating Council, and to supervisors and managers in the agency. There is an e-mail that goes out weekly with a vignette of a meeting; there is a quarterly newsletter that is distributed internally and externally. There is a brochure that describes the program that can be given to participants of a meeting or to others interested in the model.
- Macro skills may be necessary if the court wants to mandate or court order meetings for families. Some locations (New Zealand and Oregon) have laws in place that mandate meetings. In most venues, the process is voluntary as this

keeps the model synonymous with the value of being the family's meeting. If the meeting is voluntary, they have the right to participate or not, to meet or not, and to come up with a plan or not. There may arise a need to meet with court officials or attorney groups to advocate for this position.

- It benefits the practitioner who is implementing a family conferencing model to understand the dynamics of change, as stated above. Every agency implementing this model has gone through adjustments. In New Zealand, they too struggled in the early stages.

The beginning was difficult. We did not find it easy to change. Many of us found this way of working threatening. We believed if anything went wrong we would be blamed as we had statutory responsibility for the child's protection. We, after all, were the experts working with the families who were not. We made many mistakes as we used the trial and error method to come to an understanding of how to work with families belonging to other people. The main problem for us was 'How do we let go of power?' (Wilcox et al., 1991, p. 8.)

They also observed,

When we professionals made decisions they often did not work, but we had the luxury of making subsequent decisions. How many children have we been responsible for placing in a multiplicity of foster homes, based on our professional assessment? How many of these children have been abused in spite of our professional assessment? We had to accept that families, like professionals, made mistakes. The luxury we had had, of making subsequent decisions following a mistake, had to be extended to them, (Wilcox et al., 1991, p. 8).

Successful implementation is not a 'cookie cutter' activity. No one can outline for agencies a clearly defined set of specific actions and steps to take because no single correct implementation process exists; nor are all communities going to have to give the same level of attention to each implementation area. Since each agency and community is unique, what works well for one location may not work well in other locations. For these reasons, the identification of consideration areas is an important first step for implementation. Then, each community can create its own implementation design, drawing on an understanding of the model, an awareness of the consideration issues, and knowledge of what makes sense in the community (Harper & Coburn, 1998, p. 41).

- The implementers of the family conferencing model need to be conscious of the reactions and feelings within the agency and be able to persist in marketing the model. This may be necessary both within and without.

- Stakeholders may include court personnel, attorney groups, foster parents, community service providers, and various professionals involved with families.
- There are a variety of marketing techniques for the practitioner to be aware of. In San Diego County, the following were used:
  - Development of a newsletter outlining successful meetings, applauding staff who volunteered to assist with meetings, and providing information on the meeting philosophy.
  - Development of a weekly e-mail to inform staff and others about meetings and also outline the outcomes of particular meetings.
  - Development of a brochure which includes quotes from parents, family members, and professionals about their positive experiences with meetings.
  - Presentations on the model to a variety of stakeholders (county counsel, attorney groups, foster parent groups, new social work trainees, etc.)
  - Participation by facilitators in case consultations and staffings to educate case-carrying staff on the model and philosophy.



**"Four Common Attributes of Successful Programs"**

1. Successful programs are comprehensive, intensive, flexible, and responsive.
2. Successful programs deal with children as parts of families, and with families as parts of neighborhoods and communities.
3. Staff in successful programs have the time, skill, and support to build relationships of trust and respect with children and families.
4. Successful programs have a long-term, preventive orientation and continue to evolve over time, (Shorr, as cited in Harper & Coburn, 1998, p. 42).

**CONCLUSION**

Implementation of a family group decision-making program is complex on all levels: micro, mezzo, and macro. At the micro level, the practitioner should possess considerable skill to be able to facilitate and manage the many issues that may arise from the family, with all the history, emotions, pain, and hope inherent in every family. There must be knowledge of those skills at the mezzo level where the group dynamics

come into play. For the practitioner who is also involved in implementation of the program, macro skills are needed to address the change management challenges as well as marketing techniques to "sell" the program to others in the agency. The ability to differentiate between these discrete areas requires some understanding of each level and how to address each.

## MODULE IV PRE- AND POSTTEST

Name \_\_\_\_\_ Date \_\_\_\_\_

Fill in the blanks:

1. A significant core value in the family group decision-making model is the belief that families have the ability to \_\_\_\_\_.
2. Building a bridge between the family and the \_\_\_\_\_ is a significant outcome of the family conferencing model.
3. The FGDM Conference is an example of a social work mezzo approach called a \_\_\_\_\_ group versus a therapeutic group.
4. Using the \_\_\_\_\_ communication tool, the FGDM conference facilitator avoids having the family focus on negative issues and problems.
5. A cognitive technique used to help group members see situations from another point of view is called \_\_\_\_\_.
6. Professionals new to the FGDM model may have difficulty related to issues of \_\_\_\_\_.
7. In the family conference, the establishment of \_\_\_\_\_ is a useful tool to assist in minimizing conflicts.
8. It is important to be aware of the mix of individuals coming to the family conference, that is, to not overpower the family with \_\_\_\_\_.
9. The FGDM model is based on a \_\_\_\_\_ approach to working with families.
10. It is particularly important for the \_\_\_\_\_ to be accepting and non-judgmental about the values, lifestyles, beliefs, and behaviors of others and to recognize the value of difference and diversity.

## MODULE IV PRE- AND POSTTEST ANSWER SHEET

Name \_\_\_\_\_ Date \_\_\_\_\_

Fill in the blanks:

1. A significant core value in the family group decision-making model is the belief that families have the ability to come up with their own solutions.
2. Building a bridge between the family and the community is a significant outcome of the family conferencing model.
3. The FGDM Conference is an example of a social work mezzo approach called a task group versus a therapeutic group.
4. Using the reframing communication tool, the FGDM conference facilitator avoids having the family focus on negative issues and problems.
5. A cognitive technique used to help group members see situations from another point of view is called reframing.
6. Professionals new to the FGDM model may have difficulty related to issues of control.
7. In the family conference, the establishment of ground rules is a useful tool to assist in minimizing conflicts.
8. It is important to be aware of the mix of individuals coming to the family conference, that is, to not overpower the family with professionals.
9. The FGDM model is based on a family-centered approach in working with families.
10. It is particularly important for the facilitator to be accepting and non-judgmental about the values, lifestyles, beliefs, and behaviors of others and to recognize the value of difference and diversity.

# **MODULE V**

## **FGDM PRACTICE**

## MODULE V FGDM PRACTICE

**Note to Instructor:**

This module utilizes lecture, role plays, group discussion and video. For a sampling of vignettes of family group meetings, see Appendix. The trainee now focuses on a number of specific skills to use in different phases of the family conference from coordinating the meeting through post meeting activities.

**Goal:**

Participants will learn how family group decision-making models work in practice within the continuum of care for children in the child welfare system.

**Objectives:**

By the completion of this module, participants will be able to:

1. Demonstrate through role play how to progress from engaging a family through the steps of reaching resolution on a case through family group decision-making.
2. Demonstrate knowledge and ability to analyze cases of successful and unsuccessful practices.

### INTRODUCTION

Children and families in the child welfare system are diverse, representing a variety of cultures, ethnicities, religions, and socioeconomic and family styles. This rich variety of families requires a wealth of skill and demands flexibility and creativity on the part of the practitioner. This module looks at a variety of practice skills and practice issues as they relate to the family group decision-making model.

## WARM-UP EXPERIENTIAL EXERCISE

Think of a life crisis that you have experienced.  
You do not need to share this with the class.  
Think of what helped you get through this crisis.  
Raise your hand if it was your friends.  
Raise your hand if it was your faith community.  
Raise your hand if it was a social worker or another helping professional.  
Raise your hand if it was a government agency.  
Raise your hand if it was your family.

Discuss the outcome of this exercise relevant to the families with whom we work. Where are we, as professionals, in the long term with the families with whom we come in contact? Who are the real resources for them? Why?

### STEP 1: PRE-MEETING

#### Invitations

- Initial contact with the family members is an important pre-meeting activity. This first contact sets the tone for the meeting. The parents are the first members of the family to be contacted. The facilitator/coordinator uses skill in engaging the parents to consider a plan of a family group meeting and to begin discussing names of other family members or friends to invite to the meeting. Cultural considerations are extremely important at the very beginning in order to increase the potentials for participation and successful problem solving.
- In Hawaii, the 'Ohana (Family Group) project utilizes community facilitators who make personal invitations to family members through home visits. This respects the values of the smaller Hawaiian community. Home visits allow family members to meet the inviter who represents the governmental institution, which is more often impersonal in its interactions with families. The face-to-face contact should be utilized as much as possible in working with families of color to begin a relationship built on trust.
- In several locations, facilitators generally contact family participants by telephone and then follow up with a letter of invitation. There are occasions when a home visit may be more appropriate (i.e., when there is fear or trepidation on the part of the parent or other family member). It may be more effective to go to that individual's home and spend some time encouraging them and giving them your full attention. It also allows the facilitator to go over materials regarding the meeting.

- There are occasions when a letter or a phone call may be intimidating to the family member in spite of the facilitator's best intentions. In a meeting with a Hispanic family, an uncle remarked that the letter from the facilitator, on Agency stationary, was intimidating upon its receipt--in spite of the friendly words contained in the letter of invitation. The very nature of an official correspondence from a government agency had an impact on the family. It is important to be mindful of the history of oppression and continued intimidation of communities and families of color when faced with contact from a governmental agency. Each family should be considered for its own individual characteristics and the family members invited in the most considerate and respectful way.

