FAMILY GROUP CONFERENCING/
FAMILY GROUP DECISION MAKING

COORDINATOR MANUAL FOR ONTARIO

Family Group Conferencing
Ontario Provincial Resource

2011

Family Group Conferencing Ontario Provincial Resource

The George Hull Centre for Children and Families

The FGC Ontario Provincial Resource was established in 2006 under the auspices of The George Hull Centre to oversee a quality assurance body to promote and maintain the model integrity of Family Group Conferencing/Family Group Decision Making, as one of the child welfare Alternative Dispute Resolution (ADR) approaches. Our mandate is to act as a provincial locus of expertise and good practice; to provide and coordinate training and consultation to service providers and organizations; to maintain a roster of FGC/FGDM coordinators, trainers and mentors; and to author the Ontario FGC/FGDM Coordinators Manual and subsequent revisions.

Presently, the FGC Ontario Provincial Resource is staffed by a Director and a Program Coordinator working closely with a Steering Committee encompassing FGC/FGDM coordinators, trainers, mentors and community partners from diverse regions of the Province.

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PREAMBLE

The Family Group Conferencing Ontario Provincial Resource, in its role as promoter and maintainer of good practice and model integrity of FGC/FGDM in Ontario, is pleased to publish a new edition of the FGC/FGDM Coordinator Manual for Ontario.

In 2010, the Provincial Resource Steering Committee decided that it was time for a major overall of the 1st edition of the Manual published in 2006 to reflect our evolution and coincide with our 5th anniversary in 2011. A working group from the Steering Committee was commissioned to prepare a revised manual in collaboration with the Committee.

This Manual reflects the importance of balancing and integrating a practical 'how to' skills building content woven into a philosophical and paradigm understanding of the aims of FGC/FGDM. The Manual strives to allow for local community and contextual customizations without sacrificing the fundamental principles and values of FGC/FGDM.

The Ontario Provincial Resource will continue to exercise its mandate to review and if necessary revise the Manual periodically to reflect evolving experiences and knowledge in the future. This manual serves as the official guide for all FGC/FGDM undertaken as an Ontario child welfare ADR (Alternative Dispute Resolution) service.

ACKNOWLEDGEMENTS

FGC Ontario Provincial Resources acknowledges and wishes to extend our appreciation to the Working Group who worked over a one year period to assemble this comprehensive manual:

Julie Boivin, The Children's Aid Society of Sudbury-Manitoulin
Alison Cope, Family Group Conferencing Coordinator, Toronto/Peel/York
Inshira Hassabu, Family Group Conferencing Project of Toronto
Marilee Sherry, The Children's Aid Society of Brant
Darlene Sykes, The Children's Aid Society of Simcoe
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Special thanks to Julie Boivin, Marilee Sherry and Darlene Sykes for their leadership, time and effort in shepherding the Working Group and Steering Committee through this endeavor in a truly FGC/FGDM coordinating and collaborating manner.

Special thanks to the Steering Committee for overseeing and contributing to several drafts; to Carolina Pizarro and Ina O'Brien for final editing and formatting; and Andrew Masse and Andrew Clausner for IT support and digitally linking the manual.

We acknowledge and thank the American Humane Association via its **Guidelines for Family Group Decision Making** (2010) for lending a substantial contribution to the content and structure of the manual.

SECTION : 1 :

INTRODUCTION AND GLOSSARY OF TERMS

SECTION 1: INTRODUCTION AND GLOSSARY OF TERMS

1.1 Introduction

The concept of Family Group Conferencing (FGC) / Family Group Decision Making (FGDM)[1] originated in New Zealand based on concerns about the over-representation of aboriginal Maori children within the 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* (New Zealand, 1989) and Family Group Conferencing were aimed at broader issues such as empowering families and increasing community participation and accountability.

The American Humane Association's *Guidelines for Family Group Decision Making in Child Welfare* (2010) states the following:

> The practice of FGDM is intended to address the inherent imbalances between child welfare agencies and the children, youths and families they serve. Without agencies' determined efforts to avoid such imbalances, racial and ethnic minority families and families that are poor or socially disadvantaged are at high risk of disproportionate agency responses to their situations. Disproportionate responses are those that may not have occurred had families been white or from more affluent backgrounds. Disproportionate decision making may be a major factor in the overrepresentation of such families as clients of agencies of social control and the principal cause of alienation of children from their families of origin. Such was the understanding reached in New Zealand more than 20 years ago, which led to the establishment in law of the family group conference as the primary means of decision making in child welfare and youth justice.
>
> The key to successful FGDM practice is engaging and calling together a family group — those people with kinship and other connections to children, youths and their parents. This includes those who may not be currently connected to children and youths — for example, paternal relatives who are often excluded, marginalized or unknown. FGDM processes position family groups to lead decision making and agencies

[1] The terms Family Group Conferencing (FGC) and Family Group Decision Making (FGDM) are used interchangeably throughout this manual as both terms are used in Ontario, depending upon the location. Both terms imply the same practice.

> agree to support family group plans that address agency concerns. This in turn gives rise to otherwise unobtainable opportunities for agencies to engage families as collaborators in creating safety in their collective communities. The practice is informed by traditional decision-making processes in many cultures that accent the importance of custom, communality, collectivity, consensus and taking time in arriving at sound and lasting resolutions to issues affecting family life (pg. 6).

