

What is FGDM?

Putting Families Back into the Child Protection Partnership: Family Group Decision Making

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Introduction

Family group decision making (FGDM) offers a new approach to working with families involved with the child welfare system. Families are engaged and empowered by child welfare agencies to make decisions and develop plans that protect and nurture their children from enduring further abuse and neglect.

The FGDM process inherently fosters cooperation, collaboration, and communication between professionals and families. FGDM is primarily being used by child welfare agencies when children have been substantiated as maltreated. This practice, while not as commonplace, is also being used in juvenile justice and TANF cases.

The emerging trend in many U.S. communities is to incorporate elements of the family unity model into the family group conferencing approach. A unique aspect of the Family Unity model is the structured time during the information sharing stage of the family meeting for a facilitated discussion of family strengths and concerns. The differentiating element of the Family Group Conference is the provision of private time whereby only family consider the information presented, deliberate, and make decisions that are then presented back to the professionals and other Conference attendees for discussion and approval. When communities blend these elements, a typical term for this FGDM approach is family decision meetings.

Both in New Zealand and the United States, incorporating FGDM into child welfare practice has been spurred by a number of phenomena, including:

- The escalating number of children, disproportionately minorities, living in out-of-home care;
- Many children spending an unacceptable length of time in out-of-home care settings;
- Many children experiencing multiple out-of-home placements; and
- The services delivered to children and their families (particularly to Maori in New Zealand) were gauged as racist.

With more children, disproportionately minority, living in out-of-home care for longer periods of time, and in multiple settings, it is logical that the child welfare field would be ready to review international practices that may prove to positively impact children and families. In addition, FGDM is being studied because it fits closely with some of the current philosophical changes in child welfare. These philosophical trends include increasing the use of kinship care, capitalizing on family strengths, and creating a partnership and participatory decision-making process between the family and professional. As child welfare agencies' commitment to delivering culturally competent and family-centered services increases, and New Zealand experiences positive results with FGDM implementation, it is not surprising that approximately 25 states in the United States are discussing or implementing some form of FGDM.

FGDM Principles

While communities have varying impetuses for implementing FGDM, the cornerstone philosophies tend to be similar. If it is believed that families, communities, and the government must partner to ensure child safety and well-being, then families must be regularly involved in making decisions about protecting and ensuring safety for their children. FGDM is in fact the nonadversarial process that provides families with the opportunity to make these important decisions.

FGDM is characterized as a practice which is family-centered, family strengths-oriented, culturally based, and community-based. It recognizes that families have the most information about themselves to make well-informed decisions and that individuals can find security and a sense of belonging within their families. It emphasizes that, first and foremost, families have the responsibility to not only care for, but also to provide a sense of identity for, their children. It encourages families to connect with their communities, and the communities to link with their families.

Participating Families

New Zealand has a legislative mandate to use Family Group Conferences for the families of all children who are abused and neglected. FGC has, therefore, been used with cases of child sexual abuse, domestic violence, physical abuse, neglect, mental illness, and developmental disabilities. In the United States, communities have both formal and informal policies to decide which families use FGDM processes, as well as a unique selection criteria for case referral.

The FGDM Process

So, how does the FGDM process work? The FGDM model has four main phases, with varying subcomponents based on the complexity of each case:

1. Referral to hold FGDM meeting
2. Preparation and planning for FGDM meeting
3. The Family Group Conference and the Family Unity Model meetings
4. Subsequent events and planning after the FGDM meeting
5. Referral to hold FGDM meeting

1. Typically, the social worker who investigates and assesses a case of child abuse and neglect refers the case to a coordinator who decides whether to hold an FGDM meeting. The coordinator should be a person who can remain impartial and who does not have connections to the case. New Zealand law provides the statutory authority for convening its model of FGDM, a Family Group Conference, in all substantiated cases of abuse and neglect. In the United States, child welfare agencies are soliciting families to voluntarily participate, although in a few locations, FGDM meetings are court-ordered.