## The Parents

- The parents or caretakers need to understand the neutral role of the facilitator and the non-adversarial role of the meeting in an effort to feel that the meeting will be worthwhile and a safe place for them to be. Often, their experience with the agency has been difficult and or shameful and they may need to be convinced that the purpose of the family unity meeting is for the family to come up with a plan, not for the agency to tell them what to do.
- Sometimes parents doubt that their family members will come to a meeting. They may feel they have "burned bridges" and that their family has given up on them. In fact, when family participants know the meeting is about the welfare of the children, they are often highly motivated to attend--in spite of their misgivings about the parents. For an in-depth discussion on this issue, go to the *Manual for Coordinators and Communities: The Organization and Practice of Family Group Decision Making*. The authors note that,

Sometimes the very person the family do not wish to invite is the person with the most information about what has been happening in the family. It is important that the coordinator not buy into the conspiracy of silence that has allowed abuse to take place and continue. (Burford, Pennell, & MacLeod, 1995).

## Extended Family and Kin

- The family group decision-making model attempts to throw the net out much farther than child welfare practice has done in the past. Social workers have expressed the value of family but may have been restrained in the effort to include extended family in case planning for many reasons. Caseload size, workload demands and time constraints are but a few of the barriers to seeking out extended family and other supports to the parents and children.
- The family group conference is an effort to bring in all those who care about the safety of the children. The family and kin, who have known the parents and

children as family, generally have this investment. There may be history that has caused bad feelings or resentment but in most cases these feelings can be set aside and these individuals brought in based on the common concern for the children.

### **Other Professionals**

- The facilitator also must contact and invite the related professionals to the case at hand. It is important, in planning a meeting, to keep in mind the issue of perceived power and control. Therefore, it is important to not have so many professionals present as to overpower the family. However, it is crucial to the outcome of the meeting to have those professionals included who can provide critical information and thereby assist the family in making the best plan possible.
- The meetings may include therapists, clergy, teachers, AA sponsors, foster parents, public health nurses, and others. The facilitator's job is to explain to the professional participants their role, the focus on the family, the expected duration of the meeting, and the format of the meeting. Sometimes the professional cannot stay for the duration of the meeting. If this is the case, the family can be informed of this at the beginning of the meeting. The facilitator tells all other participants that it is expected that they stay for the duration of the meeting. It is not respectful to the family to come late or leave early, without their approval.

### **Exercise: Invitation to Meeting**

#### **Instructions:**

Class breaks into groups of three: one coordinator, one parent, one observer. This is the first contact between the coordinator and the mother. You want to discuss the meeting, get her to come, and get the names of other relatives, friends, and kin to come to the meeting. The mother is untrusting of the system, having had two children in the foster care system. The case-carrying social worker wants a meeting with extended family to explore placement options within the family.

Role play this task, observer gives feedback. After 20 minutes, class reconvenes and each group gives feedback on the challenges of this task. Instructor notes strengths and concerns on board or flip chart.

### **Exclusions**

- The question of who not to include in a meeting is an important issue. Parents may have ideas of who not to include and the facilitator must work with the parent to ensure an inclusive process.

Strict adherence to the Family Group Conferencing Model discourages the exclusion of any family member with decision-making authority from the Conference because it can ultimately undermine the final decision made by the family. Despite parental objections, the philosophy of the FGC model is to involve the wider family network in the Conference," (American Humane Association, 1997, p. 24).

- Another critical consideration when inviting people to attend the meeting is in cases of severe physical abuse, domestic violence, or sexual abuse. The primary consideration is the risk of re-victimizing the victim or victims. It is important when coordinating a meeting, to assess a variety of factors:
  - Victim's wishes,
  - Extent of treatment or therapy of victim and perpetrators with recommendation of therapists,
  - Social worker's input,
  - Whether victim would attend if accompanied by a friend or advocate,
  - Could the purpose be achieved without the attendance of a perpetrator,
  - Could the purpose of the meeting be achieved without the child victim or victims in attendance?

### **Veto Power**

- Some locations give the parents the veto power on who attends the meeting. This is true in Oregon (American Humane Association, 1997) and also in San Diego County in California. It is important to consider if certain individuals are crucial to the meeting. If parents refuse their participation, agencies may need to reconsider holding the meeting. The skilled coordinator may succeed in encouraging the parent to include those relatives, for example, who may appear to be invaluable resources, in spite of some bad feelings or negative history between the parent and the relatives.
- Other locations utilizing this model retain the right to include in the meeting those individuals who are deemed to be resources to the family. So, if the mother says she does not want her mother, the grandmother of the children, to attend, the coordinator may supercede her wishes, as the grandmother may be an invaluable resource for the children.

### **Children**

- Inclusion of children in meetings is also important to consider. In most locations using the family conferencing model, children attend meetings. Children under age 7 are not generally encouraged to attend. It does happen, from time to time, that children come with the parent or other family member, as there are no other

childcare arrangements available. The general policy relates to the content of the family's discussion. If the nature of the discussion is "adult," it may not be appropriate for the children to be present. Children's presence at the conference may inhibit some discussion. On the other hand, in many families and in some cultures, children are included in all activities.

- The facilitator may anticipate children attending by having some activities for them. For example, crayons, coloring books, a TV/VCR with children's tapes, etc. may be handy. It may, at times, be appropriate to have someone come to the meeting to provide childcare, if it is known in advance that young children will be present.
- There are meetings where the child's presence is of particular importance (i.e., in the case of a teenager where placement is the issue). It is important to get the input of this older child. If the attending child is feeling hesitant or intimidated by attending, he or she may invite an advocate to attend with him or her. This may be a friend, family member, mentor, or individual that the child sees as "on their side."
- It is essential to meet with the child prior to the meeting to prepare him or her for the meeting. If possible, ascertain if the child wants to be present at the meeting. If not, it is essential to find out what the child wants to say to the participants and have that said at the meeting. It may be, if the child is old enough, that he or she may write a letter and have it read at the meeting. If the child attends, it is important to consider having an advocate with him or her as mentioned above.

## **Attorneys**

- There are wide variations on whether the attorney's presence at meetings is productive. In New Zealand, the attorney or attorneys on the case may attend the meeting. In some locations there are no-attorneys-at-all policies. This is a policy decision that must be made in the particular setting or agency utilizing the family conferencing model. For some families, where there is a juvenile court case, there may be an attorney representing each parent, the children, and others. Having several attorneys present at a family conference could influence the free exchange of information among family members.
- It is important to remember that this is the family's meeting. The purpose of the meeting is not to mediate on a court issue, rather to come up with a safety plan around the child or children. With the parent's permission, the plan will be attached to the court report, if the case is active in the court system.

## Violent Individuals

- Potentially violent or dangerous individuals may be excluded from the meeting. The safety of all participants is of the highest priority. Part of the discussion of who to invite should be a discussion of the potential for violence by any of the family members. If a violent person shows up at the meeting, uninvited, the meeting can be stopped and reconvened at another time.
- Another important issue here is that the child victim of abuse or the victims of spousal abuse not feel revictimized by the presence of the abuser. The abuser may be in treatment, have accepted responsibility for the abuse and may have contact or visitation with the victims. In this scenario, the presence of the abuser may be appropriate. The victim's wishes should be respectfully considered.

## Location

- Where to hold the meeting is a crucial decision. The family meeting should be in a community location that is accessible and where they feel comfortable. A family home is not a neutral location and there are often distractions to the business of the meeting. Therefore, it is discouraged as a place to meet.
- Churches have become a valuable resource for holding meetings, as the facilities are usually free, there are usually kitchen facilities, and families see the church as a neutral setting. The faith community has been supportive of the family unity meeting model and has opened their doors at no cost. Other locations to consider are recreation centers, library meeting rooms, community agencies, or the public agency's conference rooms. The latter is to be carefully considered, as the family may not see the agency as a neutral location.
- The primary consideration is for the family to have easy and practical access. It is important that there be a room big enough to accommodate the family. It is not unusual for more family members to show up for the meeting than were expected. It is also important to consider where the facilitators and professionals will be during the family's private family time. The locations suggested generally ask for no payment. This may be an issue depending on the budget for the program.

**“Features of a good venue are:**

- Large enough for the expected numbers of participants to be seated comfortably, usually in a circle;
- Access to toilets;
- Available for as long as necessary;
- Space for a time-out, for confidential discussions, and for a comfortable split during private family time;
- Tea/coffee-making facilities;
- Reasonable access to transport, telephone, and meals or kitchen;
- Sufficiently close to necessary back-up services or protection (e.g., project coordinator, police);
- Should be a neutral venue where all family members feel comfortable;
- Accessible for disabled or infirm participants”

(Burford, Pennell, & MacLeod, 1995, p. 18).

## **Food**

- Food is always available at a family conference. The importance of food at the meeting should not be minimized, with sufficient costs budgeted.

This is not simply a mindless tea and cookies ritual. Rather it builds on the ‘Betty Ford’/Recovery model. A successful recovery model tries to address all three components of the human condition--body, mind and spirit. Thus we provide refreshments to all participants in a meeting session. We feel there is something special that occurs when people ‘break bread’ together. It is not just a physical act, (Harrison & Quinnett, 1999, p. 11).

- The sharing of food at the family conference is also a culturally respectful practice. Families in most contexts come together over the sharing of food. By providing food at the family conference, the facilitators are setting a tone of sociability and of respect for the mores of the family group. It is often helpful to ask the family members ahead of time what their preferences are and what foods are appropriate in their culture or family, in an effort to accommodate the family's tastes or practices.
- Food being served can also help smooth over feeling of estrangement and/or hostility. Sharing food at the family meeting after a long period of estrangement helps mark the occasion and seems to help families get over the initial discomfort. For professionals, sharing food and drink with the family helps break down the hierarchical relationship between themselves and the family.

- Child welfare practitioners in New Zealand have observed food to serve another purpose related to anger.

If the child has serious injuries caused by a family member there may be high levels of anger and this needs to be managed, at least in part. We have found the use of food and drink helps people keep their anger within constructive bounds. We want to keep asserting how important we feel this hosting task is. The drinks, snacks and meals smooth the way and can often make the difference between decision and disaster. It also cuts through the formality and is a shared activity for all participants by bringing everyone together (Wilcox et al., 1991, p. 4).