While the FGC model practiced in New Zealand has not changed in over 20 years, other FGC/FGDM practices look slightly different in communities across the globe in response to adaptations at the local level (e.g., who employs the coordinator; how it is funded; cultural makeup etc.). It is critical, however, that each community ensures that FGC/FGDM reflects the fundamental principles of practice to maintain model fidelity. Model fidelity is remaining true to the principles of the New Zealand FGC model. There needs to be adequate funding and organizational and community support that upholds the principles and values of FGC, such as:

- Transparency of the child welfare knowledge and information sharing
- Widening the circle
- Sufficient time for preparation
- Honouring private family time
- Family group members driving/controlling the process
- Plan being supported and resourced
- Plan being accepted as long as it addresses the worries/concerns about child safety
- The plan is the primary plan between the family and child welfare agency
- There is a formalized partnership between the family group and child welfare agency

1.2 Child Welfare Transformation in the Province of Ontario

In July 2005, the Ontario Ministry of Children and Youth Services published a document titled *Child Welfare Transformation 2005: A strategic plan for a flexible, sustainable and outcome oriented service delivery model* (2005). This document outlined a major policy shift known as the Transformation Agenda. The Transformation Agenda flowed out of Ontario's period of Child Welfare Reform (1988-2000), Ontario's Child Welfare Reform Evaluation (2002-2003), and the formation of the Child Welfare Secretariat (2004-2005) to address the findings and recommendations of the program evaluations.

The goal of the Transformation Agenda was to expand the intervention options to better meet the complex needs of children and families being referred to child welfare services. The expanded intervention options included: (1) a more flexible intake and assessment model (differential response); (2) strategies to reduce delays in court and encourage alternatives to court; (3) a broader range of placements options to support more effective permanency planning; (4) a rationalized and streamlined accountability framework; (5) a sustainable and

strategic funding model; (6) a single information system; and, (7) a provincial child welfare research capacity.

The Transformation Agenda suggested a fundamental re-orientation of child welfare services from an expert-led model to one which promotes family participation in child welfare decision-making. FGC/FGDM is an approach that encourages collaboration between child welfare workers and the family group. Alongside Child Protection Mediation (CPM) and Aboriginal approaches, FGC/FGDM forms one of the Alternative Dispute Resolution (ADR) approaches advanced in the Transformation Agenda. **See Section # 2 for more information on ADR in Ontario**

While FGC/FGDM can facilitate conflict-resolution and will ideally significantly reduce the time spent in court, or even in some matters, successfully divert matters from court involvement, it is primarily a planning tool.
The Transformation Agenda advocates that FGC/FGDM particularly be used in high-conflict, high-complex cases, though it is useful in other contexts where a decision regarding a child's future is needed.

The Ontario Association of Children's Aid Societies (OACAS) (2007) identified the anticipated results of these changes as:

- Fewer children cared for by child welfare agencies and more children in the care of their extended families;
- A wider range of placement options for children;
- More family and community involvement in planning;
- Increased exploration of care options;
- More adoptions and more openness in adoption.

During the policy development by the Child Welfare Secretariat, FGC/FGDM was included as an Alternative Dispute Resolution (ADR) mechanism under Differential Response. The Secretariat developed a continuum of 'family centred conferencing' options for child welfare. One end of the continuum identified that for situations with low complexity and high agreement an internal conference facilitator (e.g., family service worker or manager) may be appropriate. At the other end of the continuum for situations with high levels of complexity and low agreement, an external facilitator may be appropriate. FGC/FGDM, CPM and Aboriginal Approaches are considered to be at this end of the continuum.

The *Child and Family Services Act (1990)* was amended in 2006 as part of the child welfare transformation. The sections regarding FGC/FGDM when used as an ADR came into effect on November 30, 2006. The regulations governing FGC/FGDM when used as a method of ADR came into effect on November 30, 2006, as did the Ontario Ministry of Children and Youth Services Police Directive: CW 005-06 (2006).

The *Child and Family Services Act (*1990) states that ADR can be used where a CAS is providing protection services to resolve any issue related to a child or a plan for a child's care {ss.145.2(7),

ss.153.6(3)}. The governing principle is to promote the best interests, protection and well-being of children. If a child is or may be in need of protection, a society shall consider whether a prescribed method of ADR could assist in resolving any issue related to the child or the plan for the child's care {ss.20.2(1)}.

The goal of ADR is to reduce delays in child welfare court proceedings and to reduce the numbers of child welfare cases that go to trial (OACAS, 2007). It is anticipated that resolving cases in this way will result in a less costly and more prompt approach encouraging collaboration and cooperation with families. It was anticipated that the outcomes for ADR would include:

- Greater levels of satisfaction with better outcomes for children and families;
- Reinforcement of the family's capacity to keep children happy, healthy and safe;
- Better communication and more effective engagement with families;
- Increase family ownership of the outcome, leading to a greater chance of the outcome being successful;
- Higher settlement rates;
- More timely resolution of child welfare cases;
- Increased cost effectiveness.

1.3 Values Guiding FGC/FGDM

In developing guidelines for FGDM, American Humane Association (AHA) elected to use the values outlined in its 2008 paper, *Family Group Decision Making in Child Welfare: Purpose, Values and Processes* (www.fgdm.org). The following are values associated with FGC/FGDM which can help guide the practice:

- Children have a right to maintain their kinship and cultural connections throughout their lives.
- Children and their parents belong to a wider family system that both nurtures them and is responsible for them.
- The family group, rather than the agency, is the context for child welfare and child protection resolutions.
- All families are entitled to the respect of the state, and the state needs to make an extra effort to convey respect to those who are poor, socially excluded, marginalized or lacking power or access to resources and services.
- The state has a responsibility to recognize, support and build the family group's capacity to protect and care for its young relatives.
- Family groups know their own histories, and they use that information to construct thorough plans.

