



Family Group Conferencing: Responses to the Most Commonly Asked Questions

by Lisa Merkel-Holguin, MSW, and Leslie Wilmot, MSSW

For more than a decade, the American Humane Association has provided training and technical assistance to thousands of individuals in hundreds of communities. In addition, American Humane's numerous publications have influenced FGDM practice and policy conceptualization and implementation. One of American Humane's first publications, "Innovations for Children's Services for the 21st Century: Family Group Decision Making and Patch" (1997), provided an initial framework for FGDM implementation. In addition, it listed numerous questions, with responses based on the experiences and legal frameworks in New Zealand, Newfoundland/Labrador, Canada, and a few U.S. communities. In the past ten years at its trainings, independent of location or audience, American Humane staff typically field many of the same questions about family group conferencing. This document serves as an update to our initial 1997 publication, and provides American Humane's responses to the most frequently asked questions about family group conferencing.

What is the role of the referring worker?

The referring worker has numerous roles throughout the family group conference (FGC):

- First, because family group conferences are voluntary in most countries, the referring worker contacts the key family members (typically the parents or guardians) to briefly describe the FGC process and to ascertain their willingness to have an FGC coordinator contact them about engaging the wider family circle as partners in creating solutions and making decisions.
- Second, the referring worker provides a referral to the project. This typically includes information such as family telephone numbers and addresses, the critical incident that led to the family's involvement with the public child welfare agency, the agency's synopsis of the major issues in the case, and the issues or decisions for planning consideration.
- Third, at the FGC, the referring worker is one of the key information providers to the family group. The referring worker summarizes the critical incident or decision point that precipitated the FGC and outlines *all* major safety and permanency issues that the family's plan must address, as well as key information and relevant timelines. Family members have the opportunity to ask questions and get clarification from the referring worker. Due to the emotional intensity of many family group conferences,



coupled with the increased presence of the widened family circle, oftentimes the referring worker can feel as if he or she is in the “hot seat.” Therefore, it is important for the referring worker to come prepared to directly and tactfully share very difficult information with the family.

- Fourth, after private family time, the referring worker returns to partner with the family to finalize the plan and resource the areas the family believes require external support. If the final plan meets all safety and permanency considerations, it is the referring worker’s obligation to accept it. If elements of the plan cannot be accepted, the referring worker is obligated to describe the agency’s concerns. If the concerns cannot be rectified, it is the referring worker’s responsibility to not accept the plan.

What is the role of the coordinator?

The coordinator’s most significant role is to engage and prepare all participants, including the wider family circle, the informal support network, and professionals/service providers, for the FGC. The coordinator is also responsible for helping surface any safety issues that may impact the FGC process and for helping family members create a plan that will address or ameliorate them. In addition to being the convener of the FGC, the coordinator, who has had no prior involvement with the family, also facilitates the FGC. The coordinator does not have a “stake” in the family’s plan and, therefore, has no voice in accepting or altering it. Defining the coordinator’s role as such positions him or her to be perceived as fair. The coordinator does not share any critical case information or advocate for any vulnerable member during the FGC. The coordinator is also responsible for distributing the plan after the FGC.

What is the relationship between the coordinator and referring worker?

The coordinator is positioned to be completely independent of the case and the referring worker. The coordinator and the referring worker share information at the inception of the preparation phase. The coordinator undoubtedly learns new information about the family members for whom they are organizing an FGC. Unless the information learned by the coordinator in the preparation process compromises child safety or well-being, it is considered confidential or privileged and is not shared with the referring worker or other service providers. The coordinator may encourage family members to share such critical information with the referring worker and others during the FGC itself. However, the coordinator is responsible for conducting himself or herself in a fashion that demonstrates fairness and respect for the family, professionals/service providers, and the FGC process.

What is the role of foster parents at an FGC?

Foster parents are critically important to the family group conferencing process. With intimate knowledge about the child for whom they are caring, foster parents typically play the role of an information provider. They share child-specific information with the assembled group. Unless the extended family considers them family, they do not participate in private family time, where the initial decision is crafted. They may participate in the decision stage of the FGC, where the plan is finalized and the resources to support that plan are identified.

Developed by the American Humane Association in partnership with Casey Family Programs.

Copyright © 2004 by the American Humane Association. May be reproduced and distributed with appropriate citation.



Who does the coordinator contact and what information is shared before the family group conference?