## STEP 2: MEETING ROLE PLAY EXERCISE

### ROLE PLAY EXERCISE

**Note:**

If the class is one of case-carrying social workers, then allow them to discuss their cases in small groups (three to four) and decide, within the small group, on a family that they think would benefit from a family conference. After 15 minutes, reconvene the whole class and allow the groups to present the family they decided on. Then, allow the class, as a whole, to decide on what family should be role played.

Have the person most familiar with the chosen family list who is in the family (maintaining confidentiality by only using first names or fictitious names).

List the possible participants on a flip chart or blackboard.

Allow class members to volunteer to take on roles.

Have the case-carrying social worker briefly outline the role of the players.

Conduct the role played meeting with the instructor facilitating the "meeting."

Briefly go through the steps of the meeting, cutting short the stages. Allow the "family" their private time to develop a plan.

Discuss the role play, using the discussion to reinforce the transfer of learning.

- ✓ *Note to Instructor: if the class is not one of social workers with identifiable families, use the following as an outline for a role play experience:*



## ROLE PLAY VIGNETTE

Meeting goal: to find a placement resource within the family for the 4-year-old male, Vicente. The parents are Maria and Juan. Maria is ill and cannot provide a home for Vicente. Juan is presently incarcerated.

Family members attending:

- Maria, the mother
- Josefa, the maternal grandmother
- Jose, the maternal grandfather
- Joanie, the maternal aunt
- Carl, the paternal uncle
- Janette, the paternal aunt (Carl's wife)
- Charlotte, the paternal grandmother

Others attending:

- Mrs. Brown, Vicente's teacher
- Father Joe, the priest of the maternal family's church
- George, the social worker
- The facilitator
- The co-facilitator
- An observer

### **Roles:**

Ask for volunteers for the various roles. The issue/concern that arises is that the maternal side does not want Vicente to be with the paternal relatives due to the father's drug history and concern that they cannot protect Vicente. The priest's presence is calming to the situation but Janette cannot control her anger and expresses it openly. The teacher raises the concern about Vicente's apparent learning disability and his episodes of crying for his mother. One of the relatives offers a home for Vicente and the plan includes contact with mother and visits for relatives. Carl offers to mentor Vicente and take him out on Saturdays.

### **Discussion:**

Ask the role players how it felt to play the roles. How it felt for them to be led by the facilitator. Ask for the observer's comments. What cultural factors may have been operating? How was the meeting different when the facilitators and others were in the room and when the family had private family time?

## **STEP 3: POST-MEETING ACTIVITIES**

### **Critical Reflection**

- The facilitators of the family conference need to evaluate their role in the meeting that was held in order to refine their practice and to ensure the guidelines were followed during the meeting. Like all group practice, the skills of the facilitator are refined over time and with continued experience in facilitation.
- One tool for improving and refining one's skills is to meet following the meeting to discuss the meeting, roles, input, what went well, and what did not go well. This debriefing activity occurs informally in some settings, occurs immediately following the meeting between the facilitators or may occur as part of a larger team meeting at another time. It is an opportunity for the facilitator to discuss those feelings that they may have had at the meeting but were unable to express. If transference, for example, occurred regarding one of the participants, this is the time to discuss those feelings. It is an opportunity to self evaluate one's practice and also to receive constructive feedback from the co-facilitator.
- In some jurisdictions, the post meeting may include the case-carrying social worker who attended the meeting. In these cases, this affords an opportunity to clarify any part of the process to that social worker, particularly if he or she is new to family conferencing.
- Team meetings following family conferences allow facilitators to learn from each other. How someone handled a difficult confrontation may assist a colleague later in a similar situation. This process also assists in maintaining the integrity of the model by catching "model drift" if it occurs. It assists in standardizing the practice within the agency by open and frank discussion of practice. It helps ensure that no facilitator is engaged in behavior that impedes the goal of the meeting.
- Some jurisdictions have developed a tool for leading discussions or critical reflection sessions. A sample tool from San Diego is included in Appendix E.

### **Monitoring of the Family Plan or Agreement**

- Ideally the monitoring responsibilities should be outlined in the plan that is developed at the family conference. If the child welfare case is active to the court, the case-carrying social worker will have responsibility for reporting case activity to the court. It will be necessary for that worker to monitor the progress on completing the plan that came out of the family conference.
- The commitment of the worker to follow up on the progress of the plan is crucial. Failure to do so may result in the family's losing trust in the agency's commitment and interest in their family. It is often tempting, with caseload demands, for the

case-carrying worker to go onto other cases after a family has had a family conference. Respect for the family's plan is reflected in the worker's follow-up and follow-through on their part in the plan.

- Within the plan are agreed-upon activities by other participants of the meeting. Various family members, for example, may agree to take on various tasks. The uncle may agree to take the father to his AA meetings. The aunt may agree to watch the children on Wednesdays so the parents can attend counseling. Someone in the family may agree to monitor weekly the progress of the plan and report this to the social worker.
- In some cases, the court is not involved. In those cases, a designated family member may be identified as part of the family's plan, to monitor everyone's cooperation and compliance with agreed-upon activities. It is the task of the facilitator to ensure that responsibility for each agreed-upon task is outlined in the family plan or agreement as well as responsibility for monitoring the progress.

## **CONCLUSION**

It is now apparent to the student or trainee that family group decision-making is a complex practice. The family conference is a task group focused on concrete and specific tasks related to child safety. However, within the context of the family conference, are dynamics related to the abuse and the history within the family. It is challenging and exciting to be a part of this practice from the perspective of the practitioner or the policy maker. As this practice becomes more prevalent within the child welfare arena, it is beneficial to share experiences, policies, practices, and success stories and less than successful stories, in an effort to refine this practice. It is essential to gain experience, directly and indirectly, to learn these new skills in order to partner with families in an empowering way.

## MODULE V PRE AND POSTTEST

Name \_\_\_\_\_ Date \_\_\_\_\_

Fill in the blanks:

1. \_\_\_\_\_ with the family is an important pre-meeting activity.
2. In Hawaii, the 'Ohana (Family Group) Project utilizes \_\_\_\_\_ who make personal home visits to family members to invite them to a meeting.
3. Some locations give the \_\_\_\_\_ the right to decide who attends the family conference.
4. The primary consideration in deciding on a location for a family conference is the \_\_\_\_\_.
5. \_\_\_\_\_ is always available at a family conference.
6. Exclusion of \_\_\_\_\_ from meetings is optional in some locations but mandated in San Diego County.
7. A FGDM conference will not be held without the presence of the \_\_\_\_\_.
8. If a family member cannot attend the family conference, their input can be included through \_\_\_\_\_ or \_\_\_\_\_.
9. Since the safety of all participants is of the utmost importance at a family conference, potentially \_\_\_\_\_ individuals are not encouraged to attend.
10. The content of the meeting is confidential except when a new incident of abuse or neglect \_\_\_\_\_ is raised, which must be reported.

## MODULE V PRE AND POSTTEST ANSWER SHEET

Name \_\_\_\_\_ Date \_\_\_\_\_

Fill in the blanks:

1. Initial contact with the family is an important pre-meeting activity.
2. In Hawaii, the 'Ohana (Family Group) Project utilizes community facilitators who make personal home visits to family members to invite them to a meeting.
3. Some locations give the parents the right to decide who attends the family conference.
4. The primary consideration in deciding on a location for a family conference is the convenience & comfort of the family.
5. Food is always available at a family conference.
6. Exclusion of attorneys from meetings is optional in some locations but mandated in San Diego County.
7. A FGDM conference will not be held without the presence of the social worker.
8. If a family member cannot attend the family conference, their input can be included through letters or conference calls.
9. Since the safety of all participants is of the utmost importance at a family conference, potentially dangerous individuals are not encouraged to attend.
10. The content of the meeting is confidential except when a new incident of abuse or neglect allegation is raised, which must be reported.

## **MODULE VI**

### **OUTCOME MEASURES IN FGDM**

## **MODULE VI OUTCOME MEASURES IN FGDM**

**Note to Instructor:**

This module will use a combination of lecture and group discussion. The challenges of measuring outcomes will be discussed as well as some of the early research findings.

**Goal:**

Participants will learn research approaches on evaluating outcomes and efficiency of family group decision-making.

**Objectives:**

By the completion of this module, participants will be able to:

1. Discuss the state-of-the-art issues in research approaches on evaluating outcomes and efficacy of family group decision-making.
2. Outline an evaluation research of a proposed or current model in practice.

### **INTRODUCTION**

There is increasing emphasis in child welfare on measuring the effectiveness of programs--and rightfully so. The public has a right to know that their tax dollars are supporting effective programs and interventions. Those of us working in child welfare need to know that our interventions are truly effective and don't just "feel" right. Most important is the need to know that families are impacted in positive ways by our interventions. So it is with family conferencing. We want to know that this intervention impacts the family in a positive way, improves the outcomes for children in the child welfare system, and has a positive impact over time. Measuring these outcomes has been a challenge for practitioners providing family conferencing to families. There is yet

much to be done in this area. This module presents some data, and some ideas for beginning to look at this area.

## **ISSUES TO CONSIDER**

- The measuring of outcomes of family group conferences or family unity meetings is not a simple task. The shift to this practice for many agencies brings into play a number of issues:
  - The number of variables influencing the outcomes.
  - Influence of the implementing agency.
  - The definitions.
  - Implementation in the context of the change environment.