- Active family group participation and leadership is essential for good outcomes for children, but power imbalances between family groups and child protection agency personnel must first be addressed.
- The state has a responsibility to defend family groups from unnecessary intrusion and to promote their growth and strength

(AHA, pg. 9)

1.4 Glossary of Terms (listed alphabetically)

What the Child Welfare Agency Needs to See to Accept the Plan

Ontario FGC/FGDM coordinators have been using the term 'bottom line' for many years as a heading to describe some of the child welfare concerns and parameters to be addressed in the FGC/FGDM plan in order for child welfare to accept the family's plan. This terminology has felt uncomfortable for many coordinators and others as it does not reflect the spirit of family-driven and family-friendly FGC/FGDM. Some communities have introduced various alternate terminology, such as: child welfare position; child welfare parameters; child welfare concerns requiring a solution; child welfare non-negotiables; or planning guidelines.

Case Manager

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

Coordinator

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

Concerns/Worries

Concerns or worries are the presenting problems, worries or issues that the child welfare team wants the family group to address in their planning. These should always reflect what impact the concerns or worries have on the child or children.

Consent

A parent/guardian needs to formally consent to allow information held by child welfare staff to be shared with the coordinator, and for the coordinator to in turn share this information with other invitees. Similarly, a parent/guardian needs to sign a formal consent to allow the coordinator to approach any other service provider that has worked with the parent or guardian.

Decision to Proceed with FGC/FGDM

FGC/FGDM is a voluntary process. In order for FGC/FGDM to have the greatest chance of a successful outcome, the family group needs to be at a point where they collectively believe that a plan needs to be developed for their child.

Family Group Conferencing / Family Group Decision Making

The terms Family Group Conferencing (FGC) and Family Group Decision Making (FGDM) used throughout this manual, are interchangeable and denote the same process.

Impartiality / Independence

The coordinator occupies a position of impartiality and independence by not being invested in either the family group or the child welfare agendas.

Participatory Approach

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

Private Family Time

Private family time is the time during the conference when the family group meets alone to develop their plan without service providers or the coordinator present. Family group members meet for as long as they need to, and inform the coordinator when they are ready to proceed to the final phase of the conference.

Service Provider

It is recommended that the term 'service provider' (for someone who is providing service to the family group) should be used consistently in place of 'professional' as there frequently are persons with a professional background who also are family members.

Strengths-Based Approach

In a strengths-based approach, families are engaged through the acknowledgment and affirmation of their abilities, skills, knowledge and values serving as the foundation for addressing their difficult life experiences. Honouring their resilient life stories and successes in managing hardships becomes a valued resource, eliciting a language of pride, respect and affirmation.

Support Person

A support person is someone from within the family group that is chosen by a child/youth, parent/guardian or other participant to support them during the conference. The role of the support person is to help the participant cope with the conference emotionally by enabling the participant to speak for him/her self, speaking for the participant where appropriate enabling the participant to manage his/her feelings and/or opinions in a respectful and safe manner and providing encouragement.

Voluntary

Family members must be given the opportunity to participate in the conference of their own free will, separate of any external pressure to do so. Many family groups choose to participate in a conference as it allows them a voice in the decision-making process rather than allowing the child welfare team and Judge to make decisions about their child's future. Other families or family members who decide not to participate in this process must be respected and no punitive actions should fall from this decision.

SECTION : 2 :

OVERVIEW OF FGC/FGDM HISTORY & ONTARIO MODEL

SECTION 2: OVERVIEW OF FGC/FGDM HISTORY AND ONTARIO MODEL

2.1 History of FGC/FGDM

Family Group Conferencing, which is embodied in the New Zealand's *Children, Young Persons and Their Families Act* (New Zealand, 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. 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.

The Maori 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, 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 in New Zealand as a mandatory approach and so families of all backgrounds who have a child considered in need of protection are invited to participate in 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 the child welfare process by the New Zealand Department of Social Welfare and to address the inherent power imbalance which exists between the child welfare system and the child's extended family.

FGC has been applied around the world. There are sites in over 20 countries in the world, including Canada, Australia, UK, South Africa, USA, Netherlands, Finland, Norway, Israel, Hungary, Sweden, Sri Lanka and Ireland where FGC in child protection is being used.

The first Canadian initiative was a demonstration project conducted in Newfoundland and Labrador in 1995/6 by Drs. Joan Pennell and Gale Burford based at Memorial University, St. John's, Newfoundland. The focus was on using Family Group Decision Making (FGDM) for families who experienced domestic violence. In 1997, a pilot project was established in Calgary. Unfortunately, neither of these programs has continued despite positive results.

In 1997, two FGC projects in Manitoba were established, with one in Dauphin and one in Winnipeg based at local Friendship Centres. FGC is currently being offered in four locations in Manitoba.

The first Canadian child welfare legislation regarding FGC was passed in British Columbia (British Columbia, 1996) and in Newfoundland (Newfoundland, 1998). British Columbia began using FGC in late 2002 and it is now supported by both legislation and policy (Ministry of Children and Family Development, 2009). Newfoundland has not yet established an FGC practice in child welfare.