As legislated in other countries, family group conferencing is premised on the idea that the care and protection of children is the responsibility of the broader family network, and, therefore, all kin have a right to attend an FGC unless they are excluded for safety reasons. Because sharing case-specific information with individuals other than parents is a legitimate confidentiality issue in the United States, the coordinator first consults with the parent(s) to seek their agreement to contacting individuals within their family network and sharing specific information about what propelled the need for an FGC.

The coordinator shares only information that is relevant to provide a reasonable understanding of why an FGC is being convened and to gain willingness to participate. Communities typically outline the depth and detail of information to be shared on their release of information forms. Expansive information sharing should be left to information providers and family members within the context of the family group conference.

Regarding inviting participation, the coordinator first asks parents and the extended family to determine who they consider members of their family. The coordinator keeps the conversation as broad as possible by asking, “How do you define family?” and avoids asking, “Who should be invited to an FGC?” The second question immediately limits the parent/family members’ thinking as to who could play a role in decision making. The coordinator is cognizant that family constellation varies for individuals, families, and cultures. It is the FGC philosophy that all kin are entitled to attend unless they threaten participants’ emotional or physical safety.

According to Burford, Pennell, and MacLeod (1995), the persons ordinarily considered for attendance or representation at the FGC, and thus contacted by the coordinator, include:

- the child, young person, or adult who was abused or neglected;
- the parent, guardian, and/or caregiver of the child/young person who was abused or neglected;
- members of the child or young person’s extended family;
- the referring worker or representative from the referring agency;
- a person who is unambiguously aligned with each FGC participant in need of support, including young people under the age of 16, persons at risk of abuse, and alleged offenders;
- any person identified by the family as having a significant stake in the outcome for the abused person(s). This person may be a family friend, support person, or member of the family’s social support network (e.g., neighbor, minister); and
- any person who has supplemental information that conference attendees need to make decisions (e.g., alcohol counselor, teacher, mental health professional).



What happens if a parent is unwilling to identify his or her extended family, or wishes to exclude the majority of his or her extended family?

In the United States, family group conferencing is a voluntary process. Philosophically, a cornerstone of family group conferencing is that the wider extended family constellation is entitled to participate in making decisions about the children's safety and well-being. If, after multiple conversations with the coordinator (often exploring resistance, worries, fears, and support possibilities), a parent remains unwilling to involve his or her extended family, the preparation process for the FGC does not move forward. Decisions about protecting the children then are determined through standard mechanisms.

Does an FGC continue if the parent(s) are not in attendance?

What happens if a coordinator prepares all family participants, but when the conference begins, for whatever reason, the parent(s) are not in attendance? In this instance, the coordinator works with the family members present to determine the best course of action, recognizing that the decision will match the family's unique circumstances. If the FGC proceeds and a plan is crafted, the family plan is promptly presented to the absent parents. The binding nature of the decision depends on the community's policy about the need for parent agreement and whether the case is court-involved.

Can lawyers, court-appointed special advocates, guardians ad litem, and other legal professionals attend FGCs?

Parents and children often have court-appointed special advocates or legal professionals represent their interests. At the inception of family group conferencing in communities, it is not unusual for these individuals to be skeptical of the process. They often express concern that their clients will be intimidated, will incriminate themselves, or will retract the pending charges. These fears are typically lessened after they participate in an FGC. Legal professionals are welcome to participate in the information sharing and decision stages of the FGC, but, like other non-family members (as identified by the wider family constellation), they do not participate in private family time.

What information is shared at the FGC?

The referring worker and other information providers (e.g., teachers, drug and alcohol counselors) are asked to prepare their presentation in advance, crafted in respectful and jargon-free language. According to Burford et al. (1995), the coordinator should encourage information providers to take a non-prejudicial stance of giving clear, detailed, factual information. The referring worker shares all information that is crucial to the family's deliberations. Upon request, information providers may also bring important documents or reports to share with the family for clarification.

How is information shared at the FGC?

After the introduction stage, the coordinator invites the referring worker to present a case summary defining the critical issues the family plan must address. The referring worker, using strengths-based language, strives for clarity and brevity in providing only the most important information and detail for the family's consideration. Next, family members have the opportunity to ask questions and seek clarification regarding the information presented to them. Other information providers then share any specific information that will assist the family in their decision making. In the United States, a number of communities have incorporated the information sharing framework of Oregon's Family Unity Model. In this process, the coordinator facilitates a discussion of family strengths and concerns with all participants. While this approach has its merits, it is structurally and philosophically different from the FGC process.

