



FAMILY GROUP CONFERENCING MANUAL

ONTARIO, CANADA

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TABLE OF CONTENTS

	Page No.
SECTION 1: INTRODUCTION	
Introduction	6
Glossary of Terms	7
SECTION 2: ORGANIZATIONAL CULTURE	
Definition and Purpose of Family Group Conferencing	10
Principles	11
Expected Outcomes and Benefits	12
Developing a Supportive Organizational Culture	13
SECTION 3: BACKGROUND AND CONTEXT	
Brief History of the Family Group Conferencing Model	16
The Ontario Family Group Conferencing Model	17
Family Group Conferencing Applications	19
SECTION 4: PRACTICE ISSUES	
Working in ADR Context	21
Documentation to be kept by Coordinators	23
Confidentiality Agreements and Consents	24
Selection Criteria	25
Information Presented to Families	26
Preparation of Service Providers	31
Guidelines for Referring Workers	33
Format for Referring Worker's Report	36
Sample Report for Child Welfare Worker	38
Report by Non-referring Service Provider	40
Sample Report for Non-referring Service Provider	41
Coordinator's Checklist for Conference	43
Agenda for Family Group Conference	44
Post Conference Checklist	45
The Art of Family Group Conferencing: Getting into the details	46
Neutrality and Independence of the Coordinator	55
Alternative Dispute Resolution and the Principle of Impartiality	57
Service Providers Involved in Family Private Time	59
Involvement of Lawyers in Family Group Conferences	61
Supporting Children in the Process	62
Culture and Family Group Conferencing	65
Engaging Fathers and Other Male Relatives in the FGC Process	67
Developing Safety in the Family Group Conference	71
SECTION 5: STRUCTURE, ROLES & RESPONSIBILITIES	
Role and Responsibilities of Referring Worker	75
Role of Conference Coordinator	76
Role of Program Coordinator	78
Role and Responsibilities of Child Care Provider	80
Measures of Accountability	81

SECTION 6: TRAINING	
Training Components for Prospective Coordinators	83
Basic and Advanced Training	84
Apprenticeship and Professional Development	85
SECTION 7: RESEARCH AND EVALUATION OVERVIEW	
Outcomes of Family Group Conferencing	87
FGC Project of Toronto: Research and Evaluation	90
SECTION 8: CASE STUDIES	
Using Conferencing in a Case of Severe Physical Abuse	95
A Child's Dream	97
Better than Sticking Kids into the System	98
The End of the Journey	100
For Once You Agreed With Me	101
A Turning Point	102
FGC Works For Us!	104
Rachel's Story	106
We Really Decided for Ourselves	108
A Joint Effort	110
Finding One's Place	112
SECTION 9: REFERENCES	
Selected Family Group Conferencing References	115
References for Family Group Conferencing Research	117
SECTION 10: SAMPLE LETTERS, FORMS AND PAMPHLETS	
Statistics Sheet	119
Coordinator's Time Sheet	122
Summary Data Form	123
The Plan	124
Sample Letter to Service Providers	125
Medical Report for Family Group Conference	126
Sample Letter to Schools	127
School Report for Family Group Conference	128
Sample letter to High Commission	129
Information for Lawyers: Family Group Conferencing	130
Pamphlets:	132
Family Group Conferencing	
Becoming a Caregiver	
Supporting Children in the Conference Process	
Children's Invitation to Conferencing	
APPENDIX 1: CHILD WELFARE CONTEXT IN ONTARIO	133

SECTION 1
INTRODUCTION

Introduction

Glossary of Terms

INTRODUCTION

The concept of Family Group Conferencing (FGC) originated in New Zealand based on concerns about the over-representation of aboriginal Maori children within child welfare and juvenile justice systems. Maori families were excluded from participating in the decision-making process pertaining to their children. Once absorbed into these systems, the children were lost to their families and their culture. In addition to addressing concerns about the nature and number of out-of-home placements, *The Child, Young Persons and Their Families Act* and Family Group Conferencing were aimed at broader issues such as empowering families and increasing community participation and accountability.

The main objective of FGC is to give the family group (nuclear and extended family as well as friends) a voice in the decision-making process to ensure the safety and well-being of children who are at significant risk of or in need of protection from abuse and neglect.

The Ministry of Children and Youth Services has embarked on a Transformation Agenda that suggests a fundamental re-orientation of child welfare services in Ontario from an expert-led model to one which promotes family participation in child welfare decision making. Family Group Conferencing (FGC) is an approach that encourages collaboration between child welfare workers and the family group (which includes the immediate family, relatives and friends). Alongside child protection mediation and Aboriginal approaches, FGC forms one of the Alternative Dispute Resolution (ADR) mechanisms advanced in the Transformation Agenda. While FGC does facilitate conflict-resolution and will ideally significantly reduce the time spent in court over any one case, or even in some cases, successfully divert cases from court involvement, it is primarily a planning tool. The Transformation Agenda advocates that FGC particularly be used in high-conflict, high-complex cases, though it may be useful in other contexts where a decision regarding a child's future is needed.

This manual offers the reader an overview of the Family Group Conferencing model for Ontario, as well as practice guidelines for coordinators in implementing the model.

While the term Family Group Conferencing (FGC) is used throughout this manual, **Family Group Decision Making (FGDM)**, which is used in some jurisdictions, denotes the same process.

GLOSSARY OF TERMS

Bottom Lines

Bottom lines are the non-negotiables that come from the child welfare team. Bottom lines set the parameters for family decision-making and articulate specific components of a plan that would not be considered acceptable by the child welfare team.

Case Manager

The Family Service Worker typically takes on the role of case manager for a file, thus managing all the services that a family is using.

Coordinator

The coordinator is the person typically responsible for preparing conference participants and for facilitating the conference.

Concerns

Concerns are the presenting problems, worries or issues that the child welfare team wants the family group to address in their planning.

Consent

A parent needs to sign a formal consent form to allow information held by child welfare to be shared with the coordinator, and for the coordinator to in turn share this information with other invitees.

Similarly, a parent needs to sign a formal consent to allow the coordinator to approach any other service provider that has worked with the parent.

Crisis

A family group would be at a crisis point when they collectively believe that a plan needs to be developed for their child.

Family Group Decision Making

While the term Family Group Conferencing (FGC) is used throughout this manual, Family Group Decision Making (FGDM) denotes the same process.

Neutrality/ Independence

The coordinator occupies a position of neutrality/ independence/ impartiality by not becoming invested in either the family group or the service provider agenda.

Participatory Approach

In a participatory approach, all those that are affected by a decision are invited to contribute to the decision-making process.

Private Time

This is the time during the conference when the family group meets alone to develop their plan. Service providers do not participate in this family group caucus. Family group members meet privately for as long as they need to, and inform the service providers when they are ready to proceed to the final phase of the conference.

Professional

Usually 'professional' refers to the service providers engaged with the family group. Ideally the term 'service providers' should be used consistently in the place of 'professionals' as there frequently are persons with a professional background who also are family members.

Strengths-based Approach

In a strengths-based approach, the capabilities and competencies of the family group are focused on instead of their weaknesses or deficits.

Support Person

A support person is someone from within the family group that is chosen by a child, parent or other participant to support them during the conference. The support person helps the participant cope with the conference emotionally by speaking for the participant where appropriate, enabling the participant to speak for him/her self, enabling the participant to manage their feelings (including helping a participant in refraining from becoming disrespectful or abusive), and providing encouragement.

Voluntary

It is important that family members are given the opportunity to participate in a conference of their own free will, separate of any external pressure to do so. Some family groups may choose to participate in a conference as it allows them a voice in the process rather than allow the child welfare team and judge to make a decision about their child's future.

SECTION 2
ORGANIZATIONAL CULTURE

Definition

Purpose

Principles

Outcomes

Developing a Supportive Organizational Culture

DEFINITION OF FAMILY GROUP CONFERENCING

Family Group Conferencing is a culturally sensitive decision making process that brings together the family group - nuclear and extended family as well as friends - and service providers to develop a plan that meets the needs for safety and well-being of the child and the family as a whole.

PURPOSE OF FAMILY GROUP CONFERENCING

To better enable family groups to have a voice in developing and implementing plans to ensure the emotional and physical safety and well-being of children through increasing the creative use, integration and mobilization of formal and informal resources using Family Group Conferencing.

PRINCIPLES OF FAMILY GROUP CONFERENCING

Preamble:

Family Group Conferencing offers the family network, including the nuclear family, their maternal and paternal relatives and their friends, the opportunity to:

1. hear directly from the service providers their concerns about the safety and well-being of the child as well as have family strengths acknowledged;
2. meet without the service providers to develop a plan of safety and well-being for the child;
3. present the plan for approval.

Principles:

1. Every child has the right to be raised in an environment of safety and well-being.
2. The safety and well-being of the child can be assured through family participation in planning and decision making.
3. Families, being the experts on themselves, are central to all planning and decision making.
4. Families have under-used strengths and resources to solve problems for their children.

Guiding Principles and Theoretical Assumptions

1. Inclusionary and collective rather than exclusionary and individualistic.
2. Competency/strength based family focus approach: Families have their own expertise. Expertise is not located with service providers only.
3. Partnership with family: The decision making and planning for the child's safety and well-being should be shared among the service providers and family.
4. Family is primary author of the plan: Individuals and groups are more likely to implement plans that they themselves have developed and that are meaningful to them.
5. Holistic, systemic, ecological view of child, family and the community.
6. Culturally sensitive and appropriate.
7. Coordinator stays in an independent role, distinct and not aligned with the family group or service providers.

EXPECTED OUTCOMES AND BENEFITS OF FAMILY GROUP CONFERENCING

- Shifts in relationships and improved connections
 - Within the family group
 - Between family members and service providers
 - Between service providers

- Increased follow through on plans and/or involvement in changing plans

- More children returned to or remaining in care of the kinship system

- More effective and tailored use of resources
 - Within the family group
 - Formal community resources

- Fewer family secrets

- Increased safety for all children and adults in the family

- Responsive to the family group's unique culture

- Cost effective – long term savings

DEVELOPING AN ORGANIZATIONAL CULTURE THAT SUPPORTS FAMILY GROUP CONFERENCING

- useful to establish a collaboration that manages the conferencing program that
 - is representative of key agencies (e.g. ethno-specific agencies; women's organizations) and collaterals (e.g. lawyers; judges) in the community
 - speaks to the diversity of the community
- collaboration
 - provides greater pool of resources both for the program and the coordinator
 - facilitates referrals
- all stakeholders in the partner organizations i.e. management, frontline workers, support staff (such as foster parents, legal teams) should ideally share a common vision regarding FGC
 - common goals for FGC
 - common principles
 - common understanding of process and procedure
 - common indicators of success
- policy decisions which affect FGC should be informed by the conferencing philosophy
- a common vision can be facilitated by
 - training
 - newsletters
 - de-briefing in teams
 - observations of conferences
- coordinator is independent of organizational mandates (see pages 52-56)
 - the reporting relationship of the coordinator must be independent of or sufficiently situated at arm's length from the child welfare role
 - usually has an office outside of child welfare facilities with no access to child welfare files
 - should receive supervision that enables him/her to maintain consistent independence in the conferencing process
 - able to follow the conferencing model closely e.g. adequate preparation time; widening of the circle; logistical support; honouring of family private time
- project needs to be adequately resourced
 - logistical costs, including child care, transport, food, translation, venue and long distance travel
 - a neutral, accessible venue

- internal arrangements
 - o prepare organization for shared decision-making with families
 - o incentives to staff participation in FGC need to be addressed: e.g. ensuring that workers and supervisors are able to take off lieu time or are paid to attend conferences after-hours or on weekends
 - o identify staff at both the director of service and supervisory levels responsible for facilitating FGC in the agency
 - o the capacity to implement FGC needs to be in place prior to engaging staff in training
 - o attempt to make training attractive: e.g. have to apply to attend
 - o potentially begin with one team that makes referrals, and build up from there

- required resources
 - o funding for coordinator's position
 - o administrative support
 - o funding for logistical costs
 - o accessibility to appropriate venues

For further ideas consult "Key Decision Point Matrix for the Implementation of Family Group Decision Making" by Merkel-Holguin, L (2000) which can be retrieved from www.fgdm.org.

SECTION 3

BACKGROUND AND CONTEXT

Brief History of Family Group Conferencing

The Ontario Family Group Conferencing Model

Family Group Conferencing Applications

BRIEF HISTORY OF FAMILY GROUP CONFERENCING

Family Group Conferencing, which is embodied in the New Zealand's Children, Young Persons and Their Families Act (1989), was initiated in New Zealand in response to the Maori people's concern that their children were over-represented in both the youth justice and child protection systems. The Maori also believed that the family group which includes the nuclear family, clan and tribe should be involved in the planning for their children, while the formal systems tended to focus only on the immediate family. A further concern was that once Maori children entered the juvenile justice and child protection systems, that they were often "lost" to the Maori kinship system, with children frequently being placed in "Pakeha" (Caucasian) homes and the family having little meaningful connection with the child. FGC was proposed as a model that acknowledged these concerns and the Maori way of handling their business. Since 1989 FGC has been legislated as a mandatory approach and so families (of all backgrounds) who have a child considered in need of protection are invited to a FGC.

The goal of Family Group Conferencing in the New Zealand context has been to match child protection procedures with Maori culture and tradition, which values both the community around the child and consensus decision making. The conference process is intended to mirror the 'whanau hui' or gathering of the extended family circle. The objective also has been to democratize child welfare process by the Department of Social Welfare and social service professionals sharing power with the indigenous people.

FGC has been applied around the world. There are sites in Australia, UK, South Africa, USA, Holland, Finland, Norway, Israel, Hungary and Sweden where FGC in child protection is being used.

The first Canadian initiative was a demonstration project run in Newfoundland in 1995/6. In 1997, a pilot project was established in Calgary. Neither of these programs continued. In 1998, two projects in Manitoba, one in Dauphin and one in Winnipeg based at local Friendship Centres, were established. In British Columbia, pilot projects were established at the end of 2002 and the program has since expanded to a number of sites in the province. In recent years, FGC projects have also been set up in Alberta. In Nova Scotia, a project managed by Joan Globe has combined conferencing and native circle traditions.

The first program launched in Ontario was that of the Family Group Conferencing Project of Toronto, established in 1998 by a partnership of child welfare and children's mental health agencies. Since 2003, this project has also serviced the Peel region through a contract established with Peel CAS. A pilot project was started by Brant CAS in 2002, which has developed into an established conferencing project. Both Simcoe County and the London CAS began projects in 2005. Child welfare agencies in various other parts of the province have conferencing projects which are in their early stages.

THE ONTARIO FAMILY GROUP CONFERENCING MODEL

Referral:

The conferencing process begins with referrals made by child welfare workers, in consultation with their supervisors and with key family members.

Preparation:

The effectiveness of a Family Group Conference depends on this stage of the process. The goal is to prepare prospective participants by providing them with information about the conferencing process, as well as the strengths and concerns identified by the service providers involved with the family. By widening the family circle and ensuring broader participation in making a plan for the child, the coordinator ensures the family's support of the plan.

There may be relatives that live in other countries, other provinces or other parts of Ontario. It may be necessary for FGC to bring such family members to the conference as their input has been demonstrably valuable in the development of the plan for child. Further, the presence of the extended family at the conference increases the proximity, despite geographic distance, to the immediate family through a new understanding of the circumstances surrounding the child. This, in turn, may lead to more relevant and timely contact following the conference to provide ongoing support and guidance to all members of the family.

As well, the coordinator meets with all service providers who are engaged with the immediate family and invites them to the conference.

The time for preparing all participants for the conference typically extends from 25-50 hours. This depends on family needs, the complexity of the case, the number of children being planned for and the number of persons being invited to the conference.

The Conference:

The coordinator hosts the meeting. The conference itself is made up of three discrete stages.

Phase 1: Information giving

- a. The meeting begins with a ritual chosen by the family group.
- b. Service providers begin by outlining the strengths observed in the family and provide a concise and non-judgmental description of the risks that exist for the child. The child welfare team will also note their bottom lines.
- c. Questions raised by the family are answered.
- d. The family group may choose to invite a speaker/resource person on a topic that is useful to them in their planning.

Phase 2: Family Private Time

The family group then has a time on their own where they develop a plan to address the safety and well-being concerns for their children. The family group takes as much time as is needed to craft their recommendations.

Phase 3: Review of the Plan

The plan is then presented to the referring workers for approval. In the case of child welfare, the plan needs to address the service providers' concerns for it to be accepted. The coordinator writes up the plan utilizing the family's language.

The conference typically takes anywhere from 3 to 8 hours.

Post Conference:

The coordinator distributes the plan to all participants within ten days. The child welfare worker works with the family as defined in the plan and maintains regular contact with the family. Should the matter be before the court, the child welfare worker will ensure that the family's plan is submitted to the court as part of the Plan of Care, stating clearly that this has been developed by the family and is supported by the Children's Aid Society.

Another family group conference can be reconvened at a later date at the request of the family or the child welfare worker.

FAMILY GROUP CONFERENCING APPLICATIONS

Family Group Conferencing can be used with any family that is in crisis or faltering, where:

1. Parents have
 - Serious health issues
 - Mental health issues
 - Developmental delay

2. Children have experienced
 - Physical, emotional or sexual abuse
 - Learning difficulties
 - Behavioural difficulties
 - Physical disabilities; serious health issues; intellectual disabilities
 - Issues around sexual orientation

3. Families where there is
 - Domestic violence
 - Settlement issues
 - Custody/co-parenting issues and both parents agree to a conference
 - Vulnerable adults

SECTION 4
PRACTICE ISSUES

Working in ADR Context

Guidelines for documentation to be kept by Coordinators

Confidentiality Agreements and Consents

Selection Criteria

Information Presented to Families

Preparation of Service Providers

Guidelines for Referring Workers

Format for Referring Worker's Report

Sample Report for Child Welfare Worker

Report by Non-referring Service Provider

Sample Report for Non-referring Service Provider

Coordinator's Checklist for Conference

Agenda for Family Group Conference

Post Conference Checklist

The Art of Family Group Conferencing: Getting into the details

Neutrality and Independence

Service Providers Involved in Family Private Time

Involvement of Lawyers in Family Group Conferences

Supporting Children in the Process

Dealing with Culture

Engaging Fathers and Other Male Relatives

Developing Safety in the Family Group Conference

Using FGC in Situations of Domestic Violence

WORKING IN AN ADR CONTEXT

Independence of coordinator

1. In all contexts, the coordinator must be impartial with no decision-making power.
2. The coordinator has a dedicated and distinct role, separate from the child protection and child welfare team.
3. The coordinator has no access to client files, case recordings, CAS information database, and court reports.
4. The coordinator must report to senior management if situated in CAS.
5. The coordinator must conduct the FGC outside the CAS office.

Provincial roster

Coordinators who wish to be listed on the provincial roster must:

- have a post-secondary degree or diploma in social services or children's services (or equivalent);
- have experience in social services or children's services;
- complete basic and advanced training in Family Group Conferencing;
- complete a mentorship in the principles and practices of Family Group Conferencing. The mentorship must be coordinated by the Family Group Conferencing Provincial Resource, led by The George Hull Centre for Children and Families;
- subscribe to the Family Group Conferencing philosophy.

Details are posted on The George Hull Centre website at www.georgehull.on.ca

Decision about when to refer

Referrals to FGC can be made at any decision-making point within the life of a case.

Referrals made when there is court involvement or specifically to avoid court involvement are considered ADR referrals.

Routine FGC procedures are followed in all cases. However, under ADR, the following must be complied with:

- all parties must, when invited, sign a confidentiality agreement;
- the children's lawyer (if appointed) must be informed;
- under Regulation 493/06 of the Child and Family Services Act, records generated by conference coordinators are protected in the same way as mediation records. These materials, therefore, cannot be subpoenaed in a civil matter. However, it should be noted that this does not protect the coordinator or the documents they have generated from being subpoenaed in a criminal case (though it is likely to be rare that a coordinator would be called on in this way) or in the case of professional disciplinary procedures.

Family-centered conference

A child welfare agency may be using multiple forms of family-centered conferences. The coordinator needs to be informed of the types of conferences used in the agency and be able to explain to family members and other service providers how FGC is similar or different to other approaches, and why FGC is being used in this particular instance.

GUIDELINES REGARDING DOCUMENTATION TO BE KEPT BY FAMILY GROUP CONFERENCE COORDINATORS

Each agency in which the coordinator is located will decide on the documentation to be kept regarding FGC. The following are offered as guidelines only.

The records of the coordinator who is providing services as a method of Alternate Dispute Resolution (ADR) under the Child and Family Services Act are governed by Regulation 493/06 of the Child and Family Services Act. Coordinators should also be mindful of any other professional code or ethics or practice standards that may affect them, such as membership in the Ontario College of Social Workers and Social Service Workers.