New Brunswick enacted amendments to its child welfare legislation in 2009 (New Brunswick, 1983) requiring child protection services to consider FGC along with practice standards regarding FGC (Department of Social Development, 2008) as part of its system-wide reform of the child welfare service. Yukon passed amendments to its child welfare legislation (Yukon, 2008) which requires that a family be offered an FGC for children who are involved with child protection services.

FGC projects have also been established in Alberta, Saskatchewan and Nova Scotia. At the time of the writing of this manual, details about these projects are not known. There may be other Canadian initiatives that are operating but again this is unknown at time of publication.

The first FGC program launched in Ontario in 1998 was the FGC Project of Toronto at The George Hull Centre in collaboration with local child welfare and children's mental health agencies; this initiative is now well established in the metro Toronto area. This was followed by a pilot project at Brant CAS in 2002, which developed into an established FGC/FGDM service. During 2004-5, several other FGC/FGDM services were established in London, Simcoe County, and Sault Ste. Marie. After Ontario proclaimed amendments to the *Child and Family Services Act* (Ontario, 1990) on November 30, 2006 (which required the child protection agency to consider using an Alternative Dispute Resolution method which included FGC/FGDM as an approved method), the FGC/FGDM service began to spread across Ontario and now is offered by nearly every child welfare agency in Ontario.

The Ontario FGC/FGDM model is based closely on the New Zealand model of Family Group Conferencing, with one of the main differences being legislation and policy in each country. Drs. Gale Burford and Joan Pennell coined the term Family Group Decision Making for their project in Newfoundland and Labrador in 1995 as a way to describe a process that was similar to FGC as practiced in New Zealand (American Humane Association, 2010).

The amendments to the *Child and Family Services Act* (Ontario, 1990) , the *CFSA* regulation 496-06 (Ontario, 2006) and policy directive CW 005-06 from the Ministry of Children and Youth Services all came into effect on November 30, 2006. These changes were part of a broader child welfare transformation in Ontario. FGC/FGDM became an approved method of Alternative Dispute Resolution as a result of these changes. **See Section 11 "ADR DVD"**

The primary *CFSA* amendments (1990) regarding ADR (and thus FGC/FGDM) are as follows:

> If a child is or may be in need of protection under this Act, a society shall consider whether a prescribed method of alternative dispute resolution could assist in resolving any issue related to the child or a plan for the child's care. 2006, c. 5, s. 5. (20.2)
>
> The court, at any time during a proceeding, and with the consent of the parties, may adjourn the proceeding to permit the parties to utilize a prescribed method of ADR to attempt to resolve the issues in dispute (section 51.1).
>
> On applications to vary or terminate an openness order before or after an adoption, the court may, with the consent of the parties, adjourn the proceeding to permit the parties to utilize a prescribed method of ADR to attempt to resolve any disputes related to the proceeding (sections 145.2(7) and 153.1(10)).

The policy directive (Ministry of Children and Youth Services, 2006) requires that when FGC/FGDM is being used as ADR, the coordinator must be impartial and have no "child protection" decision making power, the coordinator must explain specific privacy/confidentiality provisions to participants, and the Office of the Children's Lawyer must be notified.

The FGC Ontario Provincial Resource was established in 2006 under the auspices of The George Hull Centre to oversee a quality assurance body to promote and maintain the model integrity of Family Group Conferencing/Family Group Decision Making, as one of the Alternative Dispute Resolution (ADR) approaches. The key objectives are to act as a provincial locus of expertise and good practice; to provide and coordinate training and consultation to service providers and organizations; to maintain a roster of FGC/FGDM coordinators, trainers and mentors; and to author the Ontario FGC/FGDM Coordinators Manual and subsequent revisions.

2.2 Ontario FGC/FGDM Model

Referral:
The conferencing process begins with a referral made by a child welfare worker in consultation with their supervisor and with key family members.

Preparation:
The effectiveness of a Family Group Conference depends on the preparation stage of the FGC/FGDM process. The goal is to expand the family circle participation and to prepare all prospective participants, including children and service providers. This is done by providing them with information prior to the FGC/FGDM about the conferencing process, as well as the child welfare information which includes the strengths of family members, child welfare concerns and the concerns/worries that the child welfare agency needs to see addressed in

order to accept the plan[2] . By widening the family circle and ensuring broader family participation in making a plan for the child, the process ensures the family's support for the plan.

There may be relatives who live in other countries, provinces or parts of Ontario. It may be necessary to transport a key family member to the meeting since that person is still a member of the child's family group who is being invited to develop a plan for a child, regardless of whether or not the family member is planning to present a plan to be a caregiver for a 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.

The amount of time needed to prepare all participants will depend on the needs of the family, the complexity of the issues affecting the family, the number of children being planned for, the number of persons being invited to the meeting, and the geographical distance the coordinator travels to attend the preparation meetings with participants. Shortcuts taken to reduce the preparation time tend to compromise the entire FGC/FGDM process, including the safety of each participant. The amount of time for preparing all participants for the conference 'takes what it takes'.

The Conference:
The coordinator hosts the meeting. The conference itself is made up of three distinct stages.