Do children and young people participate in the FGC?

Early writings and policies in the United States and elsewhere, likely guided by developers' biases and assumptions about children, typically suggest that children under the age of 12 be excluded from participating in person at FGCs, citing the likely lack of emotional maturity (American Humane Association, 1997; Burford et al., 1995). Still, virtually all writings underscore the importance of soliciting children's perspectives through a written statement, poem, artwork, audiotape, or videotape to be shared at the FGC. Since 2001, various practitioners of family group conferencing initiatives throughout the world have challenged the notion that children should be excluded from physically participating in an FGC for their own protection. Instead, they believe that children should not be automatically barred from participating in person based on an artificial age limit that ignores varying cultural perspectives and the personal resiliencies and interests of children (Holton & Horan, 2004; Nixon, 2002; Taylor, 2003; Wilmot & Turner, 2003).

The question is not whether to involve children in the process but, rather, how to maximize their involvement in ways that protects their emotional and physical health. Clearly, involving children, regardless of whether they will be attending the FGC in person, always requires comprehensive preparation and planning. The coordinator may meet with the child/young person and his or her support person on numerous occasions to both assess the child/young person's possible participation and to work through creative preparation activities to achieve the most positive conference experience. The support person, in partnership with the coordinator, plans to help the child/young person process any emotions or ideas post-FGC.

Why are individuals sometimes excluded from the FGC?

Comprehensive preparation positions the coordinator with information about individuals within both the family and service provider groups whose participation in the FGC would compromise emotional and physical safety of other participants or would be detrimental to decision making. The coordinator walks a fine line between shepherding the process and safeguarding the participants while not being overly intrusive or involved.

Developed by the American Humane Association in partnership with Casey Family Programs.

Copyright © 2004 by the American Humane Association. May be reproduced and distributed with appropriate citation.



While the coordinator sparingly excludes individuals, it is his or her responsibility, in partnership and consultation with the family group, to finalize these difficult decisions, both before and during the FGC, if necessary. The coordinator's creative strategies in preparation, including incorporating support people into the process, decreases the need for exclusions. Excluding someone's physical presence at an FGC does not equate to the person's voice being absent. Because the individual excluded may have critical information, the coordinator takes all reasonable steps to gather the person's perspective (e.g., via letter or video) and share it at the FGC, as well as to advise the person of the outcome.

What is the role of the support person at the FGC?

The support person is pre-selected and prepared to provide emotional support for:

- children and adolescents;
- adults who have been victims of abuse or are at-risk; and
- offenders.

The support person has numerous roles at the FGC, including:

- accompanying the vulnerable person to the FGC;
- providing emotional support to the vulnerable person;
- representing the voice and perspective of the person he or she is supporting;
- adding his or her own perspectives if he or she is a family member;
- monitoring the vulnerable person's emotional and physical safety needs during and post-FGC, requesting breaks if necessary; and
- leaving the room with the vulnerable person if he or she needs or desires to exit the FGC.

In the case of an alleged abuser, the support person is not responsible for defending harmful actions or behaviors.

Who typically plays the role of a support person?

What is most important in selecting the support person is the vulnerable person's confidence in the support person's ability to provide necessary support at the FGC. The coordinator explores possibilities with the child, youth, adult survivor, or offender regarding the person who is a "best fit" for this role. If the vulnerable person is to participate in private family time, it is best if a member of the family network fulfills the role of the support person. A non-family member in private family time may compromise the decision-making process if family members are reluctant to share important, privileged information.



Should resources be offered to the family before private family time?

Providing a litany of formal resources in advance of private family time poses a number of challenges. Will sharing explicit resources limit family member's thinking about the types of formal and informal resources they integrate into the plan they craft or drive them to a more system-focused solution? Alternatively, in the absence of detailed resource information, will family members have enough knowledge to reasonably create and resource a plan? It is prudent to provide enough information for family members to have an understanding of available community resources. An extensive service listing, on the other hand, may discourage them from tapping their informal supports and resources and may convert their discussion from identifying their needs to one of determining services. Any resource gaps can be further reviewed and attended to during the decision stage of the FGC.

Are fictive kin a part of private family time?