Under Regulation 493/06, records generated by conference coordinators are protected in the same way as mediation records. These records, therefore, cannot be subpoenaed in a civil matter. However, it should be noted that this does not protect the coordinator or the documents they have generated from being subpoenaed in a criminal case (though it is likely to be rare that a coordinator would be called on in this way) or in the case of professional disciplinary procedures. Records should nevertheless only include what is absolutely necessary.

The purpose of maintaining records is to ensure that the coordinator has the necessary information to prepare and run a conference. Key materials in the record would include:

- information presented to the coordinator by CAS
- information regarding
 - o who is in the family group
 - o who was contacted (with contact details)
 - o who attended the conference
- the reason for the original referral
- brief notes tracking progress during the preparation phase
- reports presented at the conference
- the plan
- confidentiality agreement, if this has been signed
- consents
- record of any 'duty to report' matter

If a family member asks to see the information on file, they would only be able to see what the coordinator has recorded that pertains to themselves. If another member of the family has shared the information, that individual has to first provide consent that the excerpt can be shared with the person.

The Ministry requires certain statistical details from child welfare regarding ADR referrals. The coordinator would need to keep this data to make it available to the child welfare agency.

If more information is kept on file, the purpose for doing so should be clearly stated. For example, additional data might be collected for research purposes. This typically will be time limited. The concern that the material could be subpoenaed and the consequences that this might have for the family group needs to be considered when deciding to keep additional information.

CONFIDENTIALITY AGREEMENTS AND CONSENTS: POINTS TO CONSIDER

The coordinator should keep the confidentiality agreements on file. It may be appropriate to share these with the CAS as they are required to keep a note on their file regarding who has or has not signed confidentiality agreements and why.

The coordinator, as the ADR facilitator, has participants sign the confidentiality agreement when the coordinator meets with the family member or service provider for the first time, as this is the beginning of the ADR process. This also ensures that persons who were invited to the conference but do not attend are appropriately informed. The coordinator explains that the information conveyed between parties is confidential in the sense that it cannot be used in civil litigation. This also means that any participant in the FGC process cannot call the coordinator to court.

In addition, the coordinator will have on file written consents gathered by the CAS worker. The CAS worker, before making the referral for FGC, will typically ask the parents/caregiver and a child over 12 to sign consents that information pertaining to them in the CAS file can be shared with the coordinator for the purposes of a FGC. The consent allows the coordinator to then share this information with other invitees to the conference.

The coordinator checks with all invitees whether they wish to participate in the conference process, thus obtaining verbal consent for their participation.

The coordinator will ensure that, before approaching other service providers, the individual(s) connected to the professional has signed a consent permitting the service provider to share information with the coordinator for the purposes of FGC.

SELECTION CRITERIA

Most family groups who need to develop a plan for their child would benefit from Family Group Conferencing. Because the family group usually wants to be involved in decision-making pertaining to their child, and because the child has a right to know their extended family and to maintain connections with their family network, it is useful to invite family groups into the planning process.

Families themselves need to choose if FGC matches their needs at that particular time.

Families may reject the invitation to participate because:

- they cannot envisage involving other relatives and friends in what they consider to be a very private matter
- they feel that as a family group they already have a clear plan which they want to communicate to the worker
- they feel that the timing is somehow not right
- parents/caregivers prefer to use the traditional means of developing a plan by dealing with the worker and the courts

If there are safety issues, the coordinator will make every effort to enable the family group to develop an appropriate safety plan. The coordinator will not proceed with a conference if there is the threat of violence. It is critical that coordinators have a good understanding of domestic violence and the associated dynamics.

It is important that coordinators feel able to manage the referral. Consultation/supervision is vital in supporting the worker.

It is useful for agencies to periodically review how referral decisions are being made. Workers should, for example, be cautioned against excluding families where there do not appear to be extended family members.

INFORMATION PRESENTED TO FAMILIES BY COORDINATOR

Note: The information presented below is not necessarily chronological. It is useful to provide families with an overview and then to revisit specific aspects providing more detail. The presentation of the information is matched to the needs of each particular family and to the coordinator's style.

- The coordinator **checks if the family group member has been told** of the FGC by the referring worker or another family group member, and if so, what they understand the process to be about.
- The coordinator provides each family member with the **FGC pamphlet**.
- The coordinator explains that **s/he receives referrals when planning is needed** to ensure the safety and well-being of the child and when the immediate family has indicated that they would like to be more involved in the decision making.
- The coordinator explains that **FGC is separate from child welfare mandate**. The coordinator informs the family group member that s/he is not a child protection worker and does not have the authority to make planning decisions about the child, neither is it the coordinator's role to influence such decisions. The coordinator explains that s/he has a neutral position and will also not assess which family member has the best plan nor will the coordinator decide whether the position of any one of the parties has greater validity than any other.
- The coordinator needs at all times to be aware of **issues of confidentiality**.
 - o At the outset, the referring worker is to get consents from parents and children over 12 for 'the purposes of Family Group Conferencing' to ensure that the agency's information can be shared with the coordinator.
 - The parties signing should be made aware by the referring worker that signing this document also indicates agreement to meeting with the coordinator, and after agreeing to proceed with the conference, that the agency information is also shared with all those invited to the conference.
 - o When first meeting with the parents and children over 12, the coordinator needs to get:
 - their verbal consent to proceed with the conferencing process;
 - their written consent where they want service providers engaged with them invited to the conference.
 - The written consent provided to the service provider typically is considered adequate to ensure that they are able to share information with the coordinator and with persons invited to the conference.
 - o The coordinator needs to get verbal consent from the person concerned each time the coordinator wishes to repeat to another family member or invited service provider something that this individual has said.

- o If the coordinator learns of child protection concerns, s/he is obligated as a community member and service provider to report this to child welfare.
- o Once a parent has given consent and other family members have been invited, it becomes a family group decision (in consultation with the coordinator) rather than a parental decision as to whether the conference proceeds or not.
- o The refusal of parental consent does not necessarily prevent the conference process from continuing. Where the family members are familiar with the issues, a conference process can still be initiated. In cases where the child welfare agency is the guardian, the agency can decide that family members should be offered a conference, even if this is opposed by the parent. Every effort should nevertheless be made by the coordinator to invite the parent into the process.
- The coordinator informs the family that s/he will **let the referring worker know who is being contacted** and who is expected to attend the conference.
- The coordinator explains that **other family group members will be informed** of the referring worker's view of the strengths and concerns, of who will be attending the conference, and of any safety plans. If the coordinator feels that any other information would be pertinent to share with other family group members, s/he will ask for the necessary verbal consent.
- FGC is a way of involving **families in having a voice in the decision making** regarding the planning for the safety and well-being of the child.
- The FGC allows the family group to develop and recommend a plan of their own. As part of their mandate the child protection worker needs to approve the plan. The plan thus **needs to conform to the child protection worker's bottom lines**.
- The family group will have to, in their planning, take into consideration **legal constraints** e.g. no contact orders, bail or probation conditions, time limits for planning etc.
- The **family group members are best placed** to make the decisions because they know their family more intimately than referring workers and other service providers.
- FGC allows the family group to give the referring worker and other service providers a **broader, diversified perspective** on the family and the child. This allows the worker to among other things, work with the family in a way that may be more useful to the family, to discover new strengths about the family, and to be open to other possibilities.
- **"Family"** means relatives of the child, and also friends and others in the community who are like part of the family.

- The coordinator asks whether the family group member will identify who is in their family, and draws a **genogram (family tree)**.
- If the coordinator already has a genogram the family group member is asked **who might be missing** on this picture and who else needs to be included.
- The coordinator explains that the planning is for the child, and so it is helpful to have as many of the child's relatives there, even where there may be tension between the adults. ("It is **like a wedding**/christening/funeral where you might not like everyone there, but know nevertheless that it is important to be there"- quote from a UK parent).
- Who will attend and how the conference is conducted will be **negotiated** among the whole family.
- The conference will be held in a **venue** that is experienced as 'neutral' by the family members.
- The coordinator asks whom the family group member thinks should be contacted first and **how best to contact others**, and whether they can help with that.
- The coordinator outlines the **strengths and concerns** as identified by the referring worker.
- The coordinator explains that the **process** is as follows:
 - The coordinator meets with everyone (both family and service providers) to tell them about FGC and to prepare them for the meeting.
 - The meeting itself brings together service providers and family group members.
 - In the first part of the meeting, everyone is welcomed. Participants introduce themselves in relation to the child/ren and share a hope that they have for the day. Guidelines for a respectful discussion are discussed. The service providers - including the referring worker - talk about the strengths they have observed in the family and any concerns that they might have. The family has the opportunity to ask questions.
 - In the second part of the meeting, the family group has private time. The family group meets alone to develop the plan. Neither the coordinator nor the service providers are in the room with the family. Someone in the family will write up the plan as the family comes to agreement around it. It is useful for the plan to be as detailed as possible as this ensures that expectations are clear.
 - In the third part of the meeting, the family group calls back the referring worker, supervisor and coordinator into the room. The family presents the

plan to the worker and supervisor. The coordinator might help to ensure that the plan is clear, but does not make any decisions about whether the plan is acceptable or not. If the child welfare team does not approve of certain parts of the plan, they need to explain their concerns to the family. The family then has the chance to add to the plan so that the concerns are addressed. If needed, further private family time can be held. Also if needed there can be a second conference. Usually the child welfare team accepts the plans. The supervisor is present so that the plan can be approved immediately. If there is court involvement, the approved plan becomes the recommendation to the court.

- It normally takes **3-6 weeks to organize** the FGC so that the coordinator can meet everyone before the meeting and also to ensure that everyone can be there. Where travel arrangements have to be made, it may be useful to agree on a date that is some weeks away.
- The meeting usually takes **between 3-8 hours**, so participants need to set aside the whole day because it will be difficult to predict ahead of time how long this family group will need to develop a plan that all the family members can support.
- The coordinator explains that s/he should ensure before the meeting that the family group knows who will be attending, and generally what issues the service providers will be raising, **so that there will not be any surprises**.
- The coordinator will explore with the family member how they perceive their **family's culture**, and will establish what kind of opening the family wants.
- A **meal is provided**, and the family can choose a meal that they would like. The coordinator may ask the children to choose the meal, but will explain to other family members that this is being done.
- The coordinator asks which **service providers** the family has had contact with and who it would be useful to include.
- If service providers are to be approached, the coordinator asks the immediate family for **consents for disclosure** to be completed.
- If someone is unable to attend on the day, the coordinator will explore with him or her how they would like to participate in the conference. This could be by **letter, by phone or by having a representative** at the meeting.
- The coordinator offers to assist the family member, particularly children, if they want to **prepare a statement** or letter for the conference.
- The coordinator will note that the meeting often can be quite emotional, and will identify with the parents and children if they wish to have a **support person** at the conference and who this should be. The support person should be a family member or friend, but not a service provider. In the case of children, this usually

should not be their parents as the latter will be preoccupied at the conference and so less able to ensure that the children's needs are met at the conference.

- The coordinator informs the participant that **safety plans** will also be developed if anyone in the family has concerns about their safety before, during or after the conference.
- The coordinator asks the family member if it would be useful to them to have a **speaker** at the conference addressing a topic that is relevant to the family.
- The coordinator offers to explore any **resources** and track down any information that the family feels may be useful in their deliberations.
- The coordinator offers information regarding eligibility criteria for kinship care programs, and procedures for applying for the child tax credit and **financial support** available from Social Services.
- The coordinator invites the family to think of all the **creative possibilities** for dealing with the situation. These may include (depending on the bottom line):
 - The child remains with/ returns to the parent
 - The parent is the caregiver but with supports
 - Another relative or friend takes care of the child
 - The child is placed/remains in the care of child welfare
- The coordinator will review how the FGC fits in with the **legal process**, and what some of the options are should there not be consensus about a plan.
- The coordinator answers any **questions** the family member may have.
- The coordinator agrees to **keep family members updated** about whom s/he has spoken to and who is expected to come, and regarding the practical arrangements to get them to the meeting.
- The coordinator explains and provides written notice to the family and all participants that the **program is being evaluated** by researchers and that participants at the conference will be invited to complete evaluation forms.
- The coordinator may arrange to go back a **second time** or to attend to unfinished issues by phone.

PREPARATION OF SERVICE PROVIDERS

REFERRING SERVICE PROVIDER

Usually a Child Welfare Worker; may be initiated by other service providers

Inviting the family member to consider FGC

The worker must have consents before referring for a FGC. However the Program Coordinator is open to discussing the applicability of a potential referral if this is useful to the worker.

The worker can present the information to the family member in the following way:

- Family Group Conferencing is an opportunity for you and your family (that is your immediate family, relatives and friends) to discuss what plan you collectively want for your child. As a family group you will be able to present these recommendations to my supervisor and me at the conference for consideration. If your plan ensures that your child is safe and his/her needs are being met, we will accept your plan. This is the plan that will be presented to the judge.
- Before the meeting, a conference coordinator will meet with you individually and also with all the other relatives and friends that will attend the conference. The coordinator can see you at your home, at their office or at any other venue to which you both agree. The coordinator will tell you how the process works, and will find out if you want to continue. The coordinator will find out from you and the rest of the family network who you consider to be family and whom you all think should attend the conference. The coordinator will also prepare you for the conference.
- If you sign a consent form today for 'the purpose of Family Group Conferencing' I will meet with the coordinator and inform them of the strengths and concerns my colleagues and I have identified in your situation. The coordinator will share this information with everyone that is coming to the conference ahead of the conference.
- I am confident that your family circle is able to develop a plan for your child, and so hope that you will consider participating. However, this is a voluntary process, and you do not need to agree to conferencing if you do not feel that this will be right for your family. I need to be clear that if you choose not to go ahead with a conference that I will then take on the responsibility of developing a plan for your child, and will present my plan in court.

The worker might use a video or DVD on conferencing to support their invitation to the family member.

Meeting with the coordinator

The referring worker and the supervisor meet with the coordinator to discuss the referral.

- The coordinator should learn about the family's involvement with the agency
 - Who is in the family?
 - When did the family become involved with the agency?
 - What were the presenting issues?
 - What are current strengths?
 - What are current concerns?
 - How have the extended family and the friendship circle been involved with the family?
 - Is there court involvement? If so, what is the nature of that involvement?
- Discuss the referral
 - Why is the matter being referred for an FGC? (Why now?)
 - How did the worker come to know about conferencing?
 - Does the worker have any reservations about the conferencing process for this family?
 - What are the bottom lines?
- Discuss the next steps e.g. worker to clarify bottom lines with the supervisor
- If the worker has not been part of a conference, review with them
 - The conferencing process
 - Logistics
 - The report

After the meeting, write up the information and send a copy to the worker and supervisor to ensure that you have understood them correctly.

OTHER SERVICE PROVIDERS

- Coordinator to forward consents from the family member who is their client
- In meeting with service provider
 - Describe the FGC process.
 - Explain who has referred the case and why.
 - Invite them to participate.
 - Review the need for a report, and how it is to be presented.
 - Ensure that they know when and where the conference is to be held.
 - Encourage them to review the report and the family's participation in the conference process in their contact with the family.

GUIDELINES FOR REFERRING WORKERS

- Referring worker to refer the case after having agreed, in conjunction with the supervisor, to explore FGC for this family.
- Referring worker to secure consents for release of information to the FGC project from the parents, children over 12, and where appropriate from the caregivers. Note that the FGC process is a voluntary one. The family must agree to participate and, at the very least, initially agree to meet with the coordinator to learn more about the process.
- Referring worker to meet with the conference coordinator to provide a background on the family, to identify why this family has been referred, what the expectations are from conferencing, what the likely child welfare attitude to conferencing would be and what the bottom lines or non-negotiables are. The goal is to keep bottom lines to a minimum, but if there are plans that the referring worker would clearly not consider this needs to be outlined at the outset. Phone numbers and addresses need to be provided for all family members known to referring worker and for the service providers involved.
- The supervisor and other team members should ideally attend the referral meeting, particularly if this is the referring worker's first referral.
- The referring worker needs to prepare a report for the conference. This must be submitted to the conference coordinator at least one week before the conference.
- The referring worker should aim to do the report in draft as soon as possible as it helps to gain clarity and focus regarding the strengths, concerns and risks.
- The report needs to be brief. A format which seems to work well is to:
 - situate the referring worker: state who the worker is, length of involvement with the family, and provide a summary statement of the main focus of intervention;
 - outline strengths of the family;
 - identify the concerns held and to relate these to the children's needs;
 - identify any legal constraints and bottom lines.
- List any resources that may be of use to the family both within the referring agency and outside of it on a separate page.
- The conference coordinator will review the report prior to the conference to ensure that it is "FGC friendly" in that:
 - the language is accessible;
 - the report is not judgmental;
 - the worker is not inadvertently recommending a plan when outlining the concerns and resources;
 - there is sufficient room for decision making by the family group;

- the central elements of the “story” are included.
- Family secrets will often come out in this process, and the referring worker needs to deal with these issues before the FGC process begins (e.g. who the biological father is, the whereabouts of people, the problems).
- The coordinator will keep the referring worker updated on who has been seen, whether they wish to participate in the process or not, and any information that clearly speaks to the risks. Other information shared by the family will be kept confidential and will not be relayed to the referring worker.
- The referring worker must keep the coordinator up to date about any significant developments post-referral and pre-conference. In particular, it is important that workers do not shift the original bottom lines. If circumstances change and new bottom lines are needed, the worker must immediately inform the coordinator of the new bottom lines. The coordinator will in turn notify all those invited to the conference and re-establish if they wish to continue with the conferencing process bearing in mind the new parameters.
- The supervisor is expected to attend the conference with the referring worker so that any appropriate plans can be immediately approved (subject to home studies, criminal record checks and medical record checks).
- The coordinator will facilitate the agreement of a date between all family members and the service providers. This may mean that the conference needs to be held after hours or on the weekend. The date will be negotiated to ensure maximum attendance. Flexibility on behalf of the referring worker and supervisor is useful. Usually it takes between three to six weeks for a conference to be set up. In cases where relatives are coming from far away, particularly from a country where a visa is needed, much more lead time is needed for all the travel arrangements to be made.
- Should the date fall after a scheduled court date, the worker should arrange for court to be adjourned until after the FGC.
- At the conference, the referring worker will make a presentation in the information giving phase. This is usually the first of the service provider’s reports to be presented. The worker brings an adequate number of written copies for all participants.
- The referring worker and supervisor remain on site throughout the family private time. It is thus useful to bring some work or activity for this time.
- Once the plan is presented, the referring worker and the supervisor are expected to respond to the plan. The child welfare team must assess if the plan ensures the child’s safety and well-being. In exceptional situations, a time out can be taken to caucus, but, as far as possible, all concerns regarding the plan should be processed directly with the family. If parts of the plan seem unfinished this should be raised immediately. If for some reason it looks like the plan cannot be

fleshed out more at that time, that needs to be stated and the group together needs to decide how to proceed with the unfinished business.

- The coordinator will provide the referring worker and all others invited to the conference with a copy of the plan within 10 days of the conference.
- If there is court involvement, the agreed upon FGC plan is integrated into the written plan of care submitted to the court. Any conditions should be informed by the FGC plan.
- Should there be a significant concern after the conference about how the plan is being implemented, the worker should either work with the family group in resolving the situation or should ask for another FGC where the concerns can be addressed. Once the decision-making process is initiated in partnership with the family group, this collaboration needs to continue.

FORMAT FOR REFERRING WORKER'S REPORT

A draft report that has been reviewed by the supervisor needs to be submitted to the coordinator a week before the conference. It is useful for the coordinator to have the report as early as possible as it ensures that the coordinator has a clear understanding of the child welfare position. The coordinator reviews the report to ensure that the language is accessible, that the worker is not inadvertently recommending a plan, that there is enough room for the family to do some decision making, that the strengths are substantive, that the concerns are clearly expressed and that bottom lines are clearly stated.

The report will be read by the worker to the family at the conference. The Coordinator will ensure that there are sufficient copies for everyone. Participants keep the reports.

OUTLINE

Introduction

- Here the worker should briefly introduce themselves, state how long the family has been known to the agency and what the central concern has been.
For example, "I am Jane Smith, a family services worker with the Children's Aid Society. I have been involved with this family since May last year. Since the file first was opened in 1996, the focus has been on the parents' struggle to provide adequate supervision and routines for their children. This report reflects our experience as a team."

Strengths

- The worker will describe the strengths of every individual family member with whom the worker has engaged. For example, "Tony relates well to adults and is articulate."
- The worker will also describe the strengths of the family as a system. For example, "This family enjoys celebrating together and meets regularly for family birthdays and religious festivals."
* Avoid "Mom is good at... BUT.....". This negates the strength.

Concerns

- The worker needs to express ALL the concerns they have regarding the situation. The history of the case can be included here if necessary, but under themes such as substance abuse, neglect, etc. For example, "Joy started drinking at the age of 15, and has ever since struggled to maintain her sobriety for a sustainable period of time despite many efforts. She recently attended a residential alcohol treatment program and is hopeful that she will stay sober. However we are concerned that Joy may relapse in the near future as in the past she has returned to drinking when she has felt stressed and alone."
- Each concern should clearly state how this impacts on the children. For example, if one is concerned about the father's irregular access, one needs to explain how this affects the children (e.g. they become disappointed, it makes it harder for them to trust adults).