2. The preparation and planning stage of the process is generally, and unfortunately, overshadowed by the next phase, the FGDM meeting. According to the literature and process evaluation reports, adequate preparation and planning can be the difference between the success and failure of the FGDM meeting. It is the commonly overlooked cornerstone that, if neglected, will detrimentally impact the results of the FGDM process. While professionals must balance convening an FGDM meeting quickly with ensuring broad family representation and their solid understanding of the process, the preparation time, if available, may help the remaining stages to progress more smoothly.

The coordinator has numerous pre-meeting activities for which he or she must have adequate time and flexibility to complete. The literature reveals different time averages to complete meeting preparations in New Zealand, from three to four weeks lead time to an average of 36 days. In a limited survey, American Humane determined that the coordinators in one state, because of workloads, use significantly less planning and preparation time to hold FGDMs than other programs worldwide.

To increase the meeting's success, the coordinator should thoroughly prepare himself or herself and work with the families, professionals, and other meeting participants in preparing for the meeting. Some of these critical activities are detailed and described below:

- Ensure safety for the child or adolescent. The primary concern is to ensure that the child is in a safe environment, either through maintaining the child in the home or placing the child in out-of-home care, including kinship care.
- Define what is meant by family. Agencies must strive to define families broadly to include kinship networks. FGDM relies heavily on the extended family to protect and care for their children.
- Invite family members and other participants. In deciding who to invite to the meeting, the coordinator should work with the family and the child to identify individuals who can protect the child, 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 have a personal relationship and connection with the child. Those involved include parents, kin, children, tribal elders, and individuals whom the family considers to be supportive (e.g., neighbors, clergy).
- Involve offenders. It is believed that family members who may have directly contributed to the problem can be constructively involved in determining and implementing solutions and, therefore, decisions to exclude them should not be made hastily.
- Clearly define and communicate participants' roles. Before the meeting occurs, it is important that the coordinator explicitly describes the FGDM process to all participants so they fully understand their role before, during, and after the meeting, as well as understand the FGDM process itself. While face-to-face contact is the preferred method to share expectations with prospective meeting participants, it is most unlikely to occur, again because of workload demands.
- Manage unresolved family issues. As with all families, families convened for the FGDM process will undoubtedly have unresolved family issues that, if discussed, could derail the meeting. Coordinators must inform family members before and during the meeting opening that issues unrelated to protecting the child will not be discussed.
- Coordinate logistics. The Coordinator is responsible for organizing all meeting logistics including the date, time, place, supplies, refreshments, seating arrangements, interpreters, travel arrangements for participants, child care, and extra security, if necessary. The length of time and the complexity of detail in coordinating the FGDM process should not be underestimated.

3. This section will describe the meeting phases of the FGC. It is important for the reader to note that the many nuances, philosophical underpinnings, and key implementation issues are not included in this brief discussion.

Family Group Conference

- Stage 1: Introduction. Beginning in ways that are culturally and traditionally relevant to the family, the coordinator welcomes all participants, reiterates the FGC process and purpose, and reaches agreement about the meeting's goal and each participant's role.
- Stage 2: Information-sharing stage. The social worker who conducted the child abuse and neglect investigation straightforwardly and respectfully presents the facts of the case to all of the participants. Other professionals involved in the case then share related information. Family members should be given the opportunity to question the professionals about the case. Professionals are not to state their opinions or give recommendations to the families during this stage. If opinion sharing occurs, it is an obvious departure from the FGC model that permits the family to formulate their own plan during the next stage, the family meeting.