## **Variables Influencing Outcomes**

- One challenge to measuring outcomes of family conferencing relates to the number of variables to be considered. The meeting itself is influenced by a number of things including the following:
  - The skill of the facilitator,
  - The number of attendees who can be a resource to the family,
  - The level of functioning of the participants,
  - The extent and success of the pre-meeting activities,
  - The willingness of attendees to fully participate in the meeting process, and
  - The honesty of the participants.
- There are also innumerable influences on the outcome of the meeting following the meeting:
  - The willingness of the case-carrying social worker to respect the family's plan,
  - The willingness of the family and others to carry out the agreed-upon plan,
  - The extent that the plan is encouraged and monitored, and
  - The events in the family's life following the meeting
- In the various venues that have conducted outcome measures or reviews of their programs there is one consistent factor: the families who participate in the meeting overwhelmingly are saying they like the process. They are saying they feel "heard" and respected, some, for the first time. They are saying the process has changed their opinion of the child welfare system from one of distrust and skepticism to one of trust and hopefulness.

- Professionals sometimes need reminding that troubled families may take some time or need more than one opportunity to get it right (Burford, Pennell, & MacLeod, 2000). Professionals involved in the family conferencing model are involved in a mode of practice that represents a significant shift in how business is done in child welfare.
- The philosophy and theoretical assumptions that drive the model are probably quite consistent with what is taught to human service workers in North America about the conditions under which people make and maintain changes. The model, however, calls for those same professionals and the organizations in which they practice to also make changes in the way they do things.
- Simply put, the practice of allowing families to come up with their own solutions and to leave them alone in order to do this, represents a major paradigm shift in practice. In some venues, the emphasis in the early years has been this change curve, the implementation and the learning of new skills. This has been a monumental task. The shift to the area of evaluating outcomes has come later in some cases rather than in the program design although the latter is recommended (Rapp & Poertner, 1992).
- The anecdotal and early research evidence demonstrates that families are overwhelmingly embracing the family conferencing model. They are saying, in all locations, that they like the process because they feel heard, respected, and valued. Many locations provide the meeting participants with feedback evaluation forms following the meeting. The response is consistently positive.

### **Influence of the Implementing Agency**

- Agency pressures often motivate outcome measures. With a new model or program, the emphasis is often on outcomes related to fiscal concerns. This is true in the California counties where an emphasis on saved foster care dollars has helped "sell" the model. For example, in Stanislaus County, they report that prior to their "Family Decision Meetings," 22.7% of children were in stranger care. After their "FDMs" were implemented, 9.4% of those cases ended up with children in stranger care (Kook, Dickson, Mott, & Wilson, 1999, May).
- In San Diego County similar outcomes were achieved in their "Family Unity Meetings Pilot Project" as part of the Dependency Court Recovery Project. For the 32 meetings that were part of the project, only four families (13%) required foster care. As was stated in their final report,

One cannot draw a direct comparison to the foster care experience of the 7,000 children in out-of-home care in the dependency system (more than 3,600, 52% in foster care). However, the figures do demonstrate that the family unity meeting is an effective tool for identifying safe relative

placements for our dependency children. The concerted effort and focus on early identification of relatives and intervention with the family, reflects the value of family centered practices, mitigating the effects of "stranger" foster care for the benefit of the child. (San Diego County Superior Court, 2000)

- A more thorough evaluation might examine the placement issue, for example, over time. The outcome of the family conference might result in a child being placed in the home of a relative. It would be prudent to look at the placement over time, that is, does the placement last or does the child do well in the placement? Looking at meeting outcomes at intervals following meetings can elicit more complete data.

### **Model Definitions**

- In the beginning, in 1989, when the New Zealand and Oregon models emerged, the definitions of this innovative practice seemed clear. The term, "family group decision-making" defined the overall practice of bringing families into the decision-making arena in child welfare. "Family group conferencing" described the New Zealand model, which was significant due to the "family alone time." The Oregon model was called, "family unity meeting" and was unique in its look at "family strengths and concerns" and asking for the "best thinking" of meeting participants. Oregon made it optional as to whether the whole meeting be facilitated or families be left alone to develop a plan.
- As various locations implement their own version of these models, the definitions that existed originally no longer strictly apply. For example, in San Diego County, they initially implemented the Oregon model and facilitated the whole meeting. They called their program, "Family Unity". Today, they employ family alone time but have retained the name of their program that is now broadly recognized in that county. They have chosen to retain the program name. This evolution has occurred in other locations as well.
- The need to strictly define the model may be limiting as various locations implement their own family conferencing program. It is the integrity of the practice more than the name of the program that determines outcome.

### **Implementation in the Context of the Change Environment**

How little or how much involvement a family might have in the process of child protection and its decision-making can depend significantly on the values and attitudes of the worker, the bureaucracy providing the mandate for intervention, and the views and opinions of the wider society. Views and attitudes toward the abuse of children change over time. Situations in which the state will intervene in family life and the extent of that intervention will inevitably change as a

consequence of this. The history of child protection practice can be seen to reflect an inherent tension between over- and underintervention in family life. Finding a balance between the civil liberty demands of the parents and the protection needs of the child is difficult. Indeed, it could be argued that the shift toward family responsibility and participation in child protection decision-making is a compromise toward resolving some of the tensions, (Corby, Miller, & Young, 1996 as quoted by Connolly & McKenzie, 1999, pp. 3-4).

- The agency implementing a family group decision-making model may very well reflect this tension. Shifting from the high intervention/low participation model to the low intervention/high participation model represents a significant paradigm shift in practice. It reflects a significant philosophical shift as well. Not least of these shifts is reflected in the language of the family group decision-making model that is strength-based. The higher intervention practice in child welfare uses a more deficit-based language.



### PRACTICE MOMENT

Trainees break into small groups of three or four people. Brainstorm and list terms that are strength-based to describe a family. Brainstorm and list terms that could be considered deficit-based. Instructor to lead trainees in discussion of how these terms affect the family members. How do these terms feel?

**Video:** Show the video, "Words." This video reinforces this point.

- Family conferencing reflects the values of family-centered practice. Whereas an agency may state that it embraces the values of family-centered practice, the agency, in practice, may not exhibit these values.
- Hence the shift to a truly family-centered approach may mean major changes in the culture of the agency. If line staff, supervisors, and managers have practiced in a deficit, high-control environment, the shift to a family-centered and strength-based system will represent a significant change.
- The old paradigm was poisoned by suspicion, control, dependency on the court system, and growing power by lawyers and judges over the lives of parents and children. The new paradigm stresses a greater trust in the ability of the family and their supports like extended family or church group to solve problems. In this new model [family unity meetings], the social worker is an equal partner in the case dynamic. (Harrison & Quinnett, 1998, p. 47)

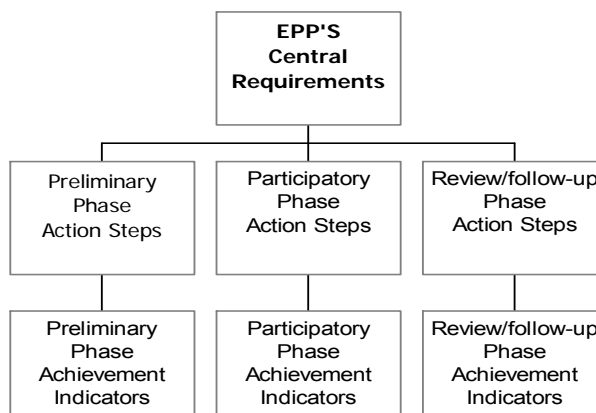
- Other changes occur regularly in the typical child welfare setting. There will be changes in laws, policies, and procedures as a matter of course. Recent changes in child welfare have included the concurrent planning practices and the welfare reform movement. Additional changes relate to technology as child welfare gets "on line" in case documentation, word processing, management information systems, time and labor documentation, etc. All of these changes impact the workplace and the implementation of any new program. It is in this changing environment that family group decision-making emerges.

## ACHIEVEMENT INDICATORS

- The following approach can be used to address Objective 2. This approach for looking at outcomes originates in New Zealand where family group conferencing has been going on, by law, since 1989. New Zealand began their practice without pre-planning outcomes measures and are now looking at their practice in innovative ways. One approach is to look at family group conferencing qualitatively.
- Connolly and McKenzie propose one method in their book which they term, "achievement indicators for effective participatory practice," the term they attribute to the family group conference. They look the effective participatory practice or EPP as being in three stages: the preliminary, the participation and the review/follow-up phases. They then break down each of these phases by action steps and with achievement indicators for each. The model is depicted in Figure B:

**Figure B**

*The Developing Process of Effective Participatory Practice*



(Connolly and McKenzie, 1999)

- In this model, the outcomes or achievement indicators are developed for each individual family and spelled out in very specific terms. By so doing the practitioner or social worker can see where the family is and if they are ready to move onto the next phase of the process. For example, in the preliminary phase, the achievement indicators in a particular family might be the willingness of the parent to entertain the discussion of bringing the family together.
- The establishment of trust in the system—enough to allow the meeting to happen—may be a significant outcome. Achievement in the participatory phase might be in the mother's stating her concerns in the open meeting. Follow-up achievement indicators can be directly linked to the specific agreements and the follow-through of the participants--including the social worker.
- This is just one way that one jurisdiction is attempting to set up a system for looking at this practice of family group decision-making.
- Another example of an outcomes-based evaluation model came from a project conducted in the eastern Canadian provinces of Labrador and Newfoundland. The researchers involved, Joan Pennell, PhD, and Gale Burford, PhD, have written extensively on this project. Although the project only resulted in 32 meetings, their study included a thorough review of all the case files of all the families involved both for background information and follow-up data. They also compared their data to comparison families during the test period. Some of their data reflects the population with which they worked, that is, domestic violence families. It does reflect what other venues are seeing, particularly as it relates to placement.