- Concerns regarding all the significant actors need to be described.

Bottom lines (applicable to child welfare)

- In this section the worker needs first to note any legal constraints.
- Secondly, the worker needs to identify any non-negotiables. For example, “Until the father is able to demonstrate that he can manage his anger appropriately, he will not be considered as a primary caregiver for the children.”
- Again, it is a balancing act: all bottom lines need to be expressed. However one does not want to create a situation where the family is left without options.

Conclusion

- The worker can conclude the report with a sentence that summarizes the task for the conference. For example, “CAS looks forward to the family group developing a long term plan that will ensure Johnny’s needs for safety and well-being.”
- While telling the whole story the worker also needs to be concise.

Resources

- The worker should on a separate sheet list any resources that might be of use to the family. This sheet is not read out but is placed in the middle so that the family can refer to it during the private time. Alternatively, the worker can bring pamphlets on potential resources to the family. This way the family does not feel that the list of resources is a prescription.

SAMPLE REPORT FOR CHILD WELFARE WORKERS

CHILD WELFARE REPORT FOR FAMILY GROUP CONFERENCE HELD ON 23 MAY, 2003 FOR KEE FAMILY

INTRODUCTION

I am a Family Service Worker and have been involved with Tamara and Billy since June 2002 because of Tamara's struggle with alcohol. The file was initially opened in July 2001 and closed in March 2002 when the service goals were achieved. In May 2002, the file was reopened.

This report reflects our experience as a child welfare team.

STRENGTHS

Tamara is an effective parent when she is sober. She understands Billy's needs and does her best to meet these. Tamara has insight into her issues and difficulties, and is very open and upfront about her relapses. She reaches out for help. For example, in July 2001, she contacted the Society when she required assistance with Billy's behaviour.

Tamara has shown that she can follow through with recommendations, when she is ready. For example, in November 2002 she expressed a desire to improve her family relations as well as her parenting skills, and when told about "Happy Parents" immediately contacted them. Tamara was able to put in place a safety plan for Billy in the event that she relapsed again. This resulted in him living with his aunt, Linda.

Billy is actively involved in sports such as hockey, baseball and karate. He is friendly and engaging. He loves his mom and worries about her health and safety. Billy and his mom have support among extended family members as well as in the community. For example, Billy has many friends in the street and has a good relationship with his coach, Steven. Tamara's best friend is her neighbour, Rebecca.

Linda has said that she is willing to provide Billy with a home for as long as it takes.

CONCERNS

In May 2002, Tamara relapsed after 5 years of sobriety. She has had several relapses since then. The triggers for these relapses have been the breakdown of a relationship, her health, as well as financial problems. Tamara's health is an ongoing concern. The chronic pain that she has been experiencing was the trigger for her recent relapse and continues to be of concern.

Each relapse has been characterised by Tamara being away from home for at least one to two days. Billy has come home to an empty apartment and then has had to call friends and relatives to find a place to spend the night. He has had to take care of himself, rather than an adult being there to take on this role. After one of Tamara's relapses, Billy was placed in care for three months.

Tamara has attended several residential treatment programs and as part of her recovery and after care, Tamara has attended AA as well as home groups. The challenge is that while Tamara succeeds in staying sober for a few months, she relapses when she is stressed.

Billy worries about his mother, especially when her whereabouts are not known. His mother's relapses have impacted on Billy's ability to trust her, and could further impact his trust with other adults. Billy feels anger and disappointment towards Tamara. He resents the idea that he has to go through meetings and programs and that he was placed in care because of his mother's issues. Billy needs emotional security as well as stability in his life. He needs to be able to attend and focus on school, have friends and continue his extramural activities.

BOTTOM LINES

There is no court activity at this time. Billy is staying with his Aunt Linda on consent from Tamara.

Tamara cannot provide care for Billy at this time. She would have to show that she can stay sober for at least a year before Billy can return to her care. Any plan that proposes that Billy returns to his mom at a later stage would need to offer a backup plan of how Billy would be cared for should there be a relapse. Billy should have access to his mother in a safe manner. We would like you as a family to guide us in terms of appropriate arrangements for contact between Billy and Tamara.

Thank you for agreeing to attend this conference. I am confident that you will come up with a plan that will address Billy's needs for safety and well-being.

REPORT BY NON-REFERRING SERVICE PROVIDER

PREPARING THE REPORT

Service providers are only invited with the consent of the client. Invited service providers are expected to prepare a one to two page report for the conference.

The intent behind Family Group Conferencing is that the family group proposes a plan in response to the issues identified. The role of the service provider is to provide the family group with all the pertinent information so that the immediate family, relatives and friends have all the data they need to make an informed decision.

The client should be consulted and ideally should see the final copy before it is read out at the conference. Where a client may suggest that pertinent details be withheld, it is useful for the service provider to have a discussion about the purpose of the conference and to establish if the client may be willing then to have this information shared.

It will be up to the family group to determine the plan, including making a recommendation as to whether or not the counselling /other service should continue after the conference. The service provider may want to have a discussion with the client ahead of the conference as to whether they would like the service to be included in the plan and how they feel they can present their position at the conference.

The report should be written in language that will be easily understood by the family group. If the service provider is on first name terms with the client and other family members, then first names should also be used in the report.

The service provider should focus on outlining the strengths and issues, but also needs to clearly name any concerns that exist and be careful to avoid recommending any interventions.

It is useful to elaborate on strengths by providing examples so that the exercise is sincere.

Areas that can be considered in the report include the child's relationship with parents and siblings, functioning at school, involvement with community programs, connections with the extended family and with their peer group for older children.

SAMPLE REPORT BY COUNSELLOR

Introduction

I am Samantha Flynn and I have been the counsellor for the P family since they began using the ABC Centre's services last year. The family sought counselling following the tragic suicide of their 16 yr old son, Kevin. The parents had become particularly worried about their daughter, Jeanine, who was twelve at the time, and was struggling with the trauma of losing her brother. A referral to Children's Aid was requested due to the mother's extreme despondency and the father's withdrawal after the suicide.

The focus of the intervention has been to support this family through this period of mourning with particular emphasis on assisting Jeanine to find a healthy ways of expressing her feelings of grief and loss. I have seen Jeanine individually approximately once every second week and I have had a total of 15 sessions involving either the whole family or the parents on their own.

Strengths

- Jeanine is learning to express her feelings and her deepest fears.
- Jeanine is able now to talk about the event of Kevin's suicide without immediately breaking down.
- Jeanine has maintained a friendship with her schoolmate Susan throughout this period.
- Jeanine has thoughts of taking her own life less frequently.
- Jeanine has succeeded in maintaining a passing grade at school.
- Jeanine is a thoughtful girl, who has a strong sense of justice.
- Jeanine uses poetry and song writing as a means of expressing her feelings. She has joined a community poetry club which meets once a month.
- Mrs P is successfully working in a part time position.
- Mr P has made great efforts to curtail the time he invests in work so that he can spend at least an hour more each day with his wife and Jeanine.
- Both parents have been committed to ensuring that Jeanine attends her sessions here, and have also rearranged their schedules to be available for the family and parent focused sessions.
- The family has said that the counselling has been useful to them in that they have been able to explore really sensitive issues in a non judgmental environment and have also been able to get information about how families deal with losing a loved one through suicide.

Issues to address

- Jeanine was exceptionally withdrawn and sad when the counselling began. She had self harmed, inflicting superficial wounds on her wrists. This is less of a current concern, but Jeanine must continue to receive intensive support so as not to revert to such behaviours.
- She continues to have feelings of anger towards Kevin for having taken his life and feelings of guilt that she is still here, though these feelings are less intense than in the past.

- Jeanine has bursts of extreme anger, during which times she has damaged items in the home. She becomes remorseful after these incidents, and feels ridden with shame. Her parents are anxious about disciplining her as they fear these outbursts.
- Jeanine has found it difficult to keep friends, and apart from her connection with her best friend, Susan, is quite isolated.
- Jeanine is missing school about one day every week.
- When in school, Jeanine has trouble focusing on the material and has succeeded in passing by relying on her excellent memory.
- Jeanine has confided that she has thoughts of killing herself about once a month.
- There are days when Jeanine feels that she needs someone to talk to, but Ms P feels emotionally depleted and Mr P is not available.
- Jeanine says there are times when she feels that her mother relies on her to be her 'sounding board' as if she were an adult, instead of a thirteen year old daughter. This has the effect of overwhelming Jeanine.
- I wonder if Mrs P.'s need to be heard and supported is not met as she may not have actively sought support from her husband and/or other adult friends and family.
- Mrs P, who has been struggling with her own depression as a result of the event, still feels overwhelmed by needing to deal with everyday household chores. As a consequence, the home environment is becoming increasingly disorganized.
- It is my sense that the family feel cut off from their relatives and friends because of the circumstances surrounding Kevin's death. They believe that people have stayed away because it is too awkward to face them.

Conclusion

Losing a family member to suicide is a devastating and traumatic event. The adjustment afterwards becomes complicated by the fact that each family member deals with the feelings of grief in his/her own way. This may leave some family members feeling isolated and alone. Having a circle of support can be useful to individual family members.

I trust that through the discussion today you will, as a family network, identify strategies that would support the P family in further dealing with the impact of Kevin's death.

I am able to continue offering the family counselling if that is part of the plan decided on today.

Resources

Resources that might be useful to the family are listed on a separate sheet for their consideration.

COORDINATOR'S CHECKLIST FOR THE CONFERENCE

Ensure that

- ❑ you have arranged for payment of incidental expenses for the day;
- ❑ you have made arrangements for food: what should be ordered, for how many people; when it should be delivered;
- ❑ transportation has been arranged for family members;
- ❑ the child protection worker has set up transportation for children if they are in care;
- ❑ you have set up child care and that child care staff will arrange what they need for the day: activities, equipment, snacks;
- ❑ the speaker is arranged, if applicable;
- ❑ you have the worker's and other service providers' reports at least one week ahead of the conference, and have sufficient copies for everyone.

- ❑ Set up the room with
 - enough chairs
 - an agenda
 - a flipchart and markers for the plan
 - a central table with the Circle of Friends or symbols wanted by the family; pencils; writing pads; box of tissues
 - matches or lighter, and candle (if needed)
 - nametags for everyone plus a few blanks
 - nameplates for those that could not attend (optional)
 - phone with extension cord if this will be used
 - attendance register
 - evaluation forms
 - cups, tea, coffee, pop, cookies, sugar, milk, spoons
 - garbage cans
 - additional napkins, paper plates, cups and cutlery

- ❑ If you are using an unfamiliar venue ensure that you
 - know who to contact and what to do in the event of an emergency;
 - have keys and alarm codes ahead of time;
 - know the layout of the building;
 - check that washrooms are open;
 - have diapers, etc. for young children;
 - have whatever equipment the child care person needs.

AGENDA FOR FAMILY GROUP CONFERENCE

PHASE ONE

Welcome

- Review of agenda
- Housekeeping:
 - o Meal time
 - o The location of washrooms
 - o Reminder to complete attendance register
 - o Information regarding use of the phone
- Opening ceremony
- Introductions:
 - o My name is.....
 - o I am...(relationship to child)
 - o A hope I have for today is.....
 - o For subsequent conferences with the same family: A strength I see in myself and/or my family is...
- Guidelines for a respectful discussion
- Safety plan including support persons - who they are and their role
- Reports
 - o Referring worker
 - o Other service providers
- Questions from the family
- Speaker

PHASE TWO

- Family private time, including meal

PHASE THREE

- Review of plan
- Next steps
- Evaluation and closing
- Completion of Client Satisfaction Questionnaires (if these are used)

POST CONFERENCE CHECKLIST

PLAN

Write up plan on FGC Project letterhead including:

- Present and regrets: Family and service providers, including last names for all
- The agreed upon plan
- Sign off

Distribute to everyone invited to the conference within 10 days of the conference

INFORMATION ON FILE

- Name of family, FGC number and Referring Agency case number
- The plan
- Genogram (Family Tree)
- Names and status of persons contacted (e.g. Joan, mother) and dates of contacts
- Contact phone numbers and addresses of all invited
- Background information provided to coordinator by referring worker
- Reports read at conference
- FGC Statistics Sheet
- Case notes (if any kept)

Submit to Program Coordinator for review and filing.

THE ART OF FAMILY GROUP CONFERENCING: GETTING INTO THE DETAILS

The broad structure around which Family Group Conferences (FGCs) are built involves two phases: (1) the preparation of service providers and the family network for the conference, (2) the conference itself. But what skills are needed to ensure that those invited to the conference are able to participate maximally in the decision making? How does one facilitate a belief on the part of the family that this conference is a process over which they have some control and a process where they are partners in planning for their child?

PHASE ONE: PREPARATION

It is important to connect with the family members and service providers in a way that allows them to understand the process and to want to participate in the conference. Family members need to feel that they have a significant say and that the day is “theirs”. Service providers need to see the value of this process as it relates to their intervention with the family.

The initial referral

The referral for the conference has to come from the child protection worker involved with the case. The worker briefs the coordinator on the family background, whilst the coordinator gives them information on the FGC process.

The referring worker needs to be open to the possibility that a FGC could make a difference for the family with whom they are working. Where the coordinator is persuading the worker to use conferencing with a family, it is likely that there will be some resistance from the worker at various points of the process - even where the worker ultimately agrees to a conference. There may be some ambiguity when the worker presents conferencing as an option to the family. There is likely to be less flexibility on the worker's part in finding a mutually agreeable time for the conference. The worker is less likely to create the space for family decision making, introducing a number of bottom lines. The worker will probably also be more skeptical of the plan that is presented and may focus on potential problems in the plan rather than on the possibilities the plan raises. Should there be some difficulties with the implementation of the plan, the worker is more likely to revert to a unilateral decision making process rather than attempting to include the family as partners

It is crucial that the coordinator not have to “sell” the conferencing option to the worker. This is of course different to educating the worker and providing them with information about the program. Some ways of ensuring that the coordinator need not “sell” conferencing to a worker include education about conferencing, exposure to the model, training.

Inviting family members

Once a referral has been received the coordinator begins to link with family members to prepare them for the conference. The invitation to participate in family group conferencing needs to be carefully worded if family members are to feel that they could and should attend. It is important to stress that this is a voluntary process and that the child welfare worker will not hold a prejudiced view of the family if they choose not to participate in a conference.

Relatives get anxious if they feel they are being invited on the premise that they will need to offer assistance. Where family members are already actively involved in supporting the child and their nuclear family, there is often the fear that more will be required of them. Using words such as “supports” or “resources” reinforces the family member’s suspicion of conferencing. Members of the kinship system may also disqualify themselves if they feel that they do not know the details of the child welfare concerns or if they have not been involved with the family for a long time.

It is thus useful to invite family members on the basis that they have an experience of the family that will enrich the discussion. They are invited to participate and have a say in the decision making about the child.

Some family members feel that they do not have a clear idea of what the solution needs to be, and so they disqualify themselves on this basis. It may be helpful to talk about how, when the circle is widened, the brainstorming is easier and that a solid plan is more likely to emerge from this.

Family members may also respond to an invitation on the basis that this will allow them to affirm, renew or strengthen their connection with the child. The conference is about planning for the child rather than responding to the parents’ needs.

a. Who to start with

The temptation may be to start with whichever family member first becomes available to the coordinator. It is necessary, though, to be conscious of the power relationships within the family. For example where possible, beginning with the biological parent[s] is crucial, even if s/he no longer is the caregiver. Starting with them allows them to feel that they will have a voice in the process, and that one is sensitive to their feelings of being disempowered.

Where there has been domestic violence, it is important to begin with the individual who has been abused. He or she needs to feel safe enough to participate in the process. One should also be careful, though, not to exclude a father who has been abusive. Conferencing is an inclusive rather than an exclusive process. At the very least, the coordinator should connect with the father to elicit his views, and then should find a way that is acceptable to the family of having those views represented in the meeting. This may be through a letter, conference call or a relative speaking for the father. If the mother has appropriate supports in the meeting, and if a safety plan has been discussed, the family may be willing to have the father present at the meeting.

b. Who is invited

Ontario legislation requires that the parent give consent prior to any information that pertains to them being shared with others. It becomes important to balance a respect for an individual's legal rights with the conferencing principle of inclusiveness.

The most common roadblock is that family members do not want certain relatives invited and informed. It is important to respect the family's choice. Also, it is useful to explore what it is about that particular relative that causes concern. In some situations, family members may say "Well I don't want so and so burdened by our problems". It may be that that relative has their own difficulties and the family does not want to increase the stress level. It may be that the family is shamed by the child welfare involvement and do not want the rest of the family to know about this. It may be a fear of being humiliated or reprimanded by that family member. It may be fear of violence erupting during the conference.

Helpful questions include:

- When did you start to think that they did not want to be involved with your family?
- What would happen if X did attend?
- How would different family members respond if X was there?
- How have you/ your mom/your uncle managed with X in the past?
- What would help you to feel safe in that situation?
- Who would you need there to feel safe?

If one side of the family does not wish to include members of the other side of the family, the coordinator may suggest that the family may not yet be ready to come to a conference. It may be useful to postpone the conference.

Family members can often facilitate a coordinator's access to another relative. It may be that the mother does not speak to an uncle, but the grandmother does. The coordinator can then work through the grandmother to invite the uncle.

Ultimately, who attends the conference is negotiated by the family group through the coordinator.

c. Where to meet

Typically coordinators meet with family members in their homes. However, invitees need to be offered the choice whether to meet at their home, at the coordinator's office, or at a mutually agreed upon alternative venue.

The intent is to make it as easy as possible for the family member to meet with the coordinator.

Understanding the family's culture

Coordinators need to learn about the family's culture to ensure that the conference matches that as far as possible. This is picked up specifically in the venue chosen, the opening of the conference and the food served.

This is an opportunity for the family to have an actual say in arranging the conference.

In developing an understanding of the family's culture, one wants to learn very specifically how this family operates within their particular social, religious and ethnic context. No family is the same and one cannot make assumptions based on their origins or religion.

Some useful areas to explore are:

- the family's description of themselves in terms of ethnicity and belief;
- the children's view of the family;
- different family members' views on childrearing and child welfare involvement;
- extended family gatherings: who initiates this? When and what?
- who are the talkers, the listeners, the agitators, the peacemakers?

Consulting with someone who is familiar with the family's culture may also be useful.

Telling it like it is

One of the benefits of conferencing is that the child welfare concerns are clearly articulated, with specific and detailed information presented. This information is shared with all those invited to the conference as part of the preparation for the meeting. Participants know what the child welfare concerns are and can begin thinking and talking about options before the conference.

The coordinator must have a thorough understanding of the protection concerns before meeting with the family. The coordinator should meet face to face with the child welfare worker and the supervisor. The coordinator needs to know the child welfare bottom lines. This must be clearly stated at the outset. Should circumstances and thus the concerns change, the worker needs to immediately notify the coordinator. It is also useful for the coordinator to be well briefed about the strengths that have been observed in the family.

The coordinator being specific about the protection concerns and bottom lines enables the family group themselves to be specific as they discuss the issues and begin to formulate plans in the preparation for the conference.

In addition to being clear about the concerns, strengths and bottom lines, the coordinator also needs to address any safety issues directly with family members. The coordinator needs, for example, to tell an abusive father: "They are afraid that you will assault her during the meeting. What do you think can be done to make sure that this meeting is safe for everyone?"

Safety plans are very explicitly named in the conference.

Inviting the children

The children are the central focus of the meeting. It is important that they know a meeting will take place and the family will be planning for them. They need to know who is being invited, what will be discussed and what the day will look like.

The children would participate in a way that fits developmentally and is age appropriate. The information shared with the children also needs to match their age level and understanding. The manner in which the children participate will need to be respected. This includes attending or not attending.

Because children are vulnerable, it is useful to discuss with them how they will feel safe in the conference, as well as the option of having a support person. The children can be asked who they feel close to in the family. They may want that person to take care of them for the times that they participate in the meeting. Often the parent(s) may not be the best person to take on this role. It can be explained to the child that this is because the parents will be very involved in the discussion and will find it hard to make sure that the child feels okay in the meeting.

Children can be asked what they think the adults need to know in order to make a good plan. This can be written down by the child, or dictated to the coordinator. This can be given to the support person, who will read it to the family during the family private time. If the child has chosen a support person, it is suggested that the prospective support persons link with the child before the meeting.

The ideal venue is one where there is a meeting room, but also a play area, with child care for the children. This allows the children to participate in as much of the meeting as they choose to. Children enjoy the gathering of their aunts and uncles, grandparents and especially cousins. But they also closely monitor what is happening in the meeting, even when they are not in the room for all of the meeting.

Hearing relatives openly talk about the problems is in part anxiety provoking for the child, and in part a great relief as the secrecy has been removed. Knowing that the family has come together for the children and watching one's relatives together develop a plan for one's safety is incredibly affirming for the child.