Phase 1: Information sharing

a. The meeting begins with an opening chosen by the family, such as a ritual, greeting or prayer in keeping with the family's particular cultural, spiritual and religious heritage.

b. Participants introduce themselves in relation to the child and share their hopes for the day.

c. The child welfare worker, by reading a report that is prepared beforehand, outlines the strengths observed in the family and provides a concise and non-judgmental description of the concerns/worries that exist for the child. The child welfare team will also note what they need to see in order to accept the plan (used to be called 'bottom lines'). If other service providers, including the Office of the Children's Lawyer (OCL), are present, they may also outline the strengths and worries that exist for their client.

d. Questions raised by the family are answered.

[2] These may be referred to as 'bottom lines', planning guidelines etc.

e. 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 the family circle's plan/recommendation/solution that will address the child welfare and their own concerns for the safety and well-being of their child/ren. The family group takes as much time as is needed to craft their plan.

Phase 3: Review of the Plan

The family group presents the family's circle's plan/recommendation/solution to the child welfare team. At this point the details are often negotiated between the family group and child welfare staff. The coordinator facilitates this discussion, ensuring that the family group's voice is central to the decision making. At times it may be necessary for the family group to consult with one another in another private time; this is determined at the discretion of the coordinator and family group. The child welfare team accepts the final plan when they are assured that the child's well being and safety concerns have been addressed. Usually the family group identifies a few family members who monitor the plan implementation.

The meeting typically takes anywhere from 3 to 8 hours.

Post Conference:
The coordinator writes up the plan based on the family's words. Within ten working days, the coordinator distributes the plan to all participants and anyone else whom the family group identifies as needing a copy of the plan. The child welfare worker works with the family to implement the plan and maintains regular contact with the family group.

Another FGC/FGDM can be reconvened at a later date at the request of anyone in the family group or by the child welfare worker.

2.3 FGC/FGDM Applications

There are no families who would/should be disqualified because of the issues they are facing. With proper preparation, FGC/FGDM can be used with any family who are in crisis or faltering, where:

a. Parents have
   - Serious health or mental health issues;
   - A developmental disability;

- Significant struggles with substance abuse.

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

c. Families where there is
    - Domestic violence;
    - Settlement issues;
    - Custody/co-parenting issues;
    - Vulnerable adults e.g. elderly.

The above is an overview of the history of FGC/FGDM. Further reading in this area is encouraged so that the coordinator is well versed in the development of FGC/FGDM internationally as well as in Canada.

SECTION : 3 :

ORGANIZATIONAL CULTURE

SECTION 3: ORGANIZATIONAL CULTURE

3.1 FGC/FGDM as Mainstream Practice in Child Welfare

American Humane Association's *Guidelines for Family Group Decision Making in Child Welfare* (American Humane Association, 2010) states the following:

> Best policy and practice require that FGDM be organized for all families, and become the mainstream, standard way of working with family groups when their children come to the attention of the public child welfare agency, and when there is a significant planning issue or decision to make. To implement FGDM as a decision-making process for all children, child welfare agencies need to make some overarching changes to other public child welfare agency functions and philosophies, restructure the existing child welfare workforce and invest additional resources or realign existing ones. Because this takes time and will to organize, a number of communities have referral criteria that limit the number of families referred to FGDM. The referral approach that a community uses is matched with adequate resources to serve referred families, including a sufficient number of coordinators. There are no waiting lists for the children or families who would benefit from an FGDM process, as waiting lists minimize the urgency of the impending decisions on the life of a child (p. 19, II.1.).

Ontario's *Child and Family Services Act* (1990) as amended in 2006 requires that Alternative Dispute Resolution (of which FGC/FGDM is one method) be considered when a child is or may be in need of protection. This requirement forms part of Ontario's Transformation Agenda (Child Welfare Secretariat: Policy Development and Program Design Division, 2005) for child welfare services. The challenge for Ontario is that some of the standards for making this practice mainstream have remained flexible, leaving individual child welfare agencies, ADR agencies or MCYS regional offices to decide what "consider" means and when a referral qualifies as ADR.

Family Centred Case Conferencing also forms part of the Transformation Agenda, and FGC/FGDM (both as a method of ADR and as a Differential Response) is included as one form of Family Centred Case Conferencing. Each agency is required to develop a Family Centred Case Conferencing service, with ADR services meeting the requirements of the Ministry of Children and Youth Services' policy directive (Ministry of Children and Youth Services, 2006).

Progress in Ontario toward making FGC/FGDM a mainstream child welfare practice varies greatly across the province, which has a direct impact on the referrals to FGC/FGDM by each child welfare agency.

3.2 Purpose of FGC/FGDM

FGC/FGDM is a decision-making process to which members of the family group are invited and joined by members of their informal network, community groups and the child welfare agency that has become involved in the family's life. The family members define whom they claim as their family group. FGC/FGDM is based on traditional practices in many cultures and seeks to uphold individual and collective rights. It is advanced by government reforms and global social movements seeking to rebalance the power between families and public agencies by promoting open communication and democratic decision making.

FGC/FGDM is intended 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.

3.3 Transparency and FGC/FGDM

A critical component of family centred case conferencing, including FGC/FGDM, is transparency which focuses on open, honest and respectful dialogue. This transparent approach is helpful in developing a trusting relationship or repairing a mistrustful one with the child welfare agency, family members and service providers.