**Presence of Children's Protection Events in Project and Comparison Families by Test Period  
(N = 63)**

<b>Event</b>	<b>Project (n = 32)</b>		<b>Comparison (n = 31)</b>	
	<b>pre</b>	<b>post</b>	<b>pre</b>	<b>post</b>
Report of abuse/neglect to CPS	25	19	20	27
Multiple reports of abuse/neglect to CPS	18	13	14	15
Emergency visit to home on report of abuse or neglect	21	9	14	20
Emergency apprehension of a child under 16	12	6	5	6
Repeated emergency apprehension of the same child	4	1	1	1
Substantiated report of abuse or neglect	16	8	7	12
Voluntary placement of child into care	9	3	4	6
Involuntary placement of child into care	9	4	6	5
Permanent wardship taken on child	3	4	0	0

(Pennell & Burford, 2000, p. 146)

- Some locations employ the use of customer or consumer satisfaction survey tools as a way of measuring the usefulness of the family conference. Santa Clara County conducted a "Family Conference Participation Survey" in which the participants were asked their opinions on various aspects of their conference experience. They were specifically surveyed in four areas:
  - Helpfulness of the conference.
  - Conference experience.
  - Organization of the facilitator.
  - Effectiveness of the facilitator.
  
- The respondents' perception regarding their experience with family conferencing was favorable. Seventy-six percent of the respondents agreed that participating in the conference was helpful, and 79% agreed that the conference was a positive experience. Responses regarding the organization and effectiveness of the facilitators were even more favorable: 96% of the respondents agreed that the facilitators were organized, and 89% of the respondents agreed that the facilitators were effective (Santa Clara County Social Services Agency, 1999).
  
- The above cited data was gathered under the auspices of a grant from the David and Lucille Packard Foundation and conducted by Walter R. McDonald & Associates, Inc. Some jurisdictions may not have the resources to conduct formal surveys or research studies.
  
- However, the basic information to be gathered may be logged in a simple database system and the data entered by the family conferencing staff. A simple system allows (a) for the gathering of data to meet the needs of the management staff who will have an interest in the activities of staff engaged in this innovative practice; (b) the supervisor to review the activities of staff; and, (c) for the tracking of the effectiveness of the meetings relative to placement.
  
- There are a number of questions the prospective evaluator may want to ask considering the actual data collected may depend on the resources available:
  - Is there a school of social work accessible where resources for data collection may be available? Would they be interested in this as a graduate school project?
  - Is there expertise available in the agency with programming, data collection, and/or research know-how?
  - Is your agency willing to fund or back the research or outcome-measures efforts?
  - Is there support staff available in the agency to assist with the data collection efforts?

- What data does your agency want to collect and why?
- It may be helpful to consider what data is being collected by a variety of locations using the family group decision-making model.

**Commonly Measured Items in the United States and Elsewhere  
(Harper & Coburn, 1998)**

- Satisfaction of meeting participants, including family members, support persons, and professionals.
- Number of meetings held.
- Number of participants by characteristics.
- Number of follow-up meetings.
- Number of approved plans.
- Length of meetings.
- Number of hours it takes to prepare for a meeting.
- Percentage of plans vetoed.

## **CONCLUSION**

There continues to be a need for further research in the area of family group decision-making. Certainly the opportunities for long-range studies expand as the model takes hold in more locations and for longer periods of time. Looking at the practice over time will give us information about the enduring nature of decisions made within the context of the family conference. The families are saying they like the process of shared decision making. Other participants and practitioners concur with the families. Only continued research efforts and good outcome measures studies will validate the process, over time, as it relates to the impact on children and families.

## MODULE VI PRE- AND POSTTEST

Name \_\_\_\_\_ Date \_\_\_\_\_

Fill in the blanks:

1. The challenge to measuring outcomes of the family conference relates to the number of \_\_\_\_\_ involved.
2. One factor that is positive in terms of outcomes of family conferences is the overwhelmingly positive responses from \_\_\_\_\_ who have participated.
3. Pressures from the \_\_\_\_\_ often influence and motivate outcome measures.
4. The \_\_\_\_\_ in the numbers of children going into foster care following a family conference has been impressive.
5. It is the \_\_\_\_\_ of the practice more than the name of the program that determines outcome.
6. One approach to measuring outcomes in family group conferencing in New Zealand looks at \_\_\_\_\_.
7. Another method for measuring the usefulness of the family conference process is the customer satisfaction \_\_\_\_\_.
8. The limited availability of \_\_\_\_\_ may hamper a jurisdiction's ability to conduct surveys or research studies.
9. A resource for assisting in the collection of data or setting up a data collection system may exist in the local \_\_\_\_\_, if there is one.
10. An important area in the outcome measures of family conferencing that is just beginning to be explored is the effectiveness of the intervention or meeting over \_\_\_\_\_.

## MODULE VI PRE- AND POSTTEST ANSWER SHEET

Name \_\_\_\_\_ Date \_\_\_\_\_

Fill in the blanks:

1. The challenge to measuring outcomes of the family conference relates to the number of variables involved.
2. One factor that is positive in terms of outcomes of family conferences is the overwhelmingly positive responses from families who have participated.
3. Pressures from the agency often influence and motivate outcome measures.
4. The decrease in the numbers of children going into foster care following a family conference has been impressive.
5. It is the integrity of the practice more than the name of the program that determines outcome.
6. One approach to measuring outcomes in family group conferencing in New Zealand looks at effective participatory practice.
7. Another method for measuring the usefulness of the family conference process is the customer satisfaction survey.
8. The limited availability of resources may hamper a jurisdiction's ability to conduct surveys or research studies.
9. A resource for assisting in the collection of data or setting up a data collection system may exist in the local school of social work, if there is one.
10. An important area in the outcome measures of family conferencing that is just beginning to be explored is the effectiveness of the intervention or meeting over time.

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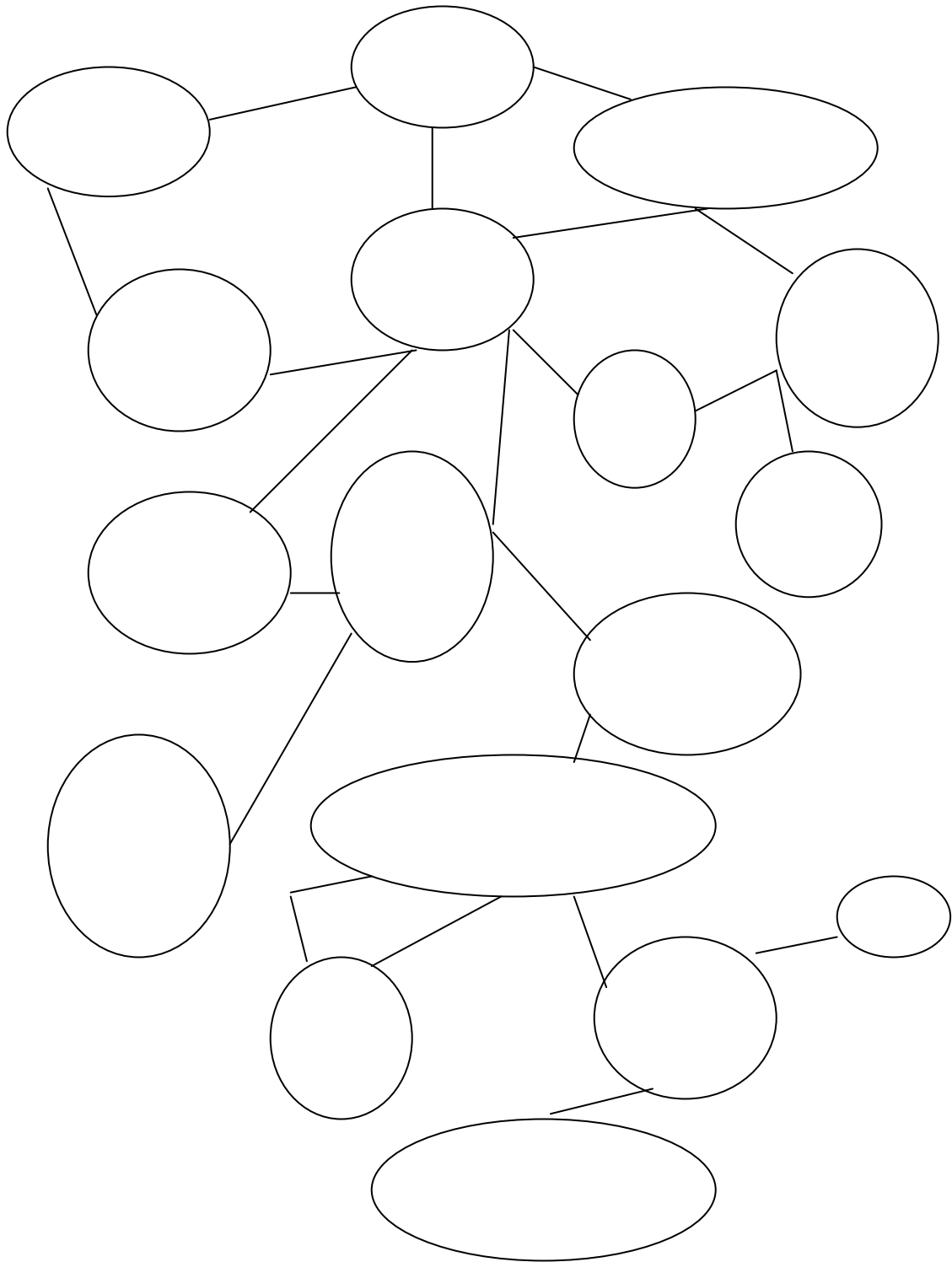
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## APPENDIXES

## BRAINSTORMING TOOL



## **HO'OPONOPONO**

The native Hawaiians have traditionally used a practice called *ho'oponopono* as a problem-solving process strongly rooted in their cultural life. It is utilized with families or groups to resolve conflicts, interpersonal and intrafamilial difficulties, and any problems needing resolution (Shook, 1985).