Preparing the service providers

The service providers often are as nervous as the family about participating in the meeting. They may worry about being put on the spot and attacked for their view of the situation. There is also anxiety because this is a new and unfamiliar situation. Where possible, the coordinator should meet with the service providers individually, taking them through the process in the same way one would do with a family member.

Service providers also find it helpful if the coordinator reviews with them the different sections of their presentation.

There may be times where it is useful to bring all the service providers together before the conference to brief them about the process and their presentations. This is particularly helpful where service providers are concerned that another service provider has a view of the family that is significantly different to their own. It is normal for service providers to have diverse perspectives on the family. However, it is useful for the service providers to agree on the planning task.

The philosophy of conferencing is that the family group should have access to all information so as to develop an appropriate plan for the child. As a coordinator one needs to ensure that the story told by the service providers at the conference reflects as holistically as possible what is happening in the family, without belabouring concerns. The coordinator should also encourage all service providers to be transparent not only about their concerns, but what informs this position.

Foster parents are, at times, particularly anxious about being in the same room as the family members whom they may perceive as hostile. Discussing these fears ahead of the conference is important. Some foster parents have chosen to bring their resource worker to the conference as a personal support.

Supporting documents

It may be useful, both in the preparation phase and at the conference, to have pamphlets outlining Family Group Conferencing that relatives and service providers can review on their own. We have a version for adults and for children.

For relatives considering becoming caregivers, there is a pamphlet outlining the different options for care-giving (e.g. fostering, adoption, informal arrangements) as well as the associated procedures and legal implications. This pamphlet also lists the types of issues child welfare take into account when reviewing a plan.

The logistics

Ensuring that the logistics are attended to will facilitate a smooth conference. The coordinator needs to have the flexibility to be available on evenings or weekends if this is the only time that all family members can attend. Conferences are on average 5 hours long.

Conferencing scheduling can be a challenge as the date chosen needs to suit the child welfare team, the service providers, the members of the family group, and the coordinator. The principle is to ensure maximum attendance and to respect family availability. While some family groups may find a weekday convenient, this may be difficult for many. Family members who are in hourly paid jobs will typically be unable to afford to take time off. Thus a large proportion of conferences are held on the weekends.

It is stressed in the literature that a **venue** should be one that is at the very least perceived as neutral by the family, and thus child welfare offices should usually be avoided. Having the conference in a family member's home may also make it awkward for other family members to attend. The family group needs to feel that the venue affords them a safe, secure and comfortable environment. The ideal venue includes a meeting room, a play area, a kitchen, and a room where the service providers can gather during the family private time. The venue should also be available for the full day.

The coordinator will organize experienced **child care** to be available during the conference. This encourages families to attend: the children are near them and they do not have to incur the cost of babysitting.

Because it is difficult to predict the pace of the conference, it is helpful if someone other than the coordinator or family can attend to **refreshments and the meal**. If food is being delivered, someone needs to be available to get this. Food may need to be warmed up, and set up for serving. Family members may offer to cook the meal. If the family member will require additional time to prepare the food on the day, all family members should be aware of this so that the time can be factored in to the day.

Making **travel arrangements** for people coming from far away is a time consuming, but necessary process. In setting a conference date the coordinator needs to take into account the time that it takes to connect with relatives who are not in the same city, the time it takes for a letter of invitation to reach them, the lengthy visa application process, and the advance notice needed to book a reasonably priced ticket.

Family members living locally are encouraged to use taxis rather than rely on public transport. This is for two reasons: firstly, the conference is not a 'test of commitment' of family members and the intent is to facilitate attendance; and secondly, the conference is more likely to start on time if taxis are used. It may be easiest to allow family members to hail the taxis themselves, and then to reimburse family members, rather than booking a taxi on their behalf.

Translators/interpreters need to be used where a family group member is not fluent in English. It is helpful if the interpreter is able to review the reports prior to the conference, ideally with enough time to produce a written equivalent in the language required. Post-conference, the plan should also be translated for those family members who need this.

PHASE TWO: THE CONFERENCE

Agenda

The agenda should be written up clearly where everyone can see it. Even though the outline of the day will have been discussed with participants prior to the conference, it is worth reviewing.

Beginning and ending

It is useful when the participants are introducing themselves, to also ask each person to share "A hope I have for today...". Although participants do not always speak directly to the topic and sometimes share more general thoughts about the situation, this type of opening allows for a positive tone to be set.

Similarly, it is useful to close with an evaluation of the process. Again, some may offer concluding comments rather than an evaluation, but it allows each participant to share briefly, bringing closure for everyone.

It is also important to acknowledge all those that could not attend the conference but would like to have participated. Not all those invited will have wanted to write a statement or be available to be involved telephonically. One can also acknowledge those who stayed away to make it possible for others to attend. We have found that there may be situations where the presence of a deceased family member is still strongly felt by relatives, and again it is useful to acknowledge these people. This can

be done in any way that the family chooses, for example by putting a name plate of the person or photograph in the center of the circle.

Safety - emotional and physical

It is useful to consistently include an agenda item on “Guidelines for Discussion” as well as an item on “Support persons and safety plans”. The participants are asked together to generate guidelines for respectful discussion. The coordinator also reviews who has attended as support persons and reminds the group of the role of the support person. By covering these two agenda items one is addressing the emotional and physical safety of participants. Should a more specific safety plan have been developed, this should also be reviewed.

Next Steps

In the final part of the day, the plan is presented to the child welfare team. Knowing when to end the discussion about the plan is important. As a coordinator, one may want a clear plan that has been accepted by child welfare to confirm that the conference has been successful.

However, pushing a group towards consensus when they may not be ready is not useful, as this undermines the plan.

If there appears to be uncertainty regarding the plan or aspects of the plan, the coordinator should seek to establish what informs this. The family may need more information from service providers or may need more time to consider the practical implications of the plan.

The coordinator should be guided by the family as to what they see as the next step. It may be that the family wants to reconvene. It may be possible to schedule another conference the next day to accommodate those who have traveled some distance to attend. Conference calling also allows those from far away to participate in a second conference.

In some cases, the family may feel that certain members can meet with the child welfare worker and come to an agreement without calling a second conference. The family may also want to follow an interim plan and to meet again in one or two months, once they have had the opportunity to test out various options.

It is not the plan that determines if the conference has been successful, but rather the positive shifts that have taken place among the family network and between child welfare and the family: the family having a better understanding of the child welfare position; increased communication between child welfare and family; family feeling more connected with each other; a sense of working together rather than against each other; new resources found; and family experiencing their competency in a new way.

Conclusion

Convening a Family Group Conference is not a mechanical process, but indeed is an intervention in and of its self. The outcome of a conference is largely dependent on the

preparation process. Preparing family and service providers adequately requires skill, complemented by the belief that families are able to make good decisions about the safety and well-being of their children. As one grandfather remarked after experiencing the process of conferencing: "I didn't know we had such a strong family".

NEUTRALITY AND INDEPENDENCE OF THE COORDINATOR

The coordinator needs to be 'independent'

- The coordinator must have a dedicated and distinct role, separate from the child protection role and from the child welfare team of a child welfare agency.
 - the coordinator does not have access to client files or the child welfare agency database;
 - the coordinator does not read recordings or court reports;
 - the coordinator is not part of a child welfare team.
- The coordinator has the mandate to ensure model fidelity and integrity
- Checks and balances are used to maintain coordinator independence
 - one approach that has been successful is the development of a joint supervision model involving both local CAS and community service agencies, such as community children's mental health centres;
 - the agency is expressly committed to coordinator independence.
- Coordinators placed outside the agency need to be supported through
 - appropriate infrastructure;
 - supervision and training;
 - opportunities to network with other coordinators.

In the preparation phase:

- The coordinator needs to be independent, neutral and fair.
- The coordinator is invested in the process of the conference, not the plan or the concrete outcome.
- The coordinator understands that successful conferencing occurs when the family group takes leadership.
- The coordinator cannot give advice, but needs to help the family look at all the options.
 - The coordinator can outline the typical three options: the children live with the parents, with support/ the children live with someone from the family circle /the children are in care.
 - The coordinator can offer the family group different ways to think about this based on the experience of other families. For example, for a parent who needs support, this has been achieved by: having a strong network of people offering daily monitoring; having someone live with the parent full time; having someone live with the parent during the week; having the children go, with or without the parent, to relatives on the weekend.
 - The coordinator can review the typical components of a plan with the family: where the child will live, finances, access, school/daycare,

attention to special needs, supports available for parents, implementation date.

- The coordinator can advocate for the family's voice to be heard, rather than for the family's feelings or views.
- The coordinator may seek out information on the family's behalf. Where possible, the coordinator will connect the family member to the worker if the family has an immediate question they want answered.
- The coordinator cannot become an 'agent' of child welfare. For example, the coordinator will not assess the child caring capacity of any family member, nor will s/he assess the family group's ability to execute any plan. Rather, the coordinator communicates the concerns and bottom lines from child welfare to the family.
- The coordinator's job is limited to gathering information on who is in the family network, who should be invited, and whether they wish to attend. A family member may volunteer other information,, but the coordinator is not there to elicit it. The coordinator's job is to convey information to the family about the conferencing process to prepare them for the conference.
- The only information the coordinator conveys to child welfare is whom the coordinator has seen and who will be attending the family group conference. The coordinator may also convey to child welfare questions that the family group has that would be useful for child welfare to answer at the conference.
- The coordinator should assess whether the family group is ready for a conference. If the coordinator does not feel that they are ready, the coordinator tells them why and discusses with them what they want to do as a next step.
- The coordinator is not there to advise the family on how they should run their affairs.

At the conference:

- Avoid asking questions on behalf of child welfare or the family, unless you have received a clear cue from the party that this is a concern. Turn the question back to them. For example, "Jack, it sounded as if you are trying to ask child welfare about the court process". Then turn to child welfare to let them answer. Do not let your agenda influence your questions!
- Always ensure that everyone is heard. This usually requires active facilitation. You cannot be passive in part 1 or part 3.
- Do not go in and check up on families in the private time. However, at the end of part 1, remind the family group where you will be so that they can find you if they have something they wish to discuss outside of the room.

Alternative Dispute Resolution and the Principle of Impartiality

Context

- A key component of all forms of alternative dispute resolution (ADR) prescribed under the *Child and Family Services Statute Law Amendment Act, 2006* (Bill 210) is the involvement of an **impartial** facilitator who has had no involvement in the case and has no stake in a particular outcome. This principle of neutrality will be outlined in the ADR regulation.
- When neutral facilitators are involved in conflicts between child welfare service providers and families, they are able to guide the process, confront power imbalances that exist, and ensure that all of the parties/participants have an equal opportunity to participate in the discussion and negotiations.
- In some communities, there may not be existing infrastructure outside the local children's aid society (CAS) to sponsor and/or oversee ADR facilitators.
- Over the past several years, some CAS's used their core funding to designate specific staff to assume an ADR facilitation role.
- Best practice guidelines are deemed to be important to assist Ministry Regional Offices, CAS's, and other community service agencies in operationalizing the principle of neutrality when developing or enhancing ADR services in their communities.

Best Practice Guidelines

***The key is that the ADR facilitator must be viewed as being distinct from both the child welfare system and the court system.*

1. Dedicated function

- The ADR facilitator must have a dedicated and distinct role, separate from the child protection role and the child welfare team of a CAS.
 - For example, if a CAS has family group conferencing coordinators on staff, those coordinators must not assume dual role, i.e. functioning as a child protection worker or supervisor in some cases and as a family group conferencing coordinator for other cases.
- The ADR facilitator does not have access to CAS client files or the CAS information database.
- The ADR facilitator does not read CAS case recordings or court reports.

2. Infrastructure

- The ADR Facilitator should maintain an office and conduct ADR processes outside of the CAS office and outside of the court (where possible).
- With respect to child protection mediation or similar approaches, there may be exceptions where a court based office may be appropriate, where:
 - a court order prevents contact between the parties except at court;
 - where there are security or safety issues; and
 - where the ADR is being conducted on an “on-site” basis regarding narrow issues or cases before the court that day.

3. Transparency

- The ADR facilitator should work with the participants (including the CAS and the families) at the outset to clearly explain the process and the facilitator’s role.
- Where the ADR facilitator is a staff of the CAS, with a dedicated function, it is especially important for the facilitator to explain their role and their relationship with the CAS to families.

4. Accountability

- The ADR facilitator is invested in the ADR process, not to any particular outcome, and therefore, should not report to either party to the dispute.
- Checks and balances should be established in order to maintain facilitator impartiality.
- One approach that has been successful in the case of family group conferencing coordinators, is the development of a joint supervision model involving both local CAS’s and community service agencies.
- Where the ADR facilitator is a staff of the CAS, with a dedicated function, the facilitator should not report to a child protection supervisor but to someone at a more senior management level, in order to avoid any perceived or real conflict related to specific child protection cases.

5. Community of Practice

- ADR facilitators should be supported in maintaining their impartiality through:
 - appropriate infrastructure;
 - supervision and training; and
 - opportunities to network with other facilitators.

SERVICE PROVIDERS INVOLVED IN THE FAMILY PRIVATE TIME

- The general rule is that service providers do not attend the family's private time.
- When a family member asks to have a service provider present as a support, explain the rationale for not including service providers in the private time. This is to allow the family to actively develop their authentic voice. When service providers participate, their voice tends to be given disproportional weight.
- Explore whether there is someone in the family group that can play the same role, or if there are other interventions that might help the family member feel emotionally safe in the meeting and able to voice their opinions.
- A family member may feel that they are supported if they know the service provider is remaining on site, and can be called upon if absolutely necessary.
- If the family member insists that the service provider accompany them, explain that other family members have to agree to this.
- In the highly unusual circumstance that a family member insists on having the service provider in the room as their support throughout the conference, and where other family members agree to this, it is imperative that the coordinator fully briefs the service provider.
- In briefing the service provider, it is important to meet face to face. The service provider should be led to understand that under no circumstances should they attempt to direct the plan, to express their personal views, to assist with communication, to mediate, or to write up the plan. Their role is solely to support the family member, and to speak on their behalf when this is needed. The role is generally a passive one, with the support person only stepping in when the family member indicates that they are not being heard and want the support person to speak for them. The support person will also enable the family member to deal with their emotions, so may comfort them, calm them or encourage them to leave the room for a time out.
- Coordinators should recognize the extreme pull service providers feel to help out or to rescue the family.
- Faith leaders often have an ambiguous role as may be a service provider, but also viewed by the family as part of the family network. All family members would need to agree to have the faith leader in the private time.

- There also should be flexibility in adapting the model to the family's needs. In one family for example everyone agreed that a minister and certain friends should attend the conference. However the family did not want them to participate in the private time. At the end of the first phase each of these invitees was asked to tell the family what they felt the family should take into consideration when developing a plan.

INVOLVEMENT OF LAWYERS IN FAMILY GROUP CONFERENCES

Lawyers are not invited to conferences, as one wants to avoid both an adversarial situation and one where the needs of one individual are focused on. The philosophy of conferencing is for the collective to develop a plan which all believe are in the child's best interests and which each member believes they can support.

When parents/ caregivers would like their lawyers present:

- clarify that this is not part of the practice of conferencing;
- establish what the concerns are, and why the individual wants to invite their lawyer, as you may be able to resolve these issues;
- offer to speak to the lawyer to explain the process;
- when speaking to the lawyer, emphasize that:
 - o the client is not obliged to agree with the plan at the end of the day;
 - o the client retains the right to present their own plan in court;
 - o it is useful for family members to engage in the process with the idea of contributing to the decision making.

SUPPORTING CHILDREN IN THE CONFERENCE PROCESS

Children of all ages are encouraged and invited to attend the conference because:

- They are affected by the decision.
- It helps them to see the circle of support.
- Secrets come into the open.
- Children need to hear their family circle develop a safe plan.
- The child's presence helps the family focus.

Role of the Coordinator

The coordinator will meet with the children to:

- ask the children to identify who is in their family
- introduce the concept of an FGC
- explain why a conference is being held
- explain how the conference will work
- explain coordinator's role
- give the children an idea of who has been invited
- hear if the children think anyone else should be invited
- establish who the child feels close to in the family group and will explore if it is useful to the child for that person to be the child's support in the meeting
- explain that the support person is an adult who will help the child get through the meeting by telling the other adults what the child is thinking and comforting or encouraging the child where necessary. This support person typically would not be a parent as they 'have too much on their minds to be able to take care of you in the meeting'
- inform the child that they can be in the meeting as much as they choose and that they can go into the play room at any time. The adults in the conference might also ask the child not to be present for part of the meeting
- ask the child what issues they think should be discussed at the conference
- ask the child to say what they think the adults should know so that they can make a good decision. S/he can write these down for the child or help them to write it down.

- not push the child to attend if it is sensed that the child has reservations about attending. Where appropriate (because of age, language ability and maturity) the coordinator would explore these reservations with the child.
- perhaps ask the child to prepare the invitations for the conference

Aids

- drawings of family
- dolls representing family members
- conferencing video

Role of Caregivers and Service Providers

- **Talk** to the child /youth after the meeting with the coordinator about the child's **anxieties, fears and hopes** regarding the meeting.
- If the child has not yet identified “**What the adults should know so they can make a good decision**”, support the child in working this out. Some questions that might help include:
 - what I like/don't like about how my family is doing things;
 - what I worry about;
 - what I want to say to the adults is.....

This does not have to be done in one session. Information can be gathered in bits. It is helpful if the child writes down their answers to these questions. The caregiver may need to write the child's statement down on their behalf.

- If the child/ young person has not done this with the coordinator, then help them identify who could be a good **support** for them in the meeting (not parents or service providers), and inform the coordinator. It is good to have a support person that will also be available after the conference to help youth deal with the adults. The child/youth can also invite **peers** to attend.
- Child/youth has to let coordinator know what **take out** they would like for the conference.
- The youth/child may want a special way of **opening** the meeting. Help them figure this out. It can be anything e.g. starting with a song, a favourite piece of music, a poem, a prayer, a few words, lighting a candle. Inform the coordinator once a decision has been made either way.
- The child may need **support in the time leading up to the meeting** especially if conference dates are changed or if it is not certain who will indeed attend the conference.
- Child welfare workers/residential staff need to **arrange for the child to be at the conference**.

- **After the conference**, the children may want to talk about how they experienced the day and what they feel about the decisions that were made at the conference. If the decision involves a placement change, the child will need to be prepared for this.

CULTURE AND FAMILY GROUP CONFERENCING

- FGC is a culturally sensitive intervention.
- Appreciating a family's unique culture is critical in effective preparation and implementation of FGC.
- Coordinator to take account of both "Big C" and "Small c" culture.
 - "Big C" culture: the patterns of behaviour, beliefs, values, customs and institutions that are associated with ethnicity / nationality / race / class / religion.
 - "Small c" culture: the unique, localized culture that individuals and groupings such as families create for themselves over time within the context of their "big C" culture, filtering or reshaping it through intergenerational experiences.
 - Family cultures are reflected in the norms, values, and rules by which particular families operate, for example, in the ways issues are handled, and how power is ascribed to members.
 - Coordinators must also be aware of the respective cultures of the service providers, the coordinator's culture, and, in general, the organizational culture whose influence is apparent in the policies and models under which its workers practice.
- Factors that shape the unique family culture:
 - Cultural heterogeneity within the family.
 - Intergenerational differences regarding family roles and decision making.
 - Different interpretations/identifications with the culture in terms e.g. of dress, food, religious practices.
 - Duality of cultures: in immigrant context, attempting to manage both dominant culture and culture of origin, which might be in conflict with each other. Family members may place different priorities on what is valued in each culture.
- Expression of the unique family culture in:
 - Conflicts in child rearing practices.
 - Perspectives on personal rights.
 - Age and gender roles.
 - Individual or collective decision making.
 - Isolated versus connected families: Close connections can be a support and a threat.
 - Importance of immigration story.

- Incorporating cultural practices into the conference:
 - Families will choose if wish to mark the beginning of day through opening statements, prayers, songs, music, dance, silence, readings, lighting of candles or no ceremony at all. The Coordinator must establish how much agreement there exists around using an opening ritual, and help family to negotiate any disagreement.
 - Role of coordinator
 - Cultural awareness, use of ethno-specific agencies, interpreters and translators.
 - Awareness of own lenses and perspectives.
 - Understanding of impact of dominant culture.
 - Pool of coordinators should be diverse.
 - May or may not be appropriate to match culture.
 - Immigration story is important: Past experience with authority.

ENGAGING FATHERS AND OTHER MALE RELATIVES IN THE FGC PROCESS

The predominant trend is to view:

- **Fathers as invisible**
 - Often invisible and overlooked.
 - Focus tends to be on mothers, as they are typically seen as responsible for the child's welfare.
 - Workers may not pay attention to the father even if he is present, as focus is on the mother.
 - Mothers' views of fathers are frequently taken as fact and not investigated further.
 - Children often understood to be "fatherless", particularly when father lives outside of the home even if the father remains involved with the child.
 - In reconstituted families, male partner often is assumed not to be involved in parenting activities.
 - Often fathers are thought to be transient.
 - Male figures in the home sometimes viewed as interchangeable.
 - Fathers may need to prove paternity before will be engaged by service provider.
 - Fathers are more likely to be involved by service providers in single father families rather than in multiple father families.