The manner and language in which information is shared by the child welfare agency with the family and relatives can (via the summary of information and/or the worker's report on the meeting day) create barriers to communication and can leave family members feeling that their knowledge is disqualified (Schmid & Pollack, 2010). As information on a child welfare file is conveyed from one worker to another it can become the 'truth' about the family and is assumed to provide the new worker with an accurate description of the nature of the family (Webb, 2000).

Information shared with families either by child welfare or other service providers needs to be: accessible (e.g., using language that is clear, easily understood and that leaves nothing to interpretation or assumption); blame free; explicit rather than implied; perspectives that are strengths-based without minimizing concerns; limited to the issues that need to be addressed; and identifying what strengths might be built on rather than dictate a course of action (Schmid & Pollack, 2010). This allows the family participants to augment the child welfare and service provider information with their own experience and knowledge, which forms a more inclusive view of the situation. Workers who have shared information with parents and have respected their ideas are the ones who are most valued by families (Johnson et al. 2003).

3.4 Principles of FGC/FGDM

FGC/FGDM affirms the culture of the family group, recognizes a family's spirituality, fully acknowledges the rights and abilities of the family group to make sound decisions for and with its young relatives and actively engages the community as a vital support for families.

> FGC/FGDM has the potential to energize hope, guide change and foster healing. Through FGC/FGDM, a broad support network is developed and strengthened, significantly benefiting children and their family groups. Government, local and tribal programs also benefit, learning from and relying on the family group and community as resources that strengthen and support families in ensuring that their children have a clear sense of identity, lasting relationships, healthy supports and limits, and opportunities for learning and contributing (AHA, 2010, p. 8).

Preamble:

FGC/FGDM offers the family network, including the nuclear family, their maternal and paternal relatives and their friends, the opportunity to:

- Hear from the child welfare team and service providers their concerns about the safety and well-being of the child as well as have family strengths acknowledged;
- Meet without the child welfare team and service providers to develop a plan of safety and well-being for the child;
- Present the family's plan to the child welfare agency for approval.

Principles:

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

Theoretical assumptions of FGC/FGDM:

- Is inclusionary and collective rather than exclusionary and individualistic.
- Is a competency/strength based family-focussed approach. Families have their own expertise. Expertise is not located with service providers alone.
- Is a 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.
- Family is the 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.
- Takes a holistic, systemic, ecological view of child, family and the community.
- Is culturally sensitive and appropriate.
- The coordinator stays in an independent role, distinct and not aligned with the family group or service providers.

3.5 Expected Outcomes and Benefits of FGC/FGDM

- Shifts in relationships and improved connections:
  - Within the family group, including within individual families, as well as between different families which comprise the larger extended 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 unhelpful 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.

3.6 Community Collaboration

It is important for each community to pay attention to collaborating with other community agencies and stake holders (including the Band, OCL, children's mental health, domestic violence agencies, etc.) to build the necessary support for the FGC/FGDM process to be successful.

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.americanhumane.org

SECTION : 4 :

CULTURE

SECTION 4: CULTURE

4.1 Family's Unique Culture

Appreciating a family's unique culture is critical to effective preparation and implementation of FGC/FGDM. When used as it is intended, FGC/FGDM can be a culturally sensitive intervention.

FGC/FGDM coordinators should avoid assumptions regarding a family's unique culture which can be affected by such things as:

- Diversity within the family;
- Intergenerational differences;
- Varying definitions or identifications.

Coordinators must take into consideration both "Big C" culture as well as "Small c" culture. "Big C" culture includes the patterns of behaviour, beliefs, values, customs and institutions that are associated with ethnicity/nationality/race/sexual identity/class/religion and even language. This culture is broad based and common to large groupings.

"Small c" culture includes 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. "Small c" culture includes socio-economic status, age, gender, diversity and the dynamics within the family. The following are examples: intergenerational differences; diversity within the family (mixed or blended marriages); varying definitions/identifications (food, clothing and language used at home); dealing with duality of cultures (e.g., Canadian/country of origin/First Nation); family dynamics (such as who has a lead role in the family); and immigration (the sense of being uprooted and what the family went through in the im/migration trip). The im/migration story can also be one of oppression and/or trauma, of assimilation and/or hope or disappointment.

Factors that shape the unique family culture include:

- Cultural heterogeneity within the family;
- Intergenerational differences regarding family roles and decision making;
- Different interpretations/identifications with the culture in terms of dress, food, religious practices;
- Duality of cultures: in immigrant context, attempting to manage both the dominant culture and the 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:

- Child rearing practices including conflicts with dominant culture;
- Perspectives on personal rights;
- Age and gender roles;
- Individual or collective decision making;
- Isolated versus connected families. Close connections can be a support and/or a threat;
- Past experience with authority of dominant cultures, including stories of colonization, oppression and cultural genocide;
- Importance of unique immigration stories, inclusive of both joys and tribulations.

In developing an understanding of the family's culture, a coordinator 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. Consulting with someone who is familiar with the family's ethno specific culture may be useful.

4.2 Cultural Considerations for Coordinators

The coordinator, in preparing the family, child, referring worker and others, proceeds from an acknowledgment of the role of race, ethnicity, economic class, spirituality and culture in a family's life. The coordinator demonstrates a genuine interest in the family's culture and an understanding of how the family's culture has been historically treated by the dominant culture. When the coordinator does not have an understanding of the family's culture, s/he works to learn about the family's culture, such as by finding individuals in the community who can serve as cultural guides. If it is possible to match a coordinator with a family culturally (and if this is desired by the family), culture can again be honoured.