- ❖ **Healing Aspect:** The model is a process involving respect of the native Hawaiian spiritual beliefs and because of its power of resolution, there is a healing component to its outcome. In contemporary life, *ho'oponopono* has been adapted by mental health services in the state of Hawaii for its therapeutic potential with families and groups.
- ❖ **Five Steps:** The Hawaiian terms for the five steps are:
  - 1) *pule* or opening which is a prayer;
  - 2) *kukulu kumuhana* or problem identification;
  - 3) *makahiki* or discussion;
  - 4) *mihi, kala, and ohi* resolution through mutual confession, forgiveness, and release;
  - 5) *pule ho'opau* or closing including prayer and declaration of confidentiality and ending of the problem. *Pani* or closing snack or meal is offered at the end of the process (Shook, 1985).
- ❖ **Contemporary Purposes:** As outlined by Lani and Keola Espiritu, quoted in Shook, the “three purposes or uses of ho’oponopono: Problem assessment or diagnosis, correction or remediation of the problem, and prevention of problem escalation” (1985, p.88).
- ❖ **Differs from FGDM:** *Ho'oponopono* is rich in opportunities for healing and therapeutic outcomes which are grounded in the Hawaiian spiritual messages and in the phases of mutual forgiveness, release, and resolution of emotions associated with the problem. In comparison, FGDM is not centered in a particular spiritual practice and does not involve resolving past and present conflicts. It is also not intended to heal emotional and psychological pain through a therapeutic process, although some participants may report feeling better because of the process, therefore a therapeutic effect can be experienced.

## FAMILY UNITY MEETING VIGNETTE # 1

A meeting was held with the hopes of finding placements for four children in detention in short-term foster homes. The mother was incarcerated for drug-related charges and the father was willing to come to a family unity meeting.

A number of relatives came to the meeting who appeared to be good resources for the family in the CPS system. Some present were successful with their own recoveries and could speak with knowledge of the challenge of recovery. The father had been blaming the "system" for his troubles, denied his drug use, denied the domestic violence history, and was non compliant with the services that were being offered by the agency. Father's family, during the meeting, confronted him clearly and compassionately stating the violence and drugs had to stop. One aunt, a recovering addict herself with several years of sobriety and working a strong 12-step program, told Dad he could not do recovery alone. Dad appeared to listen to his family and he also took responsibility for some of the violence and admitted to his drug usage.

During the family alone time, the family came up with a strong plan. The plan included helping Dad find a job, starting a fundraiser for his rent, helping Dad get to meetings by going with the aunt three times per week and three placement options were identified for the children. Dad left the meeting hugging everyone, including the social workers! The referring social worker was very pleased with the outcome of the meeting.

The children were placed with relatives within a few days of the meeting.

## FAMILY UNITY MEETING VIGNETTE # 2

A meeting was held which was almost at the 12-month point in Dependency Court. The referring social worker referred the case for a family unity meeting in hopes that the family could provide a safety net around the children so she could recommend placement with the parents and closing the case at the 12-month hearing.

Both parents were in recovery from long-standing drug abuse. The mother had four children altogether, two of whom were taken from her in a previous Dependency Court action. The mother, who was raised in foster care herself, had the two older children in a legal guardianship placement with her former foster mother. With the current court case related to the two younger children, the parents were cooperative, were active in their recovery, and thus the social worker wanted to close the case.

The meeting was emotional. The mother's former foster mother attended the meeting. The mother's brother lived in Texas and had not spoken to his sister for 5 years due to her ongoing addiction and life style. This brother was put on a speakerphone during the meeting. After hearing all the mother's strengths, all her work in recovery, and hearing her list of concerns, the brother stated he wanted to come back into his sister's life. He told her he loved her. The mother and the foster mother were in tears.

During family alone time, the family came up with a detailed plan on how to maintain communication, avoid relapse, specific visitation plans, and what to do if the parents relapse. The family planned monthly family meetings where they would review their safety plan. As a result, the referring social worker felt she could safely close the case and that the family would provide a good safety net for the children without the agency's involvement.

### **FAMILY UNITY MEETING VIGNETTE # 3**

A Family Unity Meeting was held for the purpose of returning three foster boys to their foster home of 6 years. The Agency was hopeful of salvaging this placement as these foster parents were held in high esteem and because of the duration of the placement. The boys, as well as the other foster family members, were all in agreement that the boys were a permanent part of the family and belonged back in the foster home.

The meeting was attended by the foster parents, the three foster boys, and two of the foster parents' natural sons. The major goal of the meeting was to accomplish the return of the boys. Other important issues were discussed such as the behavior concerns of the oldest boy, issues of guardianship as opposed to foster care, and respite and support for the foster parents. All attending were active and vocal participants in the meeting.

The meeting was very productive and the participants came up with a good plan agreed upon by all, including the boys. The foster family outlined the conditions for the return of the two older boys, which the boys agreed to, with the middle child returning first, and the oldest last. The foster parents had already applied for legal guardianship of the youngest boy and agreed to seek guardianship of the other two boys, upon their return. The foster family and the social worker agreed to make plans for respite care, and the family made a commitment to engage in family therapy.

All three boys have now been returned to the home and the family is reportedly doing well.

This meeting touched the facilitators in a special way due to the extent of concern and love expressed by all the family members for each other. This showed in their dedication to resolving the issues outlined above.

## FAMILY UNITY MEETING VIGNETTE # 4

This meeting was the third Family Unity Meeting for this family. They asked for this meeting themselves. The situation was this: the paternal aunt and uncle were fostering a five-sibling group on top of their own three children. Four of these children were teenagers! The aunt was understandably overwhelmed. The father had just been released from prison, was hoping to reunify with his children and came to the meeting.

The case-carrying social worker was concerned about the aunt's depression, uncle's drinking, and the process of returning the children to their father. She did want to have this family unity meeting with hopes of avoiding the removal of the five children from the aunt and uncle's home.

During the meeting the family was open, honest, and loving. They quickly got down to business. The participating family members worked out a plan to support the aunt, get her evaluated for medication, and into individual therapy. They also worked out a process of how the children could eventually be returned to their father. The social worker agreed that the children should stay with the aunt and uncle--with a follow-up meeting planned.

The aunt said, "I love these meetings, I could not have done this job without them."

## FAMILY UNITY MEETING VIGNETTE # 5

A Family Unity Meeting was held with a Hispanic family. Present at the meeting were the paternal grandparents, the paternal uncle, two paternal aunts, and the adolescent grandson. The social worker attended as required. The grandson was currently in a group home following his acting out in the grandparents' home. He had been stealing from them, specifically a credit card, and then charging purchases on the Internet. The grandparents had asked for his removal. The meeting was to explore the possibility of the grandson's return to the home of the grandparents.

The tragic history of this family was striking. The father of the teenager had committed suicide. Another son of the grandparents had been shot in a drive-by shooting. The attending uncle shared some of his own history as a teenager and his near misses with law enforcement. In spite of all the tragedy, this family displayed an unusual capacity as a family to support one another, in order to overcome the effects of these experiences, which was quite inspiring to those of us who were not part of the family.

This meeting resulted in an action plan of how to move towards the grandson coming back to the home of his grandparents. It was a long meeting, as it took some time to move the grandmother from "problems" to "concerns" related to her grandson. Spending time on his "strengths" was powerful as all the family members were able to list his considerable strengths. It also helped bring the grandson into communicating in the meeting when he realized his concerns could be stated as well. Whereas at the beginning of the meeting, the teen was non-verbal and sullen, at the end of the meeting he said, "It helped me out a lot to go to this meeting and I'm proud of myself for going through it." Additionally, the uncle, who had expressed his disdain for the "system" early in the meeting, said at the end of the meeting, "This meeting totally reinforced my faith in the system. It really does care. I feel that my nephew is in good hands." An aunt commented, "I have learned how to help my nephew be stronger and more positive about himself."

## FAMILY UNITY MEETING VIGNETTE # 6

Not all Family Unity Meetings are easy! We had a very difficult meeting where the facilitators felt that everything that could go wrong at a meeting did. However, later, the referring social worker said the meeting had made a difference in the children's lives and in the case overall.

The social worker referred to us for a meeting related to three African American children who had been removed from their home due to neglect related to the mother's crack addiction. The children were currently placed with the maternal grandparents and the whereabouts of the mother was unknown. The social worker was concerned because after a month, the grandmother still did not have the children in school nor obtained needed medical care. The grandfather could not be much help as he was recovering from a stroke. The social worker was hopeful that by bringing the entire family together she might find support for the grandparents and/or find other placement options.

The meeting was held in a community recreation center close to the grandparents' home and ended up being a large meeting. A number of relatives, previously unknown to the agency, came to the meeting. The meeting was chaotic with family members talking over one another and rambling. The facilitators had a hard time controlling the meeting and keeping everyone on task. The mother, whose whereabouts were unknown, so was not invited, showed up an hour into the meeting. She appeared high and was hostile and disruptive. When she was confronted by her family about her substance abuse and not getting into recovery, she threw her cup of coffee against the wall. An aunt, 9 months pregnant, was having contractions 18 minutes apart! The grandfather, whose speech was affected by the stroke, was pounding on the table and the family was attempting to translate what he was trying to say. When the 16-year-old was confronted with her need for birth control, she ran out of the room and the 8-year-old cousin followed her. The meeting was stopped in order to find the children when they did not return. They were found at home (fortunately close by) and the meeting resumed.

Despite the chaos, the family did come up with a good plan during their private time, which included support for the grandparents, and two other relatives came forward to be considered as possible placements.

The facilitators left this meeting feeling tired and discouraged. They feared the family would not follow through and the children would end up back in custody. However, 10 days later the social worker reported the family was following through and the children's immediate needs were being met. The relatives interested in placement were in close touch with her. The facilitators were heartened to hear this and once again realized that this family, like so many of the others, seems to benefit by coming together and honestly speaking about their troubles. Meeting with the entire family and resolving concerns together improves our work as social workers.