- **Fathers as a liability**
 - Perception of workers may be that fathers are a burden and drain on the family, being insufficiently involved and abusing limited household resources.
 - Alternatively fathers may be seen as irrelevant or unimportant as mothers are seen as having primary child rearing role.
 - Absent men assumed to be irresponsible and neglectful.
 - These views persist despite evidence that men are more involved than service providers believe they are.
 - Men may censor themselves as being non-important to childrearing and then may be perceived by themselves and others as 'not caring'.

- **Fathers as a threat**
 - Stereotype is that fathers are abusive or violent.
 - Only small percentage of sexual abuse committed by fathers and step fathers.
 - Service providers may not believe that a sexual offender can be engaged positively at all.

- Perpetrators of domestic violence are expected to leave the home and may be entirely ignored in service provision.
- Fathers from minority groups more likely to be viewed as dangerous.
- Workers see men they do not know as potential threats.
- Loud behaviour is interpreted as aggressive behaviour.

Systems reinforce stereotypes:

- Facilities such as visitation and parenting programs may not be ‘father friendly’; fathers may not be invited into case conferences.
- The father’s knowledge of the child is frequently overlooked or disregarded.
- Workers are less likely to connect with working fathers, though they will accommodate working mothers.
- Financial supports tend to be available only for custodial parents, leaving fathers outside of the home with fewer supports, though still held accountable financially.
- Court processes may discriminate against fathers.
- Fathers may not be sought out or may be excluded from court orders.
- Fathers may have to go to greater lengths than mothers to prove commitment to child and to secure access.
- A female in the home may be required before a child is placed with the father.

Should involve fathers because:

- They do and can contribute to child’s well-being in terms of parenting, economic help, social support and child development even if not living in the home.
- Involving fathers is likely to lead to greater involvement of paternal relatives.
- Stereotypes applied to fathers often spill over to other male relatives.

In the conferencing process

- Coordinators may hold similar stereotypes and thus need to be aware of what attitudes they hold.
- Philosophy of inclusion does mean that men are typically more involved in conferences than traditional child welfare procedures.

Role of coordinator in the preparation phase:

- When meeting with referring worker, establish if they know who the father/s are, even if there has been no contact.
- Begin with a genogram (family tree) that also includes half and step siblings.
- May use data banks or place advertisements to find fathers.

- Approach fathers with respect and without making assumptions about who they are.
- Remember that everyone in the family has a right to be invited to the conference. Safety plans will be worked out where necessary.
- Mothers may have concerns about the father's involvement:
 - She may object to father's involvement, feeling that his presence will not be constructive.
 - She may misinterpret that inviting father to the conference means that he will become the caregiver or have unsafe access to his child.
 - She may need to "hide" the father e.g. if the father is in the country illegally and there are worries that this will be exposed during the conference process, or when there are "spouse in the house" rules.
 - Thus:
 - Explore with mothers their concerns
 - Help mothers understand the process
 - Where appropriate, develop safety plans
- Fathers may avoid coordinator
 - May feel that they have been labelled ahead of time
 - May feel that this is 'women's business'
- Make every effort to contact father.
 - Use mother or other relatives as access to father.
- Discuss with children whom they would like invited to conference.
 - If want father there, let children know that will pursue this but cannot guarantee his attendance.
 - Mother may shift her perspective if knows child wants father in attendance.
- Be aware of how cultural norms may impact male involvement in FGC process.
- Meet with the men in the family to prepare them for the conference. Do not assume that women can or will relay information to the male relatives.
- If safety appears to be a valid concern, meet male family member
 - In a public place
 - With another coordinator
- The coordinator needs to see beyond negative aspects of a father/male participant's character.
 - Understand that "loud" is not necessarily "aggressive".

- Understand that a child may still want to have a safe relationship with this man.
- Understand that the man can still make a positive contribution to the conference.
- The mother and others in the family circle may know how to contact paternal relatives even when the father is uninvolved.
- Important to review service providers' reports to ensure that
 - They do not reinforce stereotypical practices;
 - They speak to the involvement and protective capacities of men in the family group.

Role of coordinator in the conference:

- Model respectful and open communication for other service providers.
- Be aware that family members might disqualify men from involvement in care-giving as they may believe that a male will not be considered adequate by the service providers. For example, they may put an aunt forward as a caregiver instead of a dad even when they know that he will actually be the primary caregiver.
 - Conference coordinators need to understand the influence of gender and how this may impact the conferencing process.

DEVELOPING SAFETY IN THE FAMILY GROUP CONFERENCE

- The guiding principles are:
 - physical and emotional safety of everyone attending the conference both at the conference and post conference
 - inclusiveness
 - the maintaining and building of safe relationships
 - trust in the process
- The coordinator is alert to family members raising safety concerns. This can be done by:
 - If someone suggests that they may feel unsafe in the conference, establishing whom they fear, and also what behaviours they fear.
 - Exploring with the person what might help them feel safe in the conference, for example, the presence of others, a wide circle, a support person, having breaks.
 - Asking permission to raise this concern with others being invited to the conference.
- A person who anticipates that they will not be safe in a conference does not have to attend, but may ask for a representative to go in their place or submit a statement that is read in the conference.
- When inviting other family members, explore with them how they might be able to help create safety in the conference.
- Discuss these fears with those family members who are perceived as potentially abusive,
 - Explore with them how they will maintain safety at the conference.
 - Focus on the behaviour rather than the individual, asking ‘what needs to be done to ensure that there is no domestic violence?’ Blaming is not helpful and pushes people to take positions, escalating the conflict.
- The family group may decide to exclude the person who is perceived as potentially abusive, but a coordinator should not assume that this will be so.
- Support persons
 - Encourage those who feel vulnerable to attend the conference with a support person.
 - Children should always come with a support person.
 - The person who is perceived as potentially abusive may also want to choose a support person.
- If someone is excluded, they may ask for a representative to go in their place, may participate by phone or may submit a statement that is read in the conference.
- A family member may be prohibited from being at the conference because of a bail or probation condition. The condition can be amended with the permission of the parties concerned, and the approval of the Crown Attorney. A hearing to vary the

bail conditions probably will be required. A letter from the coordinator supporting the participation of this individual at the conference may be needed. The entire process can be a lengthy and costly one.

In the case of domestic violence:

- The 'abuser' needs to admit to having committed the abuse before the conference can proceed. Depending on circumstance, the abuser has to agree to work within the parameters prescribed by the mandating authority or referral source. For example, based on the assumption that there is domestic violence, the partners cannot live together until child welfare is assured that the issues have been addressed.
- It should not somehow be assumed that paternal relatives support the father's abusive behaviour.
- The coordinator is not there to assess if domestic violence occurred. The coordinator does need to assess if it is safe enough to proceed with a conference.
- The coordinator does not need to have participants admit that there is violence or 'convince' them. However, the coordinator does need to explain why the referring source believes there is domestic violence, and specifically 'names' the behaviour. As well, the coordinator needs to be able to explain the dynamics of domestic violence, and impact on parties, without blaming. Thus the coordinator needs to be crystal clear without minimizing or blaming.
- In the preparation stage:
 - Consideration must be given to how the woman and the man are contacted to invite them into the conference process.
 - It may be difficult to see the individual who has been abused alone and it may place them at risk. If the couple is still together, it is better to see them jointly. You can then ask to meet with each individually.
 - The coordinator should leave a business card and emergency numbers for both parties. The emergency numbers are of suitable resources. The coordinator does not become the worker in a crisis.
 - The coordinator needs to discuss the potential for violence at the conference and post conference with other participants in the preparation phase.
 - The coordinator will help the family identify what safety plan is needed for the conference.
 - If the alleged perpetrator promises to 'be good', the coordinator needs to have the perpetrator identify how this will be done and what strategies will be used. The individual who has been abused can indicate if this does not leave them feeling safe.

- The coordinator will help the abuser and family members identify “triggers”.
 - Let the family group take responsibility for the safety in the conference and develop a plan in advance of how this will work.
 - The plan in the conference is to address post conference safety.
- At the conference:
 - Discuss the safety plan explicitly at the conference.
 - Remind the family group that you will be on site and available.
 - Remind the family group that they may want to include strategies for maintaining safety after the conference in their plan.
 - Do not hold the conference if the threat of violence has not been dealt with.
 - The family group may wish to appoint someone in the circle who will call 911 if believe the situation is becoming threatening
 - Keep your cell phone with you and call 911 if it becomes necessary to do so

Note that the overwhelming experience from FGC projects is that violence almost never happens at conferences.

SECTION 5

ROLES & RESPONSIBILITIES

Role and Responsibilities of Referring Worker

Role of Conference Coordinator

Role of Program Coordinator

Role and Responsibilities of Child Care Worker

Measures of Accountability

ROLE AND RESPONSIBILITIES OF REFERRING WORKER

- To become familiar with the purpose, processes and procedure of Family Group Conferencing.
- To discuss with the supervisor any families that could be considered for conferencing.
- To discuss possible referrals with the coordinator.
- To approach the identified family, brief them on the process regarding conferencing and invite them to participate.
- If the family is interested, to have parents sign consents, and inform the coordinator.
- To meet with the coordinator (and the supervisor, if appropriate) to brief him/her on the history of the family's involvement with the agency, the perceived strengths in the family, the risks threatening the children, the perceived needs of the children and the reasons for the referral.
- To liaise with the coordinator on an ongoing basis and to keep both the coordinator and in the child welfare context, the supervisor informed of any significant developments in the family.
- To prepare a presentation for the conference which outlines:
 - 1) who the worker is and a summary statement of the family's involvement with the agency;
 - 2) strengths in the family;
 - 3) concerns and risks identified in the family and the impact these have had or might have on the children's safety and well-being;
 - 4) any legal constraints and/or bottom lines.
- To draw up a list of resources that may potentially be useful to the family.
- To review the proposed report with the supervisor and coordinator at least a week ahead of the conference.
- To make transport arrangements for any children in care.
- To ensure that other members of the team are apprised of the process and involved as appropriate.
- To be present (punctually) at the conference and to make the presentation.
- To remain on site for the Family Group Conference.
- To approve or veto the plan presented by the family depending on the extent to which the plan addresses the risks and meets the safety and well-being needs of the children. To present the plan to court if applicable.
- To provide services as agreed in the plan.
- To support and monitor the implementation of the plan, as commensurate with your role.
- To liaise with the coordinator regarding any repeat conferences planned, and to participate as above in such conferences.

ROLE OF CONFERENCE COORDINATOR

- A. The coordinator is responsible to the designated supervisor.
- B. The coordinator carries out the following tasks:
 - a. Before the conference**
 - i. Works with the families referred so that they clearly understand the process of Family Group Conferencing.
 - ii. Assists families in determining who should attend the meeting so that they will be able to develop a workable plan to ensure the child's safety and well-being.
 - iii. Connects with community resources that can assist in FGC, and uses language or cultural interpretation where appropriate.
 - iv. Identifies service providers in conjunction with both the child protection worker and the family.
 - v. Identifies with the child protection worker and the family whether it would be useful to have a speaker, and then identifies an appropriate person to fill that role.
 - vi. Prepares consultants, service providers and speakers for the conference, and reviews any reports to be presented prior to the conference.
 - vii. Organizes the logistics for setting up the conference including venue, transportation, refreshments and childcare.
 - b. During the conference:**
 - i. Facilitates Family Group Conferences where the family members meet with the service providers involved with the case, including the child protection worker, in a manner that allows the family to understand the strengths and the risks clearly, and where the family members are provided the space to develop a plan ensuring the safety and well-being of the child.
 - ii. Reconvenes the FGC when the family has a plan to be presented to the child protection worker and supervisor for approval. This would include assisting the family to regroup if the first plan is not acceptable, or if aspects of the plan need further discussion.
 - c. After the conference:**
 - i. Arranges a further conference if the planning initially is unsuccessful or if the family have requested a second conference.
 - ii. Sends out a copy of the agreed upon plan to all participants within 10 days of the conference.
 - iii. Compiles all the information required for the file within two weeks of the conference.
 - iv. Reconciles the finances and submits the necessary financial reports.

d. Ongoing

- i. Is available to the family if they require further explanations or information.
- ii. Works cooperatively with the staff from the partner agencies.
- iii. Keeps the Program Coordinator informed of developments

Skills and knowledge required

Essential:

- Excellent clinical skills
- Thorough knowledge of Family Group Conferencing
- Proven non judgmental respectful way of working with families
- Sound assessment and interviewing skills
- Sound case management skills
- Good organizational and time management skills
- Proven ability to work in diverse communities
- Crisis intervention skills
- Ability to work in a team
- Good writing skills
- Ability to work independently
- Commitment to professional development
- Solid knowledge of family systems theory and child development
- Familiarity with child welfare procedures and their legal mandate
- Ability to access resources
- Willingness to do research

Assets:

- Ability to speak other languages
- Representative of a diverse community

Qualifications:

Post secondary diploma or degree in human sciences

ROLE OF PROGRAM COORDINATOR

A. Accountability

- a. Reports to the Steering Committee (or equivalent).
- b. Receives supervision on a regular basis.

B. Recruitment

- a. Works with the Steering Committee (or equivalent) to identify appropriate agencies and /or individuals for recruiting potential conference coordinators from diverse communities.

C. Training

- a. Develops training and education materials that are appropriate for child welfare staff and conference coordinators.
- b. Coordinates and provides training.

D. Overseeing conference coordinators

- a. Provides the conference coordinators with appropriate direction, consultation and support.

E. Promotion and Public Education

- a. Shares information about the program model, including outcomes, with relevant groups in the community.
- b. Encourages use of the program by community agencies serving families that have child welfare involvement or children's mental health involvement.
- c. Develops a supportive network for the program in the community.

F. Project development

- a. Identifies methods of responding to current barriers in referrals and implements such methods.
- b. Identifies appropriate means of dealing with the work that is generated after the FGC and that is currently being carried out by the child welfare staff.
- c. Works with the Steering Committee (or equivalent) in terms of identifying appropriate funders and develops the funding proposals.

G. Professional development

- a. Enhances knowledge and skills through use of supervision, reading and training opportunities.

H. Family Group Conference coordination

(as outlined in the Conference Coordination Role)

Skills and knowledge required

Essential:

- The skills, experience and knowledge outlined in the coordinator's job description
- Management and supervisory/mentoring experience
- Experience in program development
- Excellent documentation skills
- Training and facilitation skills
- Presentation skills
- Flexibility, ability to work independently, self starter

Assets:

Experience in working with boards and committees

Qualifications:

Social work or related degree

ROLE AND RESPONSIBILITIES OF THE CHILD CARE PROVIDER

Qualifications

- Experience with children is required
- Must have valid police and health background checks
- Valid CPR and First Aid certificates

Responsibilities

- To provide child care and age appropriate activities for a maximum of 5 children of various ages and some with behavioural or developmental challenges.
- To assist with the provision of refreshments and the meal, including set up and clean up.
- To maintain a clean and organized work space and storage areas.
- To assist with ordering taxis if these are needed at the end of the conference.
- To arrive an hour in advance to set up the room for the children and assist with refreshments as needed and to remain an hour after the conference to clean up.

Conferences typically are held after hours. On weekends, conferences usually begin at 9.30 a.m. and continue until the later afternoon, early evening. Conferences held in the evening will usually start at 5:00 p.m. and continue until 10:00 p.m.

MEASURES OF ACCOUNTABILITY

The coordinator is accountable for:

- complying with the Duty to Report;
- adhering to the standards of confidentiality;
- ensuring participants are adequately prepared for the conference;
- ensuring a safety plan is put in place where needed.

The coordinator is not responsible for assessing parenting capacity, family functioning, or the family group's ability to implement a plan.

Measures of agency and coordinator accountability can include:

- Maintaining a data bank of statistics that reflects such information as who has been invited to the conference, who has attended, what the plan is for the child etc. (See the Statistics sheet).
- Conference participants completing Client Satisfaction Questionnaires. (See Client Satisfaction Questionnaires).
- Annual performance evaluation with coordinators.
- Annual Reports to Board/Steering Committee.

Ongoing research and evaluation.

SECTION 6
TRAINING COMPONENTS

Training Components for Prospective Coordinators

Basic Training

Advanced Training

Apprenticeship

Ongoing Professional Development

TRAINING

Training for referring workers and other stakeholders:

- Attend Basic Training or attend a presentation that provides an overview of the philosophy and practice of conferencing.
- Decision-makers need to attend a session that deals with the development of an organizational culture that supports conferencing.

TRAINING COMPONENTS FOR PROSPECTIVE COORDINATORS

- familiarity with relevant child welfare processes and policies
- familiarity with dynamics of domestic violence
- understanding of and identification with philosophy of conferencing
- understanding of practice of conferencing
- how to adequately prepare family members and service providers for a conference
- attending to the logistics of conferencing
- facilitating a conference
- advanced understanding of practice of conferencing
- the importance of culture
- the preparation of children
- creating safety
- supporting workers in preparing reports
- dealing with challenges
- familiarity with recording and accountability procedures

TRAINING PROGRAM

1. Basic Training

Target group: referring workers; prospective coordinators; other stakeholders

Goals:

To develop:

- an understanding of the history, philosophy and benefits of FGC
- familiarity with the conferencing process:
 - o referral
 - o preparation process
 - o conference stages
 - o post conference

2. Advanced Training

Target group: prospective coordinators; child welfare staff interested in a deeper appreciation of the process

Goals:

- to develop an appreciation of role of culture in conferencing
- to develop and enhance skills in:
 - o preparing children
 - o preparing family members and service providers
 - o facilitating safety for participants
 - o anticipating conferencing challenges
 - o preparing reports

3. Apprenticeship: (where available)

Target group: Prospective coordinators who have completed the Basic and Advanced Training

Process: The apprentice shadows an experienced coordinator.

Each apprentice is expected to attend at least three meetings with family members and two with service providers, including the briefing by the referring worker. The apprentice is also expected to observe a conference.

Apprentices are expected to be familiar with the manual and relevant literature on Family Group Conferencing.

Once the Program Coordinator deems that the apprentice has an adequate grasp of conferencing, the trainee can take on a case. An experienced coordinator is allocated as a mentor who will, where possible, shadow the apprentice. The mentor will be on hand for the trainee's first conference.

The Program Coordinator will make a recommendation as to when the trainee is ready to work independently.

Apprentice coordinators who do not have a background in child welfare can become familiar with child welfare issues by doing relevant reading and shadowing a Family Service Worker.

4. Ongoing professional development

Experienced coordinators should have access to:

- regular supervision/consultation
- peer supervision and support (either through agency meetings or regional/provincial meetings)
- training that explores advanced coordination issues

For training opportunities, contact the Program Coordinator at the Family Group Conferencing Project of Toronto.

**SECTION 7
RESEARCH AND EVALUATION OVERVIEW**

Outcomes of Family Group Conferencing

Safety

Stability

Satisfaction

Strengths and Relationships

The Family Group Conferencing Project of Toronto Research and Evaluation

Process Outcomes

Satisfaction

Effectiveness

Results as of May 2006

Outcomes of Family Group Conferencing

Although outcomes-based research is somewhat limited, evidence and experience suggest that the Family Group Conferencing (FGC) process contributes to several positive outcomes for children and families. Some of these outcomes include: increased safety for children, fewer children placed in or remaining in care, greater stability in placements, satisfaction with plans and improved relationships both within the family group and between family members and service providers (Cashmore & Kiely, 2000; Marsh & Crow, 1998; Pennell & Burford, 2000; Sieppert, Hudson, & Unrau, 2000; Shore, Wirth, Cahn, Yancey, & Gunderson, 2004; Vesneski & Kemp, 2000).

Safety

Early evidence of the effectiveness of FGC comes from the Family Group Decision Making Project implemented in Newfoundland and Labrador by Pennell and Burford (2000). This project was one of the earliest applications of FGC in North America. A total of 32 families participated in the FGC project with the majority of these referrals originating from child welfare. Although abuse and neglect were primary reasons for referrals, family and cross-generational violence also was evident in FGC families. Outcome indicators of the project included interviews with family members and assessment of child protection events pre- and post-conference for both project families and families from a comparison group ($n = 31$). A total of 115 participants from 28 family groups completed interviews at points ranging between 4 and 27 months post-conference. The majority of participants (76 of the 115) felt that the family was better off as the result of the conference. Twenty-two participants felt there had been no change whereas seven participants indicated that their family situation was worse. In terms of safety, the total number of child protection events was 233 for project families prior to conference versus 129 for comparison group families suggesting greater initial difficulties for project families. Post-conference, the total number of child protection events was cut in half for project families, decreasing to 117 events. Conversely, protection events increased to 165 for the comparison group. Specific areas reflecting this changing pattern from pre to post-conference included emergency visits to home on report of abuse or neglect, emergency apprehension and substantiated reports of abuse or neglect. Overall, child protection activity decreased for project families as did incidents of wife/mother abuse. Overall, the findings suggest that the FGC process contributed to improvements in the family situation and increased safety for children and other family members.