As devised in New Zealand, only family members related by blood or marriage participate in private family time. It is believed that the inclusion of fictive kin (i.e., individuals who are "like" family but are not related by blood or marriage) compromises the plan, because family members are less likely to fully share information with individuals they do not trust. The purpose of private family time is to provide a safe venue for family members to freely communicate when crafting their plan.

In the United States, family constellations are often organized to include fictive kin as important family members. Through preparation activities, the coordinator works with the family to identify individuals to participate in private family time, with the inclusion or exclusion of fictive kin carefully considered. At the FGC, the coordinator may caucus with family members to determine fictive kin's potential participation in private family time. While the coordinator works to honor family members' interests, the coordinator also has the responsibility to safeguard the process. Often, fictive kin identified by one family member have little to no relationship with other family members. While their presence may be comforting to a participant, their inclusion in private family time could jeopardize the decision.

What happens if family members ask the coordinator and service providers to stay during private family time?

It is fairly common for family members to ask the coordinator and other service providers to stay in the room during their private family deliberations. This request typically occurs because family members:

- have not been adequately prepared or have not fully understood the process;
- do not believe in their capacity to create solutions as a group;
- are entrenched in a climate of "clienthood," where they expect others to craft the solutions and don't believe the "system" is embracing them as primary decision makers;
- are uneasy because it may be an emotionally charged time; and
- may want to leverage a non-family member to embrace their plan.

Developed by the American Humane Association in partnership with Casey Family Programs.

Copyright © 2004 by the American Humane Association. May be reproduced and distributed with appropriate citation.



Some have argued that if the family members ask the coordinator or service providers to stay, it is disrespectful to ignore their wishes and leave them in private to deliberate. To the contrary, private family time signals to the wider family the public agency's belief in the family's decision-making capacity, encourages the emergence of family leadership, and reflects the underpinning value that "families are their own experts." Unless there is a *new* concern for participants' safety that cannot be rectified (at which time the FGC is stopped to create an intermediate safety plan to conclude the FGC), the coordinator or service provider should firmly yet politely leave the family alone.

What happens if the family can't agree on a plan?

While the international data show that families reach agreement and referring workers accept plans 95% of the time (Merkel-Holguin, Nixon, & Burford, 2003), there are instances when family members do not concur on the best course of action. The family members present their opinions to the referring worker and others who didn't participate in the initial plan development. After listening, the referring worker encourages family members to take additional time in private to reach consensus. If, after further dialogue, family members still cannot come to an agreement, the referring worker and family has various options: (1) a decision can be made by a public agency representative; or (2) if the case is court-involved, various options can be presented to the judge for a decision. Oftentimes, families prefer playing a significant role in the decision and will rededicate their energy to finding a consensual solution.

Who has to agree with the plan?

The family and the referring worker from the public agency must agree with the plan for it to move forward. If the case is court-involved, the judge has final authority to approve the plan. While family members typically reach consensus on a plan, if family members have different opinions, they can present the various options to the referring worker and service providers during the decision stage. Upon hearing the options, the referring worker, informal familial supporters, and other resource providers may be able to highlight areas of consensus and encourage the family to take additional time to reach a consensual plan. For a court-involved case, a judge can hear various versions and be the arbiter.

Is the discussion recorded throughout the FGC?

During the introductory phase, the family members are asked if and how they would like the coordinator and/or the co-facilitator to record significant information shared during the FGC. Based on preferences, culture, and decision-making styles, the family members may elect for the coordinator or co-facilitator to write the more salient information on standard paper or a flip chart, or to not formally record anything. While professionals often find flip-charting to be helpful in tracking conversation, its numerous drawbacks should be considered. Overly prescriptive flip-charting and facilitation draws attention to the facilitator; requires sufficient facilitator skill to ensure that individuals' perspectives are accurately reflected; slows and inhibits the dialogue between participants; and creates a climate of professionalism in a process that is intended to be family-driven.



Before private family time, the coordinator encourages the family to select someone to record the plan during their discussions. During the decision stage of the FGC, this family representative presents the initial plan to the referring worker, information providers, and other invitees who did not participate in private family time. At this juncture, all participants work collaboratively to detail the plan. A final plan fully describes what will happen, by when, by whom, and how.

Who conducts the follow-up with the families?