## FAMILY GROUP DECISION MAKING PRESENTATION EVALUATION

List 3 things you have learned from this presentation:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Circle the extent to which you agree or disagree with the following statements:  
(5 = strongly agree and 1 = strongly disagree)**

1. The presentation content reinforced my social work practice of strengthening, empowering, and being culturally competent with families. 1 2 3 4 5
2. I clearly understand from this presentation why the FGDM model mandates a paradigm shift in social work practice. 1 2 3 4 5
3. The content was appropriately summarized as an overview of FGDM. 1 2 3 4 5
4. The presentation mixed visual aids, brief didactic material, and exercises to hold my interest. 1 2 3 4 5
5. The presenters were responsive to questions, responded appropriately to concerns, and engaged the class in productive discussion. 1 2 3 4 5
6. From this presentation, I can think of at least two skills I can apply to my own practice with families. 1 2 3 4 5
7. As a result of this presentation, I feel confident in referring a current/future client family or recommending this model of intervention to colleagues. 1 2 3 4 5
8. I am interested in further training in FGDM. 1 2 3 4 5

Please provide any suggestions for changes or additions to the content of this presentation.

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Thank you for taking the time to give us this feedback.

## **FAMILY GROUP DECISION MAKING RESOURCE LIST**

1. New Zealand Child, Youth and Family, product order form follows.
2. Critical reflection outline form for discussion from County of San Diego, Health and Human Services Agency, Childrens Services, Family Unity Meeting program.
3. Videos for use in family group decision-making curriculum:
  - “Widening the Circle: The Family Group Decision-Making Experience.” (1999). 44 minutes VHS. \$20. Distributed by the American Humane Association. Order form follows.
  - “Mihi’s Whanau: A Maori Care and Protection Story.” 27 minutes. \$10. Distributed by the Children, Young Persons and Their Families Service, New Zealand. Order form follows. Also available from the American Humane Association.
  - “The Power of Words.” (1992). 3 minutes VHS. \$295. CRM Learning. 2215 Faraday Avenue, Carlsbad, CA 92008. 800-421-0833.
4. Websites related to family group decision-making:
  - American Humane Association: [www.americanhumane.org](http://www.americanhumane.org); and their specific site for family group decision making information: [www.fgdm.org](http://www.fgdm.org)
  - Swedish Association of Local Authorities, Family Group Conferences in Sweden: <http://www.svekom.se/publikat/bocker/frseng.htm>
  - The Family Group Conference Procedure, Judge David Harvey, District Court, Otahuhu, Auckland, New Zealand: <http://www.law.auckland.ac.nz/court/dc/fgc.htm>
  - Manual for Coordinators and Communities: The Organization and Practice of Family Group Decision-Making. Gale Burford, Joan Pennell and Susan MacLeod. 1995: <http://social.chass.ncsu.edu/jpennell/fgdm/manual/index.htm>

# Public order form



Please indicate your name and street address:

Name: \_\_\_\_\_

Street address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Date required: \_\_\_\_\_

Please send your order to:

## Blue Star

Private Bag 39 996

Petone

WELLINGTON

or free fax: 0800 101 494

or email: [cyf@techniche.co.nz](mailto:cyf@techniche.co.nz)

### Printed Resources

(supplied free of charge)

**Cheques should be made payable to  
Child, Youth and Family**

Ref. No.	Name of item	Qty
<b>General</b>		
CYF003	Annual report	
CYF006	Te Pounamu	
CYF023	Facts for caregivers	
CYF024	About us and our services	
CYF027	Do you have what it takes to be a social worker?	
CYF028	Child, Youth and Family residences	
CYF055	Become a caregiver	
CYF058	Provider guide to the OSCAR standards for approval	
CYF065	The Youth Justice Plan for CYF	
CYF066	OSCAR guidelines for approval	
CYF096	Provider guide to the standards for approval	
CYF098	Standards for approval	
<b>Family agreements</b>		
CYF029	Family and whānau agreements	
<b>Family Group Conferences</b>		
CYF030	Victims information	
CYF031	Care and protection	
CYF033	Youth justice	
<b>Legal</b>		
CYF026	When your child is taken into care	
CYF032	The law and you	
CYF034	Family Court	
CYF035	Youth Court	
<b>Child abuse</b>		
CYF025	Child abuse and neglect	
CYF045	Let's stop child abuse together – An interagency guide to breaking the cycle	
<b>Parenting</b>		
CYF001	Everyday families – Parenting today for your family's future	
CYF059	Everyday families (Tohi ke tokoni faka'aho ki he famili) – Tongan version	

Ref. No.	Name of item	Qty
CYF069	Everyday families (Manaakihia te Paharakeke) – Maori version	
CYF079	Everyday families (O 'aiga mo aso 'uma o le 'avea o matua ma ta'ita'iga lelei aua le lumana'i lelei o le 'aiga) – Samoan version	
CYF400	Keeping children safe from sexual abuse	
<b>Adoption</b>		
CYF046	Adoption in New Zealand	
CYF047	Adult Adoption Information Act 1985	
CYF048	Placing a child for adoption	
<b>Neglect</b>		
CYF049	Neglect – It's too important to ignore	
CYF050	Who's looking after the kids?	
CYF051	The 10 things children need most	
<b>Posters</b>		
The 10 things children need most		
CYF037a	A4 size	
CYF037b	A3 size	
CYF037c	A2 size	
The 10 things children need most (Nga mea 10 e matua hiahiaatia ana e ta tamariki) – Maori version		
CYF038a	A4 size	
CYF038b	A3 size	
CYF038c	A2 size	
The 10 things children need most (Ngaahi me'a lalahi 'e 10 'oku fiema 'u 'e ho'o f'amai) – Tongan version		
CYF039a	A4 size	
CYF039b	A3 size	
CYF039c	A2 size	
Things children need most (O mea e sili ona manaomia e tamaiti) – Samoan version		
CYF040a	A4 size	
CYF040b	A3 size	
CYF040c	A2 size	

# Public order form



## Videos

Payment is required for the following videos. (Cheques should be made payable to Child, Youth and Family and must accompany your order.)

Ref. No.	Name of item	Detail/comment	Cost	Qty
<b>General</b>				
CYF220	<i>Too important to ignore</i> – The effect of neglect on children and young people		\$10.00	
CYF221	<i>Family matters</i> – A day in the life of a social worker		\$10.00	
<b>Parenting</b>				
CYF222	<i>Positive parenting every day</i>		\$5.00	
CYF223	<i>Nurturing the family (Manaakihia te paharakeke)</i> – Māori version		\$5.00	
<b>Family Group Conferences</b>				
CYF225	<i>Penny's family</i> – A Pakeha youth justice story (15 minutes)		\$10.00	
CYF226	<i>Stephen's whānau</i> – A Māori youth justice story (23 minutes)		\$10.00	
CYF227	<i>Eddie's aiga</i> – A Samoan youth justice story (22 minutes)		\$10.00	
CYF228	<i>Joanne's family</i> – A Pakeha care and protection story (23 minutes)		\$10.00	
CYF229	<i>Mihi's whānau</i> – A Māori care and protection story (27 minutes)		\$10.00	
CYF230	<i>Richard's aiga</i> – A Samoan care and protection story (23 minutes)		\$10.00	
CYF231	<i>Putting right the wrong</i> – A victim's perspective (20 minutes)		\$10.00	

## CRITICAL REFLECTION OUTLINE TOOL

FAMILY NAME \_\_\_\_\_  
FACILITATOR \_\_\_\_\_  
CO-FACILITATOR \_\_\_\_\_  
MEETING DATE \_\_\_\_\_  
REVIEW DATE \_\_\_\_\_

- WAS THE MEETING FORMAT FOLLOWED? DID YOU NOTICE ANY MODEL DRIFT?
- WHAT WENT WELL AT THE MEETING/WHAT WERE THE STRENGTHS OF THE FACILITATORS?
- WERE THE FACILITATORS ABLE TO KEEP THE MEETING FOCUSED?
- WHAT WERE THE SPECIFIC CHALLENGES OF THIS MEETING? WHAT WORKED IN DEALING WITH THESE CHALLENGES?
- IS THERE ANYTHING THAT YOU WOULD HAVE DONE DIFFERENTLY?
- WAS NEUTRALITY MAINTAINED?
- DID THE FACILITATORS REFRAIN FROM GIVING ADVICE?
- WAS ONE PERSON THE PRIMARY FACILITATOR?
- DID YOU THINK THE AGREEMENT WAS SPECIFIC AS TO WHO, WHAT, WHEN, AND WHERE?

## Available Resources



**National Center on  
Family Group  
Decision Making™**

A Program of  
American Humane

### *Publications*

#### **Protecting Children — Family Group Decision Making: Expanding the Circle**

*Vol. 16 (3), 2001 — ISSN — Single Issue Price \$11.00*

Authored by leading international FGDM scholars, practitioners, and researchers, this issue of *Protecting Children* provides thoughtful, critical analyses about this burgeoning practice. A number of articles in this volume emphasize that the long-term success of FGDM strongly correlates to community and family involvement in development, implementation, evaluation, and modification of the practice. The discussion is also expanded beyond child welfare to include articles about the implementation of FGDM from various perspectives: economic self-sufficiency, education, and juvenile justice. A must read for anyone interested in the expansive nature of FGDM practice.

#### **2000 National Roundtable on Family Group Decision Making: Summary of Proceedings**

*(2001) ISBN# 0-930915-35-6 — \$25.00*

This impressive compilation contains over 30 articles based on presentations at the June 2000 Roundtable in Madison, Wisconsin. The features were written by the finest FGDM thinkers and program staff in the U.S. and abroad. The Summary of Proceedings includes articles concerning FGDM initiatives, research studies, critical values, and much more. Interesting reading to stimulate your thinking, challenge your beliefs, and encourage your interest in FGDM.