Although evidence from Pennell and Burford (2000) suggests that FGC offers positive outcomes for children and families, a recent study has provided somewhat mixed findings. Sundell and Vinnerljung (2004) compared long-term outcomes of 97 children involved in 66 FGCs to a random selection of 104 children from Child Protective Services. The groups were compared at the index investigation (i.e., the investigation when FGC occurred) and at 6-month time intervals over a 3-year period on factors such as referral rates, reports by extended family, substantiated problems, service provision, out-of-home care, and case closings. Generally, FGC children were more likely to be re-referred in the 3 years following index investigation with a greater number of these referrals being substantiated relative to the comparison group. Overall, the number of children receiving services decreased over time for both groups, however, FGC children tended to receive services for a longer period of time than the comparison group. Although FGC children were more likely to be placed in out of home care and for longer

periods the comparison group, FGC children were as likely as to move from placements outside the home to in-home services.

The findings of Sundell and Vinnerljung's (2004) study must be interpreted with caution. Although these outcomes are perhaps less positive than predicted, it should be noted that at the index investigation, children in the FGC group were more likely to have been previously investigated by child protection and to have greater severity of problems than children in the comparison group. This suggests that the groups were not comparable with FGC families experiencing greater difficulties at the outset. With this perspective, the gains made by FGC families may be considered to be relatively greater than those of the comparison group. Further to this, because there is limited information regarding the history and severity of problems prior to the investigation leading to the FGC, it is not known if the FGC may have ameliorated more negative outcomes for these children and families. Finally, the FGC model adopted in the study appears to be inconsistent with that of the New Zealand Model with families appearing to serve a "policing" versus planning role.

Stability

In addition to increased safety, there also is evidence in the literature of increased stability in placements of children who are planned for through the FGC process. Shore et al. (2004) investigated 70 conferences that occurred in Washington State and found that re-referral rate post-conference for 133 children was fairly low at 6.8%. They also found that placements tended to be stable with approximately 10% (14/137) experiencing a change in planned care.

Satisfaction

Although safety and stability for children are critical outcomes, fulfilling plans and participant satisfaction with the FGC process also reflect relevant outcomes. Research shows consistently high satisfaction rates with the FGC process. Sieppert et al. (2000) reported that the majority of 143 participants completing evaluations reported high levels of satisfaction with their level of preparation for the conference, people attending, freedom to express themselves, and the plan that was developed. Marsh and Crow (2000) noted similar levels of satisfaction for family members around plans. Similarly, Sundell and Vinnerljung (2004) found that the majority of 413 family members participating in 66 FGC's were satisfied with various aspects of the FGC process including opportunity to express their views, having their opinion respected, the plan developed through the process. Although satisfaction may be high initially, Marsh and Crow found satisfaction with plans decreased in the 4 – 6 months post-conference due to problems with plan implementation.

Strengths and relationships

Other positive outcomes also have emerged from the literature on FGC. For example, Marsh and Crow (2000) found that social workers and other service providers tended to be impressed with plans developed by families particularly in terms of the creativity of plans and, in some cases, plans forced service providers to reconsider the child's situation. Vaneski and Kemp (2000) add another dimension to the FGC literature by providing a brief thematic overview of strengths identified via a qualitative analysis of intake sheets and family plans. Although methodology and specifics of the analysis are not reported, themes that emerged included improved child/family relations, improved

parent/child relations, positive views of family members by service providers, positive family support, and positive functioning for both parents and children.

The Family Group Conferencing Project of Toronto Research and Evaluation

The Family Group Conferencing Project of Toronto is in the process of conducting an in-depth evaluation of process outcomes, participant satisfaction, and long-term effectiveness of the FGC process through various avenues. Interviews with families and caseworkers suggested satisfaction with plans, increased safety for children, and improved relationships (between family members and between family members and child welfare service providers), and increased safety for children.

Process Outcomes

The Toronto Project received a total of 340 referrals over the first 8 years of operation: 284 new referrals and 56 repeat referrals. The Project has held 178 conferences that have served 141 family groups. Of the 141 family groups, approximately 20% have had 2 or more conferences to develop and refine their plans.

For 1st conferences, plans have been developed for 248 children with the plans for 215 (87%) of those children to remain within or return to their families. Plans have been developed for the care and safety of teenage mothers and their unborn babies, a child with HIV, children whose parents are dying or who suffer from significant mental health problems, and children who are in care or are about to be taken into care because of abuse and neglect.

A total of 1,571 adults, family members and friends, attended conferences. 1,282 were 1st conferences. Further to this, 558 children attended conferences, 479 in 1st conferences, experiencing family members coming together, talking, planning, and sharing a meal. Finally, 583 service providers, 479 in 1st conferences, have participated in the FGC process.

Satisfaction

To gain a better understanding of outcomes and the experiences of families and service providers accessing the FGC process, satisfaction questionnaires were distributed to participants in 23 conferences between April 2005 and March 2006. Questionnaires were distributed following completion of the conferences. In the questionnaires, participants were asked to report demographic information including: role in the conference (i.e., family, service provider, or other); relationship to children; relationship to the family (i.e., maternal, paternal); gender; and age. In terms of the conference, participants were asked to rate their level of satisfaction with the following key aspects of the conference process: level of preparation, amount of information to make plan, opportunities to share opinions and contribute to the conference, safety of the conference; sensitivity to cultural background of family; quality of plan developed, and overall process.

In terms of respondents, 196 conference participants completed satisfaction questionnaires. These included 145 family members - 115 family members and 30 "other" participants counted as family e.g., family friends - and 47 service providers. Family members included aunts, grandmothers and great grandmothers, uncles, grandfathers, godparents, siblings, step-parents, and cousins. Service providers included, case managers, therapists, family service workers, child service workers, child welfare supervisors.

Overall, high rates of satisfaction were reported for all aspects of the conference process for both families and service providers. Because rates of satisfaction were similar between family members and service providers, results were combined and are presented below.

- 94% satisfaction with the level of preparation for the conference
 - 61% - very satisfied, 33% - mostly satisfied
- 92% satisfaction with the information needed to make the plan
 - 51% - very satisfied, 41% - mostly satisfied
- 98% of participants were satisfied with the opportunity to share and participate
 - 70% - very satisfied, 28% - mostly satisfied
- 96% satisfaction with safety for self and others
 - 81% - very satisfied, 15% - mostly satisfied
- 90% satisfied with sensitivity to cultural background of family
 - 68% - very satisfied, 22% - mostly satisfied
- 93% satisfied with quality of plan developed
 - 60% - very satisfied, 33% - mostly satisfied
- 96% satisfaction with overall process
 - 62% - very satisfied, 34% - mostly satisfied

Participants also were asked to describe, in their own words, good aspects of the conference and aspects that could be better. In terms of positive aspects, themes that emerged included: The opportunity to openly discuss and share opinions; the child focused-nature of the process; family strengths; improved relations; hopes for the future; information sharing/disclosure; the Conference process; issues regarding child welfare and the setting/mechanics of the process. High levels of satisfaction were achieved in all areas, especially in areas of safety and the opportunity to have a voice in the decision process. Overall, participant satisfaction, both family and service provider, was high with comments supporting the ratings.

Effectiveness of FGC. The Director of Research at The George Hull Centre for Children and Families, in collaboration with researchers at Catholic Children's Aid Society (CCAS), the Children's Aid Society of Toronto (CAST), and the University of Toronto, are conducting a study to evaluate the long-term effectiveness of FGC.

The objectives of the study are to gain further understanding of the families accessing TFGCP and to evaluate the long-term effectiveness of the intervention. The proposed methodology involves a comparison of FGC families pre- and post conference on several indicators including number and length of contacts with child welfare, presenting problems, number of investigations, number of children coming in to care, number and length of child placements, reasons for children coming into care, reasons for discharge from care. The study also will involve a comparison of TFGCP families to three control groups.

Results as of May 2006

Data collection has been completed with both partnering agencies. Preliminary results presented below are based on a sub-sample of data from one partner agency and include all cases from that agency over the 8 years of the Project. The data involves 35 FGC families that participated in a total of 51 conferences. All outcome data below is based on a data collected from the initial point at which families came into contact with child welfare to a cut-off date of March 30, 2006. Outcomes of cases and child placement are based on families' most recent family group conference.

- To date, the majority of families, 71% (n = 25), have had 1 conference. Some families have required additional conferences to refine or “tune” their plans. These included 6 families that had two conferences, 2 families that had three conferences, and 2 families had four conferences.
- Of the 56 children involved in the sample, 25 children were “in care”, 30 were with kin, and 1 child being planned for had not yet been born.
- Families were able to develop plans for 55 of the 56 children. Families planned for 52 of the 55 children to return to their family system. For 3 children, families determined that, at the time of their conference, the safest place for their children was in the care of child welfare.
- For the 52 children previously mentioned, examination of child welfare data reveals that 98% (51/52) of these children were in fact returned to or remained within their family systems following their conferences. One child remains in care.
- As previously noted, 25 children were in care at the time of their conferences. A total of 22 (88%) of these children returned to their family systems following their family conferences. These reunions occurred, on average, in less than 4 months (mean = 109 days).
- Of the 22 children who moved from care to their family systems following their conferences, 4 were subsequently readmitted to care. However, all 4 children were returned to their family systems by the end of the data collection period.
- FGC's also may be held to prevent children from being admitted to the care of child welfare. Although 30 of the children were within their family systems at the time of their conference, 12 of these children had been previously taken into care. Of these children, 1 child had a subsequent re-admission to care.
- In terms of case closings, a total of 22 (62.8%) of the 35 families had their cases closed following their conferences, with 13/22 (59%) never re-opening. Two families who had re-openings following their conferences had closed to child welfare by March 2006. The remaining 7 families that had re-openings remained open at the end of the data collection period. However, this data must be interpreted cautiously. Families may re-open to child welfare for a variety of reasons (e.g., call for support/resources, abuse investigations that are confirmed or unconfirmed, child apprehensions). The nature of these re-openings is not yet known. Of the cases that had re-openings, 3 children returned to care.

Although promising, these are preliminary results that must be interpreted with caution. Overall, however, results suggest that the conferences have resulted in families developing safety plans for almost all children. Those plans resulted in a high proportion of children returning to or remaining within their family groups. The results also suggest that these reunions occur fairly quickly.

SECTION 8

CASE STUDIES

Using Conferencing in a Case of Severe Physical Abuse

A Child's Dream

Better than sticking kids into the system

The End of a Journey

For Once You Agreed With Me

A Turning Point

FGC Works For Us!

Rachel's Story

We Really Decided for Ourselves

A Joint Effort

Finding One's Place

CASE STUDY

Using Conferencing In A Case Of Severe Physical Abuse

Ten and eleven year old sisters, May and Fay were removed from home after their father, Jim, lashed out at them with a belt, leaving marks on their arms and upper torso. Jim was criminally charged for assault and the children were apprehended.

This intervention was extremely traumatic for the family, who believed that the girls had been consistently rude and required discipline. Corporal punishment was acceptable in this family's country of origin and among their friends and relatives in Canada. Even so, the parents had, up to this point, raised their five daughters without using physical discipline. Whilst they knew that the action had been inappropriate, they did not expect this level of sanction. No one in this family had ever come into conflict with the law or had to deal with an authority such as the Children's Aid Society. The criminal charge potentially could place the father's job in jeopardy, and the family was already struggling financially. The fact that the girls were apprehended was even more shameful as the family belonged to a tightly knit religious community that met at least once a week and for whom both their faith and example were critical.

One may have anticipated that Jim and his wife Christina would have turned down a FGC as the prospect of having family and friends exposed to the details and consequences of the event could be too embarrassing. However, the couple welcomed this opportunity, as they wanted to cooperate with the Children's Aid Society and do whatever they could to have their children returned home. They believed that their network would be a support to them. The parents recognized, too, that the removal of the children had impacted significantly on kith and kin who missed the presence of the children in their circle.

As the Coordinator met with those invited to the conference, she heard a consistent refrain: "We believe that physical punishment is needed to teach children limits, but we do feel that what the father did was extreme and inappropriate. We want to play a part in restoring this family. We know that there is much love and care in this home, but also that the parents require support in managing their children. Many of us already have learned how to deal with the way raising children in Canada challenges us. We wish to help Jim and Christina in this."

Twenty-seven family and friends attended this conference. The girls who had been abused were not permitted to be there as the bail conditions stipulated that Jim was not to have contact with them. This was distressing to the family, but the girls asked their paternal grandparents to speak on their behalf.

The conference was opened with communal songs and prayers, and with the placement of a statue of Mary in the middle of the room. The reports were read. Family members asked many questions about the system and about corporal punishment, and later stated that they had found this most educational. The parents had suggested that a church representative do a short homily on "Family". A leader thus presented a very moving talk on the connection between family, faith, community, culture and communication, warning that in pursuing the tenets of one's religion too rigidly one could lose sight of one's faith and of the Christian collective. Focusing too much on the

rituals might mean that one stopped communicating in a meaningful way. These messages were critical for the parents, but would not have been heard if they had been presented by anyone else.

The family proposed that the children would return home. Until the criminal charges were resolved, the father would live with friends. He would return on the weekends to be with his wife. The girls who had been abused would spend the weekends with their grandparents and other relatives. As soon as the charges were dealt with, the family would be fully reunited. The family group conference plan was accepted by Children's Aid Society. The plan included counselling for the family, as well as a commitment from the family group to watch over the nuclear family.

A short time later, the criminal charges were dropped, in part because of the Family Group Conference plan which was submitted to the judge. He, too, was convinced that there was a secure network around the children.

CAS has been able to close the case.

CASE STUDY

A Child's Dream

Recently a conference was held for a family that had been separated because of the impact of the mother's mental health issues on her parenting. The child welfare team was really torn: they had observed that Ruby parented her children exceptionally well, and that the bond between all of them was close. Unfortunately, the onset of Ruby's illness tended to be sudden. The psychosis that accompanied her breakdowns meant that she could not take care of her children adequately at those times. Also, Ruby sometimes required hospitalization. The children, at 11 and 13, were too young to be responsible for themselves. As Ruby was a single mother, it meant that there was no one else in the home who could supervise the children during these crisis periods.

Ruby had been able to effectively reach out to her network when she was not feeling particularly well. On some occasions, relatives would invite her and the children to come and stay for a time. Twice the children went to live with relatives for some months.

Regrettably, these plans could not be sustained, and the children were placed in care. The children and Ruby desperately wanted to be reunited. CAS felt that another adult needed to live in the home for the children's safety to be secured. A conference was convened to discuss feasible options.

The beginning of the day was marked with a prayer. Ruby's son then read a poem which he had specifically written for the conference. Everyone was deeply touched by the yearning Sean expressed. The family recognized that this sentiment was true for both Sean and his sister. When Ruby introduced herself she did so by singing a hymn that spoke to her hope that a solution would be found.

Initially the kinship circle was discouraged as they had recognized that no one would be able to actually move in with Ruby. However, the family group was able to persuade the child welfare team to consider a plan that provided Ruby with extensive support and daily monitoring by neighbours, friends, and relatives. Ruby would continue to connect with her mental health worker, and the Family Services Worker would remain involved. As a result of this plan, the children were able to return to their mother's care. Sean's wishes had, in fact, come true.

CASE STUDY

Better Than Sticking Kids Into The System

The CAS worker requested a FGC Conference with the hope that bringing the family kin group together would provide the mother and her two adolescent children with the ongoing, long-term support needed to get the children through adolescence to adulthood in the least intrusive manner. The mother suffered from significant mental health problems including depression and paranoid schizophrenia and was unable to care for her children, as well as herself, for lengthy periods of time. The mother and family supports had managed to keep the children safe and in her care up to adolescence, however, high-risk behaviour problems and increasing aggression with the son and developmental challenges with the daughter had become too much. Foster care was being prevented by increased CAS presence and family support but a long-term plan was needed. The CAS initially had a bottom-line that neither the paternal father nor paternal grandparents were viable options because of previous allegations by the mother of domestic violence and abuse. In preparation for the FGC, a CAS investigation cleared the father to have unsupervised access and the grandparents were cleared to present a care plan if they so wished.

The children, aged 12 and 15 provided elaborate statements to the family group, which were compelling and forthright. The 15 year old said, "If my mom can't look after me I don't know what to do". This young man spoke about feelings of suicide and despair and he hoped bringing his family together could help to plan a future for him. "I want to be motivated. I'd like to be just 15, let loose, wipe away my responsibilities for more than one day". He wanted to go east and live with his grandparents but worried about who would take care of his mom. The 12-year worried about her mother's inability to manage them. "I need someone there who can handle us". "I know she's been through a lot but a parent should be able to be the parent and in charge". This adolescent told her family group in private time that "I want you all to make good decisions for my life but I want you to hear what I have to say". "If my mom can't look after me, I want to live with my grandma (maternal) and my aunt and uncle". The CAS bottom lines related to the need for a strong safety and support plan if the children were to remain with their mother and a solid backup care giving plan if they couldn't. CAS hoped to prevent specialized placement for these adolescents.

Twelve adult family members, the two adolescents and two of their cousins attended the FGC, including the paternal grandparents from the east coast. A guest speaker provided the family with valuable information/educational insight into the mother's mental health illnesses and the long-term impact on the lives of the children. The family said the children actively participated in the private family time, expressing their wishes and worries about their mother. The family's plan placed the 15 year old with his paternal grandparents down east for one school year and the 12 year old with her mother with the maternal grandmother and aunt and uncle as backup care givers. The family's plan included daily check-ins on the mother and assessment of her mental health status on a daily basis. An extensive communication plan was developed to keep everyone in touch, including by telephone, computer and letters with no restrictions. Feedback from the family, following the FGC included, "This is way better than sticking kids into the system". "This was a great opportunity for us to understand each other". "We felt intimidated in the beginning but not now-we'll do our best with

James (15)". The CAS told the family, "We are impressed with the way you all came together. We believe the plan will work because of the good will shown here". At the time of this report (six months post FGC), the adolescents were living with family members and doing well, and having daily contact with their mother.

CASE STUDY

The End of the Journey

The family came a long way. Crossing thousands of miles to find refuge in Canada, they arrived in a new land alien to them in language, culture and even weather. They had lost their father, the main breadwinner, a few weeks before departing for Canada. He was their only protector and source of security. A very long and tiresome journey ended with the three boys in the care of their exhausted mother, who was starting to display odd behaviours and other mental health problems, further adding to their sense of loss and alienation. Mohammed, the eldest son, found himself in his early teens responsible for the well-being of his mother and two younger siblings. When Fatima, the mother, was rushed to the hospital one night in a psychotic state, the children were temporarily placed in care, as there was no one to look after them. The children were soon returned home under the joint care of their mother and uncle. A year later, a second incident required the children's removal from the home, this time for an extended period, with no contact with the mother. Mohammed now being over 16 years, chose to go to his uncle's home.

When the family worker made the referral to FGC, there were no family members known to CAS except the maternal uncle, who was burdened with the responsibilities of his own family. At a conference attended by twenty-nine family and community members, Mohammed was surrounded by friends who came to support him being reunited with his siblings. The opening he chose was to describe the family's journey and the challenges they encountered from the time they lost their father to the day he was separated from his siblings.

The plan was for the children to be returned home. However, the family was to relocate and live in the same building with the uncle and other community friends, who pulled together their resources to assist with the move. Family and friends developed a daily routine where someone would be available to help Fatima with budgeting, shopping, housekeeping and, most importantly, to make sure that she was taking her medication regularly. The uncle and other family friends were to help with the boys' homework, supervise their social and recreational activities and to be available in case of any medical emergency.

It was evident at the end of the conference that the family worker and supervisor were impressed with the closely-knit nature of this community and the way they understood and respected the role of CAS. The family worker and supervisor had earlier, during private time, told the coordinator that interaction between this cultural community and CAS had been mutually challenging. So not only was the family able to develop a plan, but also the conference helped to improve the relationship between this particular cultural community and service providers.

CASE STUDY

For Once You Agreed With Me!

Charlotte, a young mother of two pre-schoolers, had an extremely conflictual relationship with her CAS worker, Deena. The mother felt that the worker was being racist and had an unusual investment in her children. The worker felt that there were serious concerns in the situation. The children had finally been apprehended as the youngest was showing evidence of developmental delays and the older child seemed to be extremely insecure emotionally.

While there were no signs of physical or sexual abuse, and the children's needs for food and clothing were met, their needs for stimulation and emotional connection appeared to have been ignored. Another reason leading to the children being placed in care was that Charlotte did not alter her interaction with the children, despite numerous services having been put in place. The service provider list eventually included a High Risk Infant Nurse, a Public Health Nurse, a Family Support Worker, a Therapeutic Access worker and staff at a therapeutic day care. Charlotte did reasonably well in a therapeutic access program, but the child welfare team was stunned to learn at the end of a six month period that Charlotte could not maintain any of the ostensible gains she had made. Indeed, after declaring that she had not found any of these interventions useful, she resumed all her old parenting patterns almost immediately, sabotaging any opportunity of having the children return to her care.