- Stage 3: The family meeting. Strict adherence to the FGC model means that both professionals and other nonfamily support persons (e.g., neighbors, friends) are asked not to participate in the family meeting, leaving only family members to discuss the case in private. If professionals attend the family deliberations, it is believed there is a tendency for the discussion to be inhibited with families not revealing their secrets, for family members to feel disempowered, and for professionals to assume their traditional role of decision making and facilitating. The family has two important questions to answer: 1) was the child abused or neglected? and if so, 2) what needs to occur to ensure the child is cared for and protected from future harm?
- Stage 4: The decision. Once a family reaches a decision about how to care for and protect the child, the social worker, coordinator, and other support people return to the meeting at which point the family presents and explains their plan. New Zealand law requires the family and the professional who referred the case to agree with the decision and provides veto power over the decision to a number of individuals involved in the FGC, including parents, guardians, social workers, the coordinator, and the child's lawyer. Agreement is reached in approximately 90% to 95% of the cases in New Zealand, resulting in a small percentage of vetoed plans. In New Zealand, if there is disagreement with a final decision, dissenting views are presented to the Family Court for a decision.

4. The development of the plan is difficult, but the implementation of the family decision is just as challenging. Writing and distributing the plan, delivering services, and reviewing and monitoring the decisions are the activities that occur after the official family meeting. Finally, if the family or the professionals think it's necessary, a follow-up FGDM meeting may be scheduled for case review.

One of the issues communities implementing FGDM in New Zealand and the United States face is providing and organizing the services families identify in their plan. Concerted efforts will need to be made to identify and link families with community resources. A principle is that family involvement in developing the case plan and identifying needed assistance directly correlates to their willingness to support and accept the services provided. As probably will be experienced by U.S. communities, the most frequent request for assistance in New Zealand is that of financial subsidies to care for the children.

In addition to the assumption that families will more likely implement a plan they developed, another presumption is that families will monitor the plans more thoroughly than social workers. It is reported that minimal monitoring functions have been built into New Zealand's implementation of the FGC model. Monitoring is such a critical method of ensuring child safety and well-being. It must be a strong component of any U.S. child welfare agency implementing FGDM processes, for it remains child welfare's authority to protect children from maltreatment.

Brief Summary of the Differences Between the Models

The major differences between the family group decision making models can be categorized into two broad areas: 1) private family time; and 2) explicit consideration of family strengths.

Private family time. One of the key tenets of the FGC model is that families must have a private family meeting (without the presence of professionals and support people) to develop a plan to protect and care for the children.

Explicit consideration of family strengths. In the Family Unity model, there is a separate stage to discuss family strengths that relate to the presenting concern. If there is discussion about strengths during a Family Group Conference, it most probably occurs during either the information-sharing stage or the family's private deliberation. A number of U.S. communities are incorporating a family-strengths stage into the FGC model as part of the information-sharing stage. The rationale for this adaptation is that this discussion, which highlights a family's attributes, resources, and goodness, can positively change the dynamics of the meeting and can help a family craft its plan.

Early Implementation Results

It is believed that FGDM offers a nontraditional response to families in crisis that may result in greater permanency, stability, long-term safety, and well-being for children within their families and communities. The implementation of FGDMs worldwide has produced some promising trends (but no official results) for children and families, professionals, and the child welfare system, with the most favorable results including a:

- decrease in the number of children living in out-of-home care;
- increase in professional involvement with extended families;
- increase in the number of children living with kin;
- decrease in the number of court proceedings; and
- increase in community involvement.

Yet, while these consequences are positive, most are not supported by comprehensive, long-term data. Outcomes-based research and evaluation are needed to ascertain the short- and long-term consequences and effectiveness of FGDM on children and families, the professionals who work with them, and the child welfare agencies. With the lack of in-depth evaluation and monitoring currently undertaken by agencies worldwide, research is critically needed to determine if FGDM should be fully implemented in the United States and what changes would be needed in the current child welfare system to increase its chance for success. Most important, this research should be able to determine whether family group decision making results in better outcomes for children and families involved with child welfare. Without answers to these questions, while the results are promising, communities should proceed cautiously and explore all of the consequences of shifting the current practice and policy paradigm to implement FGDM.