#### **Program Evaluation: `Ohana Conferencing**

*(2001, Published & distributed in the U.S. by the American Humane Association) — \$15.00*

`Ohana Conferencing, a program developed by EPIC (Effective Parenting and Innovative Communication, Inc.), grew during 1998 and early 1999 from a pilot project implemented on the Wai`anae Coast to a statewide program. `Ohana Conferences bring together CPS (Child Protective Service) social workers with extended family members, parents, and often the children involved in CPS cases, as well as other professionals and community leaders. This comprehensive publication describes the evaluation of the `Ohana Conferencing project and includes useful information about the methodology, services offered, process assessment, outcome assessment, and forms used by `Ohana Conferencing.

#### **1999 National Roundtable on Family Group Decision Making: Summary of Proceedings**

*(2000) ISBN 0-930915-31-3 — \$25.00*

This compilation provides over 25 articles based on the presentations from the May 1999 Roundtable in Seattle, Washington. It includes articles about FGDM initiatives and research studies from around the country and overseas. Topics addressed include building community through family group conferences, the art of facilitating a family conference, using FGDM to transform the child welfare system by empowering families, training standards for FGDM facilitators, as well as evaluation of family group decision making programs.

## **Family Group Decision Making Project: Outcome Report Summary**

*(1999, Published & distributed in the U.S. by the American Humane Association) — \$15.00*

Originally published in Canada, this publication summarizes Joan Pennell and Gale Burford's findings about the outcomes of the FGDM process. Considered the groundbreaking research study on FGDM in North America, this outcome report summary is based on their extensive research project in Newfoundland/Labrador, Canada. It discusses the participants' progress in resolving violence and promoting well-being after participating in family conferences. It provides insight into many of the issues practitioners face when they implement FGDM.

## **Family Group Decision Making: Communities Stopping Family Violence**

*(2000, Published & distributed in the U.S. by the American Humane Association) — \$6.50*

This short booklet from Health Canada is a companion to the *Widening the Circle* video. Using a simple question-and-answer format, it explains many issues, including: what Family Group Decision Making is, how to organize a family conference, what happens at a family conference, how to involve the community, and much more. It also lists important references, resources, and contacts in both Canada and the U.S.

## **1998 National Roundtable on Family Group Decision Making: Summary of Proceedings**

*(1999) ISBN 0-930915-27-5 — \$25.00*

This compilation is based on presentations at the May 1998 Roundtable held in Washington, D.C. It includes in-depth features that discuss various FGDM processes around the country, including the skills needed for successful Family Group Decision Making and the "who, what, and how" of making decisions at family meetings.

## **Protecting Children — Family Group Decision Making: Implementation and Evaluation of Outcomes for Children Vol. 14 (4), 1998) — ISSN 0893-4231 — Single Issue Price \$11.00**

This issue of *Protecting Children* features several articles about FGDM implementation, practice, and processes, written by leading international FGDM experts. Also included are results from AHA's survey on FGDM initiatives and a research review on FGDM.

## **1997 National Roundtable Series on Family Group Decision Making: Summary of Proceedings**

*(1998) ISBN 0-930915-21-6 — \$25.00*

This *Summary of Proceedings* encompasses 14 presentations from AHA's 1997 National Roundtables in San Francisco, Detroit, and Philadelphia. Practice, policy, and research issues are discussed.

## **Innovations for Children's Services for the 21st Century: Family Group Decision Making and Patch**

*(1997) ISBN 0-930915-17-8 — \$27.50*

FGDM implementers consider this publication one of the authoritative documents on this emerging practice. This AHA monograph comprehensively describes FGDM models and provides useful information on the underlying issues, principles, consequences, and limitations in adapting these practices. It also provides a helpful list of factors to ensure success. The implications of FGDM for the current child welfare system are explored and future research questions are raised as well.



## **Family Group Decision Making: Technical Assistance Notebook**

(1997) ISBN 0-930915-24-0 — \$15.00

A companion to the above monograph, this notebook is a self-guided overview of FGDM. It was developed in the process of providing technical assistance to communities across the country.

## **Protecting Children — The Practice and Promise of Family Group Decision Making**

(Vol. 12 (3), 1996) — ISSN 0893-4231 — Single Issue Price \$11.00

This issue of *Protecting Children* presents diverse perspectives on the practice of FGDM. It also contains a comprehensive listing of references, program descriptions, and contacts for communities interested in implementing FGDM.



## Available Resources



**National Center on  
Family Group  
Decision Making™**

A Program of  
American Humane

### Videos

#### **Widening the Circle: The Family Group Decision Making Experience**

*Video (VHS) 43:46 minutes — \$20.00*

Originally produced in Canada, *Widening the Circle* describes intervention by the extended family and various professionals to break the pattern of family abuse. The video follows one family through the process and illustrates the relationships between organizations and family members as they partner to stop abuse. Video includes Facilitator Notes.

***The New Zealand series of educational videos on Family Group Conferences  
(Distributed in the U.S. by the American Humane Association)  
\$195 for the set of seven videos, or \$30/video***

#### **Putting Right the Wrong: Victims Rights in the Family Group Conference Process**

*Video (VHS) 20 minutes*

This video presents two dramatized stories from the point of view of victims who participate in Family Group Conferences. The two stories address the issues surrounding a young girl caught stealing by a shopkeeper and an older couple who must face the young man who committed a crime against them. The video follows the shopkeeper and the couple through the family group conference process—from preparation, to the conference itself, to the outcomes of the plan. The video focuses on the victims' rights in the process and was made to help victims prepare for and participate in the Family Group Conference process.

#### **Penny's Family: A Pakeha Youth Justice Story**

*Video (VHS) 15 minutes*

This dramatized story portrays a young girl who has been caught shoplifting several times and how this youth justice case is resolved at a Family Group Conference. The story is told from the point of view of the girl's mother and is a continuation of one of the stories from the video *Putting Right the Wrong*. The video illustrates how the family prepares for the Family Group Conference, how the family interacts during the Conference, including during private family time, and what happens following the conference.

#### **Joanne's Family: A Pakeha Care and Protection Story**

*Video (VHS) 23 minutes*

This video presents the dramatized story of a young girl who is sexually abused by her stepfather and how this care and protection case is resolved at the Family Group Conference. The story is told from the girl's grandmother's point of view and demonstrates the entire Family Group Conference process from preparation to outcomes. This story is unique in the series, because it demonstrates what happens when the family cannot reach an agreement at the first conference and must reconvene after the case goes to Family Court. It also presents various options for victims and offenders to participate in the conference even if each participant does not physically attend. Finally, common questions about Family Group Conference are answered.

### **Stephen's Whanau: A Maori Youth Justice Story**

*Video (VHS) 23 minutes*

This is an extension from the dramatized story presented in *Putting Right the Wrong* of Stephen, a young man who broke into an older couple's car and stole their camera. This is not his first offense or his first family group conference. The video shows how this youth justice case is resolved at a Family Group Conference. It is told from the point of view of Stephen's family and explains the importance of the family's commitment to and control over the process. Family traditions and cultural values are highlighted throughout the process as an important aspect for ensuring a successful and lasting outcome.

### **Mihi's Whanau: A Maori Care and Protection Story**

*Video (VHS) 27 minutes*

This video dramatizes the story of a young mother whose children have been placed in the care of her sister due to alcohol issues and neglect and how a family group conference is convened to resolve this care and protection case. The video thoroughly describes and demonstrates the processes and stages of a family group conference. Special emphasis is placed on the cultural and family traditions of this Maori Whanau (family). Common questions about family group conference are also answered.



### **Eddie's Aiga: A Samoan Youth Justice Story**

*Video (VHS) 22 minutes*

This is the dramatization of Eddie, who was caught breaking and entering, vandalizing, and committing burglary at his school. His family is required to convene a family group conference to resolve this youth justice case. This video highlights the Samoan culture, and the native language is used extensively. It takes viewers through the entire family group conference process, from preparation to outcomes, and includes private family time done in the native language.

### **Richard's Aiga: A Samoan Care and Protection Story**

*Video (VHS) 23 minutes*

From school reports, it appears that Richard has suffered bruises and cuts as a result of punishment from his father. Social Services becomes involved and initiates a family group conference to resolve this care and protection case. Almost the entire dramatization is done in native Samoan language, including the narration. Family and cultural traditions are woven into the process, which covers everything from preparation to outcomes.

#### **Videos by Courter Films and Associates**

***(To order these videos, visit AHA's FGDM website ([www.ahafgdm.org](http://www.ahafgdm.org)), and download the order form that can be mailed or faxed directly to Courter Films and Associates)***

### **Permanency Toolkit: Family Group Decision Making**

*Video (VHS) 25 minutes (Distributed by the American Humane Association) —\$145*

The first in "The Pathways to Permanency" series from Courter Films, this video demonstrates the FGDM process in detail. It describes how FGDM works to achieve improved safety and permanency for children as well as increased family connectedness and functioning. This video shows excerpts from various types of Family Group Decision Making meetings and includes comments from both families and professionals. General principles and components of FGDM are explained.

## **A Plan for Joseph: An Actual Family Group Conference**

*Video (VHS) 75 minutes — \$165*

This video was edited from an actual 4-hour Family Group Conference held in Santa Clara County, California, including private family time. An extended family returns for a follow-up conference concerning Joseph, who had been placed with relatives when his mother went to prison for drug abuse. Now released and in recovery, Joseph's mother is frustrated at the resistance of his caregivers to allow her, or even other members of the family, regular visitation rights. The video includes narration and may be viewed in its entirety, or simply to promote discussion among interested professionals, especially those who are training to run family group decision meetings. Teaching Guide available.