A permanent plan was required for the little ones as they had been in care for a year. The CAS team referred the family to the FGC program. Charlotte was quite divided about participating in a Family Group Conference. She wanted to fight for her children, because she felt that they belonged with her. She also did not want her relatives to be informed about everything that had taken place as she felt ashamed and embarrassed. However, she also did not want her children placed for adoption with strangers. She decided to opt for a conference so that the children could grow up within the family circle.

Charlotte's mother and three sisters attended the conference. The father of the oldest child also attended. While the child welfare team felt that a long term plan was needed, Charlotte also realized that her opportunities to parent the children were not permanently lost. If the caregiver who had custody believed down the road that Charlotte was capable of resuming the primary parenting role, that individual could return the children to the mother. This possibility shifted Charlotte's attitude remarkably.

The family circle agreed that the children would be placed in the grandparents' care, and that they would apply for custody of the children. Charlotte would be in the home every evening and would read them bedtime stories. The CAS supervisor was very impressed that the plan offered focused on the children's needs and commended the family group for this.

In the evaluation, everyone was positive about their conference experience. Charlotte commented with a wry smile "This is the one time that CAS has agreed with me!"

CASE STUDY

A Turning Point

Jane had a long history of involvement with CAS: eighteen entries over a period of twelve years. With four children in her care and a chronic drug abuse problem, she had performed a miracle by keeping the children at home. Frightened that she would lose them to CAS, Jane lovingly overprotected her children. Michael and Robert were 15 and 14 years old respectively and Ashley and Sara were 6 and 4 years old. Jane never imagined that her children would lose her instead. Last spring, Jane overdosed on morphine and cocaine, passing away in her sleep.

Jane was first offered a FGC early in the year, to locate support from her family. She adamantly refused. Three months later, she consented to a FGC because, as she put it, *"I want to rescue the girls from my fate."* Jane knew that the older boys were already using.

By the time the preparation process started, Jane had died. The father, Tom was overwhelmed with new responsibilities. The two girls were traumatized by their mother's death. The older boys were a source of major concern. Michael, the eldest at 16, had already dropped out of school and was selling drugs out of their basement. His younger brother, Robert, was following in his footsteps. Both were initially unresponsive to the process, but finally agreed to attend the conference, knowing that it was their mother's last wish.

At that time, family members were coming forward, eager to offer their support. Most of them had been estranged from Jane in her life. Jane, ashamed of her problems, had built a fort around herself and her children, refusing any input or advice from her family, many of whom were successful with remarkable jobs and social status.

As the coordinator met with family members, secrets came out revealing new information. Visits were like walking on eggshells, because the family knew something about Jane's life that they wanted to keep *"off the record"*.

Seventeen family members attended the conference held in June. It opened with a word in memory of Jane and a reminder of her last wish to rescue her children from her fate. The reports were read and family members asked questions. The coordinator encouraged family members to open up and share their secrets, so that they could lay the groundwork for a successful plan. One major secret, revealed on the day, was that Tom was still using drugs. The family confronted Tom; he admitted to using and agreed to check into residential rehab. Robert, although quiet throughout the conference, surprised everybody by agreeing to move into his aunt's care and give school a second chance the next fall at a different location. The family also agreed to work collaboratively with CAS and let them know of any alarming developments. CAS accepted the plan and agreed to assist in implementing it.

In the summer, grandma, who cared for the girls at their parent's home, reported to CAS that the girls were at risk because Michael was still entertaining friends and using drugs at home. Both grandma and the family worker contacted FGC requesting a second conference.

A second conference was held in August and the whole family plus additional friends attended. The family admitted that the first conference was a wakeup call for all of them. It taught them to place the children's safety and well-being first, even if it put their personal relationships at jeopardy. The first plan was amended to allow a safer environment and better monitoring of its implementation.

The remarkable change, as observed by CAS workers, was Robert's positive attitude and his eager participation in making plans for his older brother. This was truly a turning point in his life.

CASE STUDY

FGC Works For Us!

On Saturday, March 13, 2004, a Family Group Conference was scheduled for our family. The purpose of the meeting was primarily for Josiah, who had been in foster care because of behavioral challenges. My mother, Greta, who is Josiah's grandmother and caregiver, experienced some personal challenges in raising Josiah, partly because he is very attention seeking.

Ethena Williams, the CAS worker, has been so supportive in fostering a secure and safe environment for Josiah and our family. She encouraged Jeanette, the FGC Coordinator, to invite us to a conference to devise a plan to prevent Josiah from having to end up in foster care again. The project arranged for me and Josiah's 16 yr old sister, to come from Tulsa, Oklahoma, so that we could be present. I felt that us being there from far away, communicated to Josiah how important he is.

The meeting was attended by Greta, Diane (maternal aunt), Derek (maternal uncle) and his partner, Laura, and myself. The meeting was facilitated by Jeanette, and observed by Keith Lee (Supervisor, CAS).

The meeting was extremely dynamic in that it promoted unity among family members. In fact, it was very effective, educational, and positive. The organization even provided our family with lunch! The session brought our family together in a comfortable environment and encouraged us to work together as a team, so that we would get positive results. At the meeting, our family was encouraged to communicate and actively get involved in order to achieve ways to limit or eliminate further CAS involvement concerning Josiah. The facilitator recommended that our family be left alone and take as much time as needed to come up with Preventive Activities. The time was spent wisely and our family came up with an effective plan that will produce change.

Our family addressed topics like, finances, spirituality, quality time, crisis, education, structure and routine, CAS involvement and so on. Every issue was documented on a long sheet of paper and it was very visual for all to observe. After we completed our own personal planning, the facilitator and her associates came back in to hear what our family had come up with. Our family explained to Ethena what the purpose, vision, and meaning of the plan was and how we planned on implementing it. In fact, our whole family took on some sort of responsibility. The outcome was phenomenal. The teamwork and efforts to develop a system was extremely effective. We realised that by each taking on one small thing, we could share the load.

Family Group Conferencing has truly been a blessing to us and we would welcome the opportunity to have a follow up meeting in the near future. Conferencing shows, too, that Children's Aid is truly concerned about the well-being of children and their extended family members.

I was so impressed by the meeting as it was so effective in working together with our family in a comfortable setting to assist us in planning out a realistic strategy for Josiah and my mom. My mother said that the conference helped change what looked like a

mountain into a molehill. Derek, my brother, realized that he is the only male role model for Josiah, and he really wants to live up to this task.

From the very start, Jeanette has exhibited a genuine care and concern for our family. In my opinion, Jeanette's job is very challenging, but she has a unique way of facing those challenges head on. As a result, her persistence to accommodate us paid off, immensely. I highly recommend that any family who is experiencing such challenges take advantage of the resources that are out there to help families regain focus and love one another enough to implement change. This process has been instrumental in supporting our family through a crisis, when there seemed to be no way out. The support is there; all we did was utilize it.

CASE STUDY

Rachel's Story

Things were going well for Rachel, a young mom, and her infant daughter, Genna. So well, in fact, that the PAC worker, Belinda, thought she would soon be closing the file.

However, the situation suddenly disintegrated. Belinda struggled to gain access to Rachel, and once she did get into the house, found it chaotic and unhygienic. There was evidence of drug use, and Rachel seemed to show little affect. Genna was seen to be at risk and was apprehended. It emerged much later that Rachel was at the time suffering a depressive episode, as Isaac, Genna's father, had left her.

Belinda began exploring options for having Genna placed with family whilst Rachel worked towards re-establishing herself. A plan for Genna to go to her paternal grandmother, Misty, was not seen as suitable at that time, and Rachel was not agreeable to Genna living with the paternal step-grandmother. Belinda then referred to a Family Group Conference. Rachel agreed to the process but with great hesitancy as she was skeptical that anyone would want to come out to support her or Genna. Little did she know that she would be embarking on a journey that would span almost a year and three conferences!

At the first conference the focus was on connecting Rachel to formal supports and strengthening her connections within Genna's family network. Isaac was at the meeting to show his interest in his daughter, but was not putting forward a plan himself. Rachel's mother also attended, an unanticipated benefit for Rachel. The family group recommended that Genna stay in care temporarily as she had formed a bond with her foster parents, and Rachel needed the space to address certain issues.

The tenor of the second conference was quite different. It was clear that Rachel had become engaged with a range of services, and was deepening her relationships with the extended family. It was noted that it was still hard for her to reach out and ask for support. Rachel was in a new, nurturing, stable relationship, and she and Arthur were expecting a child. This complicated the plans around Genna's return as the whole circle was concerned about the couple's ability to care for two children, and to maintain a safe and hygienic environment. The risk of postnatal depression was also considered. Rachel and Arthur needed first and foremost to find their own apartment as they were living with his grandmother. Both also needed still to demonstrate to the Society that they were clean.

The third conference was postponed by a few weeks as the couple had not secured alternative accommodation, though they seemed to be progressing well in other areas. The final meeting was held just three days after Anna was born. The family group finalized the plan for Genna's return and took joint responsibility with CAS to ensure that Rachel and Arthur were meeting their goals. A back up plan for both girls to ultimately be cared for by Misty was also proposed in the unlikely event that Genna and /or Anna were found to be at risk.

In evaluating the conference experience, the family reported that it had been a positive process for them. Rachel beamed when she told the circle how the experience of FGC

demonstrated to her in a tangible way how much she is loved and supported within her extended family. Another amazing benefit was that because the FGC brought together such a broad group and included paternal relatives, it provided a way for Isaac to develop his involvement when otherwise it may have been too overwhelming for him.

Rachel's counsellor said afterwards "I loved the fact that a range of extended family became involved, including an aunt and cousins and that this translated into solidifying some long distance relationships and lots of practical help, i.e. baby stuff, furniture etc." It was evident that there was a strong community of support around Anna, Genna and their parents, and everyone was confident that this would mean that the children would prosper.

CASE STUDY

We Really Decided For Ourselves!

Three Native children, aged 11, 9 and 8, are living with three separate relatives because neither of their parents were able to take care of them. The extended family reported neglect, substance abuse by the mother, and domestic violence by her partners. The parents signed a one year agreement that the children would remain with family members. Two attempts to reintegrate the children with their mother were unsuccessful because of recurring substance abuse by the mother. The father has some history of criminal offences and was not regularly or consistently involved in the children's lives.

My meetings with the maternal relatives were positive and they all were willing to attend to develop a plan that would provide safety and more stability and permanency for the children. When I attempted to invite the father's side of the family to the conference, I met with strong but quiet resistance.

My first encounter with one of the children, 9-year-old Diana, unwittingly helped to bring the two sides of the families together. She was clear about what she wanted to say to the adults and that she wanted both sides of the family to be present. She also told me that I should meet again with her (paternal) Grandma Sally because she was the leader.

When I called Grandma Sally and told her of Diana's request, she invited me to her home and invited two other family members to join us (apparently, Diana had also called her). Sally told me about the family's reluctance to allow "another government project" to make decisions for their children. Because of the children's request that both sides come together, and because FGC fits with Native cultural values, the conference was scheduled and the door opened to the paternal kin group.

17 adults attended the FGC, evenly representative of both kin groups. All of the children and 4 cousins attended also. The beginning of the FGC was like a large family reunion with everyone hugging and their excitement and commitment to these children was very evident. The mother spoke to the group and lit the circle of friends to welcome everyone to the conference. Reports were presented.

The plan that the family came up with was that the father would get a home in town, that he would take full custody of all three children and that the children would remain in their current non-Native schools. This was a big concession for the paternal family, but they had consulted with the children individually, heard their statements and conceded to the children's wishes regarding school. The plan was altered for 8-year-old Daniel, as he wished to be integrated slowly and over a period of time. The girls wanted to move back with their father as soon as they could.

Access to the mother was clearly outlined with stipulations that the family was going to monitor and enforce: no drug use, regular blood testing and no contact with former boyfriend. This contact with the boyfriend was the issue that had caused so much tension and struggle for the family, but they decided on no contact whatsoever because the family did not want the children exposed to him in any way. The Native side of the family also put lots of family access in the plan so that the children would continue to be

involved in cultural events and learning. Counselling and clear goals for the children and both parents were part of the plan. Lastly, the family included a long-term option for the mother so that if she met the goals outlined, she could meet with the CAS and the father to consider a reintegration plan for the children.

The family brought all of the children in first to discuss the plan before notifying service providers that they were ready to present it, respecting the importance of their opinion and involvement.

Feedback following the plan's acceptance was very positive including a statement by one of the paternal aunts that she really hadn't believed that a government agency would let them decide what was best for their children– but it had!

CASE STUDY

A Joint Effort

Five children, ranging in age from 3 to 13, were in care. They had been apprehended because their mother was unable to take care of them. Diana had lost her legs in an accident, had mental health issues, and had severe epilepsy - to the extent that she suffered a number of seizures every day. The family had been known to the child welfare agency for some time. The family had managed to hold things together when the father was still in the home and when the grandmother came for prolonged visits. However, the grandmother left for an extended vacation and the very precarious situation began collapsing.

The two oldest children, both girls, assumed increasing responsibility for the care of their brothers, and also of their mother. The home became more and more disorganized, and the children's hygiene was being compromised. All the children were struggling academically. Diana denied that there were problems and felt that the various service providers were uniting against her. Finally, the child welfare agency stepped in and removed the children.

Diana and the extended family were outraged. They could not comprehend that the children were placed with strangers. They were distressed that the children were placed in three different foster homes, none of which practiced the family culture. Access was supervised, the children having contact with their parents only at visits. This was in part because the mother had harassed the foster parents after the children were initially placed. However, all of these things were an affront to the family group's culture.

When the coordinator began inviting members of the family's kinship and faith communities, she encountered a consistent refrain. Relatives and friends alike expressed their horror at the situation having deteriorated to the extent it had. All had been aware that there were difficulties and, before the family had moved away into larger subsidized housing, these people had been active supports. Each person was adamant that the children needed to return to the family at large, and that the children needed some relationship with their mother.

Thirty adults attended the conference. Regrettably, the father chose not to attend. His representative also did not come. This was reflective of the conflict between the parents. The children were quite disappointed that their dad was not there.

The children's grandmother, Anna, ensured that everyone was well fed with cultural delicacies. She chose to conduct a private prayer and lighting of a candle prior to the beginning of the conference, as not all participants were comfortable practicing their rituals in front of non-adherents to their faith.

The family group decided that all the children would be returned home, but into Anna's, not Diana's, care. The mother would continue to live in the home and be involved with the children, but the grandmother would assume ultimate responsibility. One aunt would visit weekly to take care of larger household chores and to assist with some homework. One uncle would handle the finances and be the 'social organizer' ensuring that the children were involved in extramural activities. The other uncle would take the family

shopping and pay for the groceries on his once a week visit. A roster was developed for the weekends so that the children had the opportunity to be with various relatives and godparents, and to give Anna a deserved rest. Friends and relatives agreed to assist with child care, transport and emotional support. The plan also included language school and church attendance.

The family agreed to reconvene six months later. Prior to this second conference, the child welfare worker and other service providers reported that the plan had been implemented, and that the children were doing well both at home and at school. Although Diana was resentful that her mother had “wrest” the role of parenting from her, she had in recent months become more accepting of this. Child welfare needed to hear that the family group could sustain their plan and that they would be able to care for the children in the event the grandmother wanted to spend some time with relatives in Europe or if her health deteriorated.

Most attended the second meeting. It was decided to continue with the same plan but with some amendments: Diana would be given more responsibility as a way of affirming her role as the mother, and the family would work towards joint custody shared between the mother, the grandmother, the aunt and the uncle. The aunt closed the meeting saying “This process has been useful. It has helped us all understand both sides better”.

CASE STUDY

Finding One's Place

Jordan lives in care and it feels to her as if she has been away from her family for the longest time. She is 15 now, and was placed five years ago. She first left her home province to move to her granny in Ontario. When things did not work out there, she became involved with the 'system'. She went through two foster homes and a group home before being placed at a children's mental health centre.

Service providers working with Jordan have identified many strengths in her. She is creative, and loves music and acting. She is bright. She is an extrovert. It is hoped that these positive attributes will help her succeed and overcome the challenges in her life. Jordan suffers from 'rapid cycling bipolar disorder', which means that her moods are unpredictable. Jordan also can be quite manipulative and finds it difficult to take responsibility for her actions, including at risk and aggressive behaviours.

This young woman has identified a sense of 'not belonging' as being central to her sadness. She shared these thoughts with the clinician, along with her desire to be reconnected with her family. This led to a referral to Family Group Conferencing.

Jordan wanted family from her maternal and paternal sides invited. The clinician and coordinator worked hard at trying to track down Jordan's father, with whom she had no contact for most of her life, and also his two sons. This search regrettably was fruitless. Jordan was keen to have her sister attend the conference, but attempts to connect with this sibling were unsuccessful. Fortunately, there were a number of relatives who were keen to attend and to let Jordan know that she was important in their lives.

As the conference date drew closer, Jordan became increasingly excited. Her brother, a childhood friend and a great aunt were all scheduled to attend from out of province. Her stepfather was invited but declined the invitation as he was afraid of flying! It was agreed that he would participate telephonically. Jordan also decided to invite her best friend, Angela to the meeting.

The day for the conference finally arrived. Jordan welcomed everyone to the conference by singing a song "Wherever you are, whatever you do, I'll be waiting there for you". Most eyes were moist after her rendition. She was thrilled by who was present: her brother and a childhood friend, (both of whom she had not seen for more than 5 years), her great aunt, her mother, her grandmother, her step grandfather, her aunt and cousin, and her best friend. The great aunt brought messages on behalf of her own children.

The clinician and the Children's Aid Worker presented reports. Residential staff and the CYW from the school also participated. Jordan's strengths were affirmed, and the concerns regarding her mental health, behaviour and sense of belonging were raised.

In the private time the family developed a plan of how they could keep in touch and involved in Jordan's life. It was evident that they had also praised her for what she had done well. When the plan was presented to the service providers, it was clear that the family group were thankful for the role Jordan had played in bringing them all together for this event. Jordan and the family group did not seem ready to discuss a discharge plan, which had been an original goal of the conference.

Jordan spent the weekend celebrating with her relatives. She continues to face daily challenges, but carries with her inspiration from the conference.

SECTION 9
REFERENCES

Selected References for Family Group Conferencing
References for Family Group Conferencing Research

SELECTED FAMILY GROUP CONFERENCING REFERENCES

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SECTION 10

SAMPLE LETTERS, FORMS AND PAMPHLETS

Statistics Sheet

Coordinator's Time Sheet

Summary Data Form

Sample Letter to Service Providers

Medical Report for Family Group Conference

Sample Letter to Schools

School Report for Family Group Conference

Sample letter to High Commission

Information for Lawyers about Family Group Conferencing

Pamphlets:

Family Group Conferencing

Becoming a Caregiver

Supporting Children in the Conference Process

Children's Invitation to Conferencing

Family Group Conferencing Statistics Sheet

CASE INFO

Family name (please verify correct spelling)	
Coordinator name	
Year ID (coordinator to provide)	
Reference ID (if repeat referral)	
Agency ID or File # (please verify with worker)	
Family Cultural background	
Repeat referral (Yes/No)	

REFERRAL SOURCE

Agency involved in referral	
Location (of agency making referral) (e.g. branch name)	
How referral source heard about FGC (be specific):	
Children's mental health centre involvement? (Yes/No)	

REFERRAL/CONFERENCE INFO

Contact date (coordinator to provide)	/dd/mm/year
Brief date	/dd/mm/year
Confirm date	/dd/mm/year
Was conference held? (Yes/No)	
Conference date	/dd/mm/year
Repeat conference (Yes/No)	
Time of week conf held - weekday, weekday eve (after 3pm), weekend	

ADMIN INFO

Conf. Length	/hrs
Hrs with family - face to face	/hrs
Hrs with family - by phone	/hrs
Hrs with service providers - face to face	/hrs
Hrs with service providers - by phone	/hrs
Hours spent in indirect work	/hrs
Hrs spent traveling	/hrs
Hrs in post conf work/final report/evaluation/documentation	/hrs
Final Report submit date	/dd/mm/year

COSTS

Cost of food	\$
Cost of rent	\$
Cost of local travel	\$
Cost of long distance travel	\$
Cost of accommodation	\$

Cost of child care	\$
Cost of translation/interpretation	\$
Miscellaneous costs	\$
PLACEMENT INFO	
Was a plan developed? (Yes/No)	
If a plan was developed, was it accepted? (Yes/No)	
# child in family (all children the family has including teens)	
Total Number of children planned for at conference (incl. teens/unborn)	
Age breakdown of total number of children planned for at conference: Total # Unborn _____ Total # Under 13 _____ Total # 13 and over _____	
# unborn at time of conference (or report close date if not conferenced)	
# in care at time of conference (or report close date if not conferenced)	
# with kin at time of conference (or report close date if not conferenced)	
# planned to be in care after the conference (including unborn)	
# planned to be with kin after the conference (including unborn)	
CONTACT/ATTENDANCE INFO	
# maternal relatives contacted for conference	
# paternal relatives contacted for conference	
# others (eg. Friends/neighbours) contacted for conference	
# of service providers contacted for the conference	
# of maternal relatives attending conference	
# of paternal relatives attending conference	
# others (eg. friends/neighbours) attending conference	
Total # of children attending conference (18 and under) - include children planned for and any others	
Total # of service providers attending conference	
Total # of speakers attending conference	
Total # of persons attending conference by phone	
Total # of family members/kin providing written communications	
Total # of service providers providing written communications	
BACKGROUND INFO	
Organization/person initiating FGC	
Location of initiating source	
Reason the referral did not proceed - provide details	
Name of worker assigned to case/CSW	
Name of supervisor assigned to case	
Mother's name	
Child's Name (oldest child under 18)	

SPECIAL NOTES:

[Redacted content]

SUMMARY DATA FORM

FAMILY:

FAMILY C/CAS FILE NUMBER:

FGC NUMBER:

CONFERENCE COORDINATOR:

DATE OF THIS REPORT:

CHILD WELFARE INVOLVEMENT

Socio-demographic information of family:

Background info as presented by referring worker:

REFERRAL TO FGC

Referring worker's reasons for referring case to FGC and how decision was made to refer:

Benefits as seen by referring worker:

Referring worker's reservations regarding FGC:

Likely child welfare intervention alternative to FGC:

Child welfare Bottom lines:

Legal constraints and court involvement:

SUMMARY OF CONTACTS

Family: e.g. Lynn, mother

Service Providers: e.g. Sam Brown, Family Services Worker

CONFERENCE PROCESS (optional)

The opening and information giving session:

The private time:

The review of the plan:

Identify:

- if the family group developed a plan
- to what extent there was consensus regarding the plan
- to what extent child welfare agreed with the plan
- which parts of the plan were changed, how and by whom

OTHER ISSUES/LEARNINGS FOR THE COORDINATOR (optional)

Attach the genogram, the plan, reports presented by service providers and statistics sheet.