The coordinator shows respect for the family group's culture by:

- Recognizing the family group as the expert on itself;
- Recognizing that each family group is unique;
- Using respectful language, both verbally and nonverbally;
- Not pretending to understand the family group's culture when he or she does not and instead, asking questions to develop an understanding of the family group's culture;
- Working with cultural leaders in a community (e.g., First Nation);
- Developing an understanding of the family group's world view, cultural assumptions and values;

- Developing an understanding of and a respect for the family's decision making model;
- Exploring these issues with family group members and others during the preparation process. (AHA, pg.39, s.iii.24.)

Coordinators must also be aware of the respective cultures of the service providers, their own culture, and, in general, the organizational culture whose influence is apparent in the policies and models under which its workers practice.

Understanding culture is critical to the effective preparation and implementation of FGC/FGDM. The coordinator needs to take into account both "Big C" and "small c" culture.

TIP: Be careful not to confuse culture with family dynamics.

Cultural practices can be incorporated into the FGC/FGDM through such practices as:

- Families will choose if they wish to mark the beginning of the 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, and help families to negotiate any disagreement.

- Cultural awareness, use of ethno-specific agencies, interpreters and translators.

- Having a diverse pool of coordinators to choose from, since it may be appropriate to match the culture of the coordinator to the family's culture, depending upon a family's preference.

- Choosing a culturally appropriate venue for the conference

- The provision and choices of food.

SECTION : 5 :

THE FGC/FGDM COORDINATOR

SECTION 5: THE FGC/FGDM COORDINATOR

5.1 Introduction

In FGC/FGDM processes in Ontario, an individual known as the 'coordinator' is responsible for preparing participants and guiding the family meeting. The preparation, organization and guidance of the process may vary slightly depending on the style, skills and abilities of each coordinator and needs of each family group. This work continues to evolve as coordinators work with and learn from families.

> The coordinator's purpose is to convene and guide a family-led process, to ensure that the agency representatives share all critical information with the family group that is essential to the decision-making process. A coordinator minimizes his or her own voice and presence in the meeting by bringing forward significant pieces of information as quickly as possible. This allows for a more rapid transition to private family time (AHA, 2010, p. 14 I.2)

5.2 Coordinator Independence

> The coordinator does not have a role in [*Child Protection*] case decision making for the specific family for which he or she is coordinating the family meeting. The coordinator acts in a fair manner. The family views the coordinator as independent and impartial. When possible, coordinators do not coordinate family meetings for families with whom they have had a prior personal or working relationship if their involvement would influence or compromise the outcome or decision. In rural or geographically isolated communities, given the complexity and closeness of relationships, coordinator independence may be more difficult to achieve (AHA, 2010, pp. 14, s. I.3).

5.3 Impartiality of the Coordinator

Any coordinator, no matter how employed or funded (as required by the Directives from the Ministry of Children and Youth Services 2006) must have a dedicated and distinct role, separate from the child protection role and from the child welfare team of a child welfare agency and:

- Cannot have access to client files or the child welfare agency database;
- Must not read any child welfare recordings or court reports, either from the child welfare agency or from family members;
- Is not to be part of the child welfare team;
- Has the mandate to ensure model fidelity and integrity;
- Has checks and balances built into the system in order to maintain his/her independence;

- Has his/her agency/funder's commitment to coordinator independence;
- Is advised to be involved in some type of supervision/consultation either through an agency, individual or peer/colleague, or networking with other coordinators.

There are two kinds of supervision/consultation needed by a coordinator: organizational and clinical. Coordinators need to know what their individual needs are, where they will get supervision/consultation and what may be available through their funding organization and/or what can be organized independently.

5.4 Self-Evaluation and Ongoing Learning

All coordinators need to be committed to self-evaluation, reflective and ongoing learning and growth opportunities. Self reflection activities could take the form of supervision; group or peer supervision; peer networking opportunities; individual reflection and analysis/debriefing following family meetings; data analysis including feedback from family members and participants; and seeking out and listening to the experiences of family group participants. All coordinators are encouraged to take responsibility for his/her own learning through the above methods and the Professional Development days offered by the FGC/FGDM Ontario Provincial Resource. **See Appendix # 1: "Self Evaluation Tool from the American Humane Association"**

TIP: Organizational supervision refers to a reporting relationship and/or supervision with an agency that will assist the coordinator in navigating and dealing with the larger system issues related to policy, referral processes, finances, etc.

5.5 Funding Agent of the Coordinator

> It does not matter whether FGC/FGDM coordinators work for public child welfare, private child welfare, community-based agencies, nongovernmental organizations, or work as private practitioners for them to uphold the best practices and implementation of FGC/FGDM. Communities need to consider their community climate, organizational structures, benefits and challenges to determine which entity is best positioned to employ the FGC/FGDM coordinator. The power dynamics in each context must be carefully assessed when choosing the most appropriate location for the coordinator. No one type of entity is considered superior in being the employment agent of the FGC/FGDM coordinator (AHA, 2010, pp. 14, s I.4).