In New Zealand and Newfoundland/Labrador, Canada, the coordinator conducts the follow-up with families. In many United States communities, unless a subsequent FGC is scheduled, the role of the coordinator concludes after the plan is created and distributed. Follow-up is a partnership between the family and the referring agency. A representative of the referring agency (typically the ongoing worker) follows up with resource providers and family members to ensure that the formal and informal services detailed in the plan are being delivered. If the plan and back-up plan require modifications, the ongoing worker refers the case back to an FGC.

Who monitors the family plan?

A part of every family plan includes the identification of monitors, who evaluate the congruence between the written plan and its implementation. Most often the ongoing worker and a family member (identified by the family during the FGC) work collaboratively to monitor plan follow-through. While two individuals typically have primary monitoring responsibility, everyone who participates in the plan development and implementation, including service providers and family members, have the obligation to identify deviations and struggles in the plan that compromise child safety, permanency, and well-being.

Is an FGC a one-time process?

The family creates a plan and a back-up plan (if necessary) at the FGC. If the initial plan is not implemented or followed as organized, the family can move to implementing the back-up plan without convening an additional FGC. If neither plan achieves the outcomes desired for the children, an additional FGC can be scheduled at the request of the family or the ongoing worker. Follow-up FGCs, scheduled by the public agency at certain time intervals as a monitoring or check-in function, are unnecessary. The plan-monitoring function tracks the workability and viability of the plan. Occasionally, a family will schedule a follow-up meeting to review the status of the plan—or revisit temporary decisions—once the family has further information or experience.

Where are FGCs typically held?

The coordinator, in partnership with the family, identifies a venue that is perceived as neutral and non-threatening by all participants. Issues to consider in selecting a venue include accessibility to transportation, toilets, and telephones; size of space; and accommodations for the handicapped. Locations such as libraries, community rooms, and churches are frequently used. Family homes and public child welfare agencies generally do not make good venues, because they may not be perceived as neutral, comfortable, or welcoming to all participants.

Developed by the American Humane Association in partnership with Casey Family Programs.

Copyright © 2004 by the American Humane Association. May be reproduced and distributed with appropriate citation.



What type of families should be referred for FGC?

This question is often asked as a way to begin the process of excluding certain families from the opportunity to participate in an FGC. Like the question regarding child inclusion, it is not whether a family should participate, but how one can organize an FGC that will support the family's safe and comprehensive involvement. The following are key referral questions:

- Is there a decision that needs to be made?
- Can a conference be safely convened?
- Are there enough family members to constitute a group?
- Is the FGC organized with a well-defined, open-ended purpose and no pre-determined outcome?

While cases that involve child sexual abuse and domestic violence require more comprehensive preparation, research demonstrates that even with these toughest of presenting issues, family group conferences can be safely convened with positive familial and child-specific outcomes (Pennell & Burford, 1999).



References

- American Humane Association. (1997). *Innovations for children's services for the 21st century: Family group decision making and patch*. Englewood, CO: Author.
- Burford, G., Pennell, J., & MacLeod, S. (1995). *Manual for coordinators and communities: The organization and practice of family group decision making*. St. John's, Newfoundland: Memorial University of Newfoundland.
- Holton, L., & Horan, H. (2004, June). *From theory to practice: Empowering young people to participate in family group decision making*. Skills-Building Institute held at the 2004 Conference on Family Group Decision Making, Harrisburg, PA.
- Merkel-Holguin, L., Nixon, P., & Burford, G. (2003). Learning with families: A synopsis of FGDM research and evaluation in child welfare. *Protecting Children*, 18(1&2), 2-11.
- Nixon, P. (2002, June). *Children at the center? Enhancing children's participation in family decision making*. Presentation at the 2002 Family Group Decision Making Roundtable, Asilomar State Park, Pacific Grove, CA.
- Pennell, J., & Burford, G. (1999, original 1997). *Family group decision making: After the conference – progress in resolving violence and promoting well-being: Outcome report summary*. Englewood, CO: American Humane Association.
- Taylor, M. (2003, June). *Community-led family group conferences—the voice of children, families, and communities in the initiation, development, and evaluation of the work*. Discussion group conducted at the 2003 Family Group Decision Making Conference, Minneapolis, MN.

Wilmot, L., & Turner, T. (2003, June). *Children as partners in the FGC process*. Discussion group conducted at the 2003 Family Group Decision Making Conference, Minneapolis, MN.