THE PLAN

(On letterhead)

FAMILY GROUP CONFERENCE FOR _____ FAMILY

HELD ON _____

PRESENT:

Family:

Service Providers:

REGRETS:

Family:

Service Providers:

THE PLAN:

- 1.
 - 2.
 - 3.
- etc.

SIGNED: _____ name of FGC coordinator

DATE: _____

SAMPLE LETTER TO SERVICE PROVIDERS

(On Letterhead)

Att: _____: St Josephs Hospital

Fax: _____

Date: _____

Dear Dr. _____:

Re: Mrs. Ruby Robinson

Family Group Conferencing is a means of inviting families and their network to develop a plan for the safety and well-being of their child where the Catholic Children's Aid Society sees the child as being at risk or in need of protection.

Ruby and her family have been referred to the Family Group Conferencing Project. The meeting is scheduled for _____ at 9.30 am at The George Hull Centre, 620 The East Mall. The family is invited to develop a long term plan for the mother's son, Nicholas.

The conference itself is made up of three parts:

- the **service providers present** both the **strengths and concerns** observed
- the family group meet alone to develop a plan
- the plan is presented to the child welfare worker and supervisor.

As Ruby's psychiatrist, your perspective at the conference is important. **You are invited to the conference** for the first stage (9.30 –10.30). Should you be unable to attend, **I would appreciate it if you could provide me with either a written or verbal statement that I then can convey to the family on your behalf.**

It would be useful to hear what your diagnosis is, and if possible, what you see as the prognosis. As Ruby's relatives are quite skeptical regarding the mental health issues she struggles with, it would be appreciated if you could briefly describe what the day to day issues are for her. Please **note both strengths and concerns.**

If you would like to discuss this with me, please feel free to call me at 416-622-8833 x 255. I am often out of the office visiting families, so please leave me a detailed message if I am not there, and I will get back to you as soon as possible.

The necessary consent form is attached.

Thanking you.

Yours sincerely

Joe Blow (Conference coordinator)

MEDICAL REPORT FOR FAMILY GROUP CONFERENCE

Report regarding: _____ Date written: _____

Scheduled conference date: _____

Name of person completing this report: _____

Position: _____ Institution/agency: _____

(Please include prognosis under strengths and concerns)

Diagnosis:

Strengths:

Concerns:

Resources which may be useful to the family in addressing the above issues:

Thank you! Please send the report to _____, Family Group Conference Coordinator by fax at 416-622-7068 or by mail c/o The George Hull Centre, 600 The East Mall, 3rd Floor, Toronto Ontario, M9B 4B1. Tel.: 416-622-8833 x 255

SAMPLE LETTER TO SCHOOLS

(On letterhead)

Att: The Principal
Magnificent Public School
416 (f) 416 (t)
Date:

Dear Sir/Madam

Re: Priscilla M; Stephanie P; Lucie Ann P

The Children's Aid Society has requested that a Family Group Conference be held in order to plan for the above mentioned children. Attached is the necessary consent to disclosure form.

The Family Group Conferencing Project gets referrals from the Children's Aid Society. The program offers the family network the opportunity to plan for the safety and well-being of their children in partnership with the child welfare agency. The girls' kinship system is being invited to attend a Family Group Conference on the 2 March 200_.

At this meeting, service providers present reports to the family and their relatives so that the family group are able to make an informed decision when developing the plan. This knowledge supplements the experience the relatives themselves have of their family.

As the coordinator I try to ensure that the view presented by the service providers is as holistic as possible. If you are available, I would like to meet with you to learn about each of the girls' **academic performance**, as well as her **interaction with peers and teachers** at school, as well as their **strengths and issues of concern**. If a meeting is not possible, could you provide me with a verbal or written report in the attached format.

I can be reached at 416-622-8833 X 255. The fax number is 416- 622-7068. The fax should reach me by 27 February 200_.

You are also invited to attend the Family Group Conference which is being held at **9.30 am on 2 March at 620 The East Mall, Etobicoke** at the PEI building of the George Hull Centre. You would need to remain only for the information giving part of the meeting, which usually is about an hour long. Thereafter the family meets on it's own to develop a long term plan for the girls that addresses the concerns raised by the service providers. At the end of the day the plan is reviewed with Children's Aid.

I look forward to hearing from you.

Yours sincerely

Jane Smith (Conference coordinator)

SCHOOL REPORT FOR FAMILY GROUP CONFERENCE

NAME OF CHILD: _____ SCHEDULED CONFERENCE
DATE: _____
NAME OF SCHOOL: _____
NAME OF PERSON COMPLETING THIS REPORT: _____
POSITION: _____
DATE: _____

STRENGTHS (BEHAVIOURAL AND ACADEMIC)

CONCERNS (BEHAVIOURAL AND ACADEMIC)

RESOURCES WHICH MAY BE USEFUL TO THE FAMILY IN ADDRESSING THE
ABOVE ISSUES

SIGNED: _____

Thank you! Please send the report to _____, Family Group Conference
Coordinator, by fax at 416-622-7068 or by mail c/o The George Hull Centre, 600 The
East Mall, 3rd Floor, Toronto Ontario, M9B 4B1. Tel.: 416-622-8833 x 255

Should you be able to attend the conference your presence will be much appreciated.

SAMPLE LETTER TO HIGH COMMISSION

Att: _____
Canadian High Commission Jamaica
Fax: 876 968 7169
Date:

Dear _____

VISA APPLICATION: ATTENDANCE AT FAMILY GROUP CONFERENCE (date)

I am approaching you to ask for assistance in the visa approval of a family member whom we would like to have involved in a Family Group Conference in Toronto.

Family Group Conferencing involves the family network developing a plan in partnership with the Children's Aid Society so that the child's safety and well-being is ensured. The meeting itself usually takes place over the course of one day. As a coordinator I make every effort to have as many relatives as possible present. This is important for the children concerned. Also, a firm plan is more likely to be developed if many opinions are expressed and if there are potentially more resources available to support the plan.

We have thus far been able to bring family members from Trinidad, USA, Scotland and other parts of Canada. Almost without exception we have found that these relatives have played a crucial role in the conference. They have often been older members of the family, and are respected within the family as an elder. Their opinion counts a lot. Also, these relatives have been key in helping the family develop a comprehensive plan for the child's future.

Ms Sybil S, whose postal address is _____ has been invited to attend the Family Group Conference which will be held on the _____ at 620 The East Mall, Etobicoke, Toronto. Ms S is the grandmother of two children who are currently under the supervision of the Children's Aid Society.

The Family Group Conferencing project will be paying for the airfare. The ticket will be booked once the visa has been approved. It is anticipated that the period between arrival and departure will be between one and two weeks. FGC is not responsible for accommodations for Ms S. However her daughter, Monique L of _____, Toronto at phone number 416 _____ will be able to have Ms S reside with her for the duration of her stay.

It would be most appreciated if you could approve this visa application.

Please contact me at 416-622-8833 x 255 should you have any queries or concerns.

Thanking you.
Yours sincerely
Joe Blow (Conference coordinator)

INFORMATION FOR LAWYERS ABOUT FAMILY GROUP CONFERENCING

Refer to the pamphlet : “Your invitation to Family Group Conferencing”

WHAT IS A FAMILY GROUP CONFERENCE?

The FGC process offers the family network the opportunity to plan for the safety and wellbeing of their child in partnership with child welfare.

The referral comes from the child protection worker

The worker is a central player. The worker needs to be familiar with conferencing and should believe that the FGC process is beneficial for this family. Family members, lawyers and other service providers can suggest to the worker that the family be considered for referral to the program.

The process is voluntary

Family members themselves must want to participate in the process and should not be coerced or pressured into participating.

A clear planning question is needed

The family must be able to clearly understand why they are being invited into a FGC and what their role is. The family must also appreciate that there is urgency to the planning. Families participate best when they are asked to develop a long term plan for a child, either because the child is at risk of being apprehended or because child welfare is reviewing a temporary placement.

There must be adequate room for decision making by the family

A FGC cannot be held if the worker/supervisor does not believe that there can be negotiation, or if the worker/supervisor does not believe that the family has the capacity both to develop and implement an appropriate plan.

The family must be willing to take into account the concerns expressed by child welfare

The plan developed by the family must respond to the risks identified by the worker.

FGC is not a family preservation program

Although it is more likely that children will be placed within the kinship system as a result of a FGC, this is not a necessary outcome.

The FGC involves the family network

Other relatives and friends are invited to the conference, not just those that are considered to be legal parties. The wider the circle can be expanded, the stronger the family's plan is likely to be. The coordinator will encourage the attendance of all family members who can be located, even if a particular relative has not been connected to the child.

FGC is not mediation

Although there is likely to be some conflict resolution, both between family members and between the family and child welfare, and although communication is likely to be improved, the primary goal of the conference is to develop a plan which ensures the child's safety and well-being. The coordinator is a catalyst and facilitator in the process, but does not actively mediate disputes or conflict resolution. FGC is not an appropriate tool for the family challenging the child welfare perspective of the situation.

STEPS

- The lawyer contacts the worker or supervisor.
- The lawyer and the worker agree on a clear question for the conference.
- The worker makes the referral to FGC through the coordinator.
- The worker obtains consents from the biological parents to participate in the program.
- The coordinator meets with the worker and supervisor to get background information on the family.
-
- The coordinator meets individually with all family members and service providers, inviting them to and preparing them for the conference.
- The time frame from referral to the actual conference usually 3-6 weeks. A date for the conference which suits all parties will be found, usually on a weekend.
- The coordinator will maintain contact with the lawyer, informing them if the process is going ahead and possible time lines.
- Lawyers are not invited to participate in the conference, although they may want to provide a brief statement in support of their client, while avoiding recommending a plan. This will be read in the first phase of the conference.
- Service providers are present at the conference for information sharing at the beginning of the meeting and for the review of the plan at the end of the meeting. The family meets privately to develop their plan to keep their child safe, without any service providers present, including child welfare workers.
- The coordinator will send a copy of the plan to the lawyer within 10 days of the conference.
- Court proceedings must be adjourned until after the conference. The worker will include the agreement in their written plan of care, indicating who attended the conference and who was in support of the plan.
- If in the unusual circumstance that the family and child welfare cannot reach agreement, and also cannot agree on next steps to address the issue, the traditional legal procedures will proceed.

PAMPHLETS

It is useful to have a series of pamphlets that can be used in preparing family members and service providers for the conference. This might include:

FGC Basic Brochure

This brochure would be given to anyone that is invited to a conference.

This brochure should outline:

- what a FGC is
- who is invited
- the role of family members in the conference
- the role of support persons in the conference
- the role of service providers in the conference
- how a conference works
- how long it takes
- contact information for the coordinator
- a space to include the potential date and venue for the conference

Becoming a Caregiver

This brochure would be given to a family group member who wishes to have more information about caregiving options.

This brochure should outline:

- what a supervision order is and how it works
- what kinship care is and how it works
- what custody is and how it works
- what adoption is and how it works
- criteria that a child welfare agency is likely to consider when doing a homestudy

Children's Invitation to Conferencing

This brochure should include:

- similar information to the Basic Brochure but in language and images that is accessible to children
- allow space for children to personalize the brochure by writing in their name, who will attend, who their support person will be, what food they would like at the conference, what opening they would like
- allow space for the child to write down what the adults should know

Supporting Children in the Conference Process

This brochure should include:

- information as to why children are included in the conferencing process
- ideas of how the children can be supported both before and after the conference

**APPENDIX
CHILD WELFARE CONTEXT IN ONTARIO**

May 2006

VOLUNTARY INVOLVEMENT

At home or with kin:

The family agrees to work with the Society to address protection concerns, and agrees, if requested, to sign a voluntary service agreement (contract) which outlines the expectations from each party, as well as any collaterals.

In care: Temporary Care Agreement (TCA):

A temporary care agreement is signed by the parent/guardian, the child if 12 years or older and child welfare. It is an agreement that places the child in care for a stated period of time. This would be a term between a few days and 6 months. The parents retain the primary responsibility for the child but agree to the Society taking on certain responsibilities such as day to day care and emergency medical responsibility.

The agreement can be extended, but in total cannot be longer than 12 months. There is no court involvement.

MANDATED INVOLVEMENT

A child must be under 16 for court proceedings to be initiated. A court proceeding is only begun when the Society believes a less intrusive measure (voluntary involvement) is either not available or will not protect the child. When a child is first brought to the attention of the court it is through a protection application. Before the judge grants the order recommended by the Society, there needs to be evidence that the child is in need of protection and that nothing less than a court order would protect the child. Once the child is found by a judge to be in need of protection, subsequent requests for orders are called Status Reviews. For the judge to grant subsequent orders, the Society needs to show evidence only that the order is in the child's best interests.

Supervision order:

A supervision order states that certain conditions are necessary to protect a child and sets out the requirements for the child, the family, the workers and others involved to follow. The child would remain either with the original caretaker or with someone else who is designated as a caregiver for the length of the order. This could be an extended family member, someone known to the child or family, or a member of the child or family's community. The child will not be in the care of the child welfare agency. Such an order is also often requested when a child first leaves care to provide support and protection during the settling in period. The order can be for any period up to a maximum of one year. The order can be renewed if needed.

Under a supervision order the child welfare worker is mandated to visit the child on a regular basis. The conditions of the order can include such factors as counselling expectations, testing of the parents for substance abuse and the manner in which the child's physical (including medical), educational (including appropriate stimulation) and emotional needs are to be met.

A supervision order is also often used once the child is discharged from care, to allow child welfare to monitor the situation for a period of time.

Society Wardship:

When a child is brought into care, the order usually asked for is Society Wardship. This order is temporary and can be up to one year in length.

There are conditions which specify what would need to be accomplished before a recommendation would be made to terminate an order of Society Wardship. This order gives the child welfare agency guardianship of the child. The Society would keep the parents informed of the child's health and well-being and would involve the parents in decision making meetings.

Crown Wardship:

In the case of children under six years, the cumulative time a child can be in care (both under a Temporary Care Agreement and as a Ward of the Society) before a permanent plan is required is one year.

For older children, the continuous time in care cannot exceed two years.

If the court decision is for the child to be in the care of the state long term and permanently this is known as a Crown Wardship order. Child welfare in this instance has been awarded permanent guardianship of the child.

Crown Wardship, no access, for the reason of adoption, is often asked for when children are under six. Sometimes it is the first order sought particularly for a new born whose siblings have already become Crown Wards or whose parent for some reason (like a long history of drug abuse) is unlikely to be able to plan long term for the infant. For older children Crown Wardship, with access, may be the preferred route as the child has already developed significant familial relationships and would be damaged by an abrupt cessation of these relationships.

Extended care agreement:

A youth who has been in the care of the Society and wishes to remain in their care after their 18th birthday can sign an extended care agreement with the agency if the Society thinks that the child would make good use of extended support. This agreement can be extended annually until the youth reaches 21 years of age.

COURT PROCESS

- To apprehend a child, the worker requires a warrant issued by the Justice of Peace, unless the time it would take to obtain a warrant leaves the child at imminent risk.
- The matter has to come before the court within 5 days of the apprehension.
- At this point the court usually issues only an interim order. This may be because the worker is still gathering all the necessary material for a final order, or because family members need to obtain a lawyer and/or present a plan.

- If the parents and child welfare both agree, an order can be quickly obtained. If there is a signed agreement, it is usually unnecessary for the family or worker to appear in court.
- If the parents or guardians disagree with the Society's proposed plan, the matter may go to trial. Other family members have the right to present a plan for the care of the child to the court and/or to the Society. Before the trial is heard, there needs to be a disclosure meeting where the information from both sides is heard.
- If an agreement still cannot be worked out once a final order is made, a date is set for the next court appearance, which coincides with the termination of the previous order.
- Any party can ask for an Early Status review if they believe that the circumstances have changed significantly.
- The court process can be a long one. It can be further delayed if there has been a delay in serving all parties or if not all parties or their lawyers appear.
- A party includes the Society representatives, and anyone who is deemed a parent or caregiver to the child.
- At many points in the court process, the Society will consider a plan for the child's care presented by an extended family member, someone known to the child or family, or a member of the child or family's community.

CARE ALTERNATIVES

Foster Home

There are foster homes, which are operated by the Society as well as those, which are operated by outside agencies. In the latter case, the Society pays a daily rate to the outside resource for the placement.

Kinship Foster Home

A kinship foster home is a home approved only for a specific child in care, where the caregiver is an extended family member, someone known to the child or family, or a member of the child or family's community. Approved kinship caregivers must have a thorough assessment and must meet certain standards.

Group Home

This is a home for 4 or more children, usually teens. A group home may be the preferred option for children with extreme behaviours, if these behaviours are difficult to address in a more family-like setting.

Child and youth workers staff most group homes, though foster parents supported by child and youth workers staff some.

Some group homes may focus specifically on assessment and thus are short term, with an appropriate longer term placement being recommended at the end of the assessment period.

Treatment settings

There are certain foster homes and group homes that are geared to dealing with children with more specific behavioural and emotional needs, who cannot make adequate use of a different placement.

ROLES

Intake Worker

This worker who generally has a social work degree, carries out the initial investigation of a referral/complaint.

Family Services Worker (FSW)

The intake worker transfers the case to a FSW (generally also a social worker) if it is identified that further child welfare involvement is required. The FSW continues the assessment process and can act as a case manager if a number of services are required to meet the assessed needs of the family. They may counsel the family themselves depending on the family's needs and their areas of expertise. They would refer the case to court if necessary.

Children's Services Worker

This worker is responsible for the child in care, ensuring that their academic, emotional, physical and behavioural needs are met within the placement.

Family Support Worker

This child and youth worker will do relatively intensive work with a family around parenting issues which largely focus on behavioural issues for a limited period of time. They do not carry the child protection mandate.

Supervisor

The supervisor oversees the work. The family service worker and the short term children's worker attached to the same family are usually team members. Family support workers are generally members of another team.

Foster Resource Worker

This person supports the foster parent in their activities. They may be employed by the outside resource if the foster home is not a Society home.

Child and Youth Worker

A child and youth worker may come into the foster home to provide additional support when a child has significant behavioural or emotional needs.

CHILD WELFARE RESOURCES

Funding for specific services may be available. Applications have to be made for specialized funding . As these funds are limited, an application will not necessarily be approved. Examples include funding for camps; funding for special needs e.g. piano lessons.

IMPLICATIONS FOR FAMILY GROUP CONFERENCING

- The Society staff work as a team. The Family Services Worker needs to represent the team's perspective at the Family Group Conference, though it may also be appropriate to have the Children's Services Worker make a presentation. It is useful to have the foster parent or primary worker from the group home present at the conference, as these are the service providers who are carrying out the caregiver function.
- Where there is court involvement, the agreed upon plan is included as part of the Written Plan of Care and submitted to the court. The plan also informs any conditions that are part of the order. The conditions should be worked out with the family in advance, preferably at the conference.
- If the parents do not agree with the plan as proposed by the remainder of the family group and as accepted by the Society, the parents can challenge the plan in court.