5.6 Role of the FGC/FGDM Coordinator

> The coordinator has variously been described as the "face of the FGDM process," the "shepherd of the process," the "keeper of the process, not the content," and the "ambassador to the process for family, the community and the child welfare system." The coordinator's general

responsibilities, beginning at referral, include engagement and preparation for the family meeting related to:

- **Information sharing** to promote transparency through open sharing of information held by child welfare and other service providers, and building communication channels between the referring worker, other agency representatives and the family group;
- **Building relationships** with all participants (both family members and service providers), advocating for the primacy of the family group, continuously asking the family group how the process should work, search for what is important to the family group, listening to what the family group says and developing an understanding of how the family group operates;
- **Respect for culture** by integrating the family group's culture into the process, embracing cultural safety for families, creating a safe environment to engage in a discussion of culture, supporting traditions that have been successful for families, recognizing that many families are multicultural and working with them to respectfully support the emergence of rich cultural diversity; and
- **Ensuring the integrity of the process** by raising challenges to decisions that exclude individuals or create limits on the decision-making process

(Paraphrased from AHA , 2010, pp. 15, s I.5)

5.7 The Coordinator's Relationship with Child Welfare Practice Improvements

Coordinators often serve as conduits back to the child welfare system and as advocates for improving practice and policy and achieving better outcomes for children and families. In the course of the FGDM process, coordinators may observe poor child welfare practices that conflict with the principles of FGDM. If they are employed by the public child welfare agency, they may experience internal conflict when they observe these practices, wanting to ensure that families are well-served, but they may be reluctant to complain about specific workers, practices or policies. Similarly, if coordinators work outside the public child welfare agency but have entangled funding sources, they may have an unwillingness to share their concerns. There is benefit in developing feedback loops for coordinators, referring workers, supervisors and others to discuss quality of practice issues (both at the worker and coordinator level) and systems issues that impact the FGDM process. The inclusive and reflective feedback process is necessary to strengthen FGDM practice, to build open

communication and to deescalate potential conflicts (AHA, 2010, pp. 15, s. I.6).

5.8 Coordinator Qualifications

Education and/or experience required to be placed on the Ontario FGC Coordinator Roster All FGC/FGDM coordinators will:

- Have post-secondary educational qualifications in human services, or equivalent;
- Be familiar with relevant child welfare processes and policies;
- Complete Basic and Advanced FGC/FGDM conferencing training;
- Be well-read in the Ontario Family Group Conferencing/Family Group Decision Making Manual;
- Complete a mentorship which includes the principles and practices of FGC/FGDM Conferencing;
- Be familiar with the dynamics of marginalized, vulnerable and victimized populations

The American Humane Association (2010) also recommends the following:

- Have knowledge and/or experience that provides the ability to navigate the child welfare system, through work or experience with the system itself or other service systems that pose challenges for families (such as education, the courts, mental health or health care) — and that allows the coordinator to inform the family group about how the system functions;
- Have experience with peace-making or with helping people with different points of view come to a common solution.

Beliefs and Values

- Agrees with and believes in FGC/FGDM philosophies and values, especially the belief in the rights and capacities of families, children and youth
- Has a clear understanding of what a family-led process — as opposed to a systems-driven process — looks like.

Interpersonal Skills

- Enjoys working with people
- Can readily engage with people
- Can build relationships with families and service providers
- Can build trust and rapport with families and service providers
- Can communicate honestly, clearly and concisely
- Can manage boundaries in relationships

Cultural Strengths

- Is aware and open to learning about a family's culture
- Has the ability to understand a family's culture and support the family's culture in the family meeting
- Can identify and value the family group's culture and is sensitive to the impact of the dominant culture where the family group's culture does not coincide with this
- Is sensitive to issues of power, oppression, discrimination, colonization and marginalization;
- Has the flexibility to work with families that function differently from his/her own

General Work Skills

- Works with family groups to support and promote their solutions and perspectives
- Has organizational skills, including multitasking and the ability to prioritize, follow through and deal with logistical details
- Has skills in managing highly emotional or conflictual situations without becoming overwhelmed and/or central to the process
- Can articulate his or her role and stay within that role

Personal Characteristics

- Is sensitive to issues of power and oppression
- Genuinely cares about children and families
- Is committed to deepening learning and strengthening skills
- Has a strong sense of personal integrity
- Is intuitive
- Can recognize that s/he will not have the answers to all questions
- Is open to feedback and self-evaluation (also termed *reflexive practice*)
- Attends to self-care (AHA, 2010, pp. 16-17, s I.7.)

5.9 Training/Mentoring Program

Training

In Ontario, all FGC/FGDM coordinators are required to complete basic and advanced training and a mentorship program BEFORE they are placed on the Ontario FGC/FGDM Coordinator Roster through the George Hull Centre and BEFORE they consider themselves to be a FGC/FGDM coordinator.

Basic training: targets prospective coordinators, child welfare staff and/or other stake holders, and is intended to help participants to develop an understanding of:

- The history, philosophy and benefits of FGC/FGDM;
- The conferencing process;
- The referral process;
- The preparation process;
- The FGC/FGDM meeting day;
- Post conference process.

Advanced training: targets prospective coordinators, child welfare staff and/or other stake holders who are interested in a deeper understanding and appreciation of the FGC/FGDM process. The Advanced training is intended to help participants to develop an understanding of:

- The role of culture in conferencing;
- The importance of involving children in conferencing;
- Preparing children for conferencing;
- Preparing family members and service providers;
- The need for safety for all participants and how to facilitate safety for all participants;
- What the conferencing challenges are and how to anticipate and deal with them;
- Preparing reports.

Mentoring

The goals of the mentorship are to:

- Help the trainee develop a good understanding of the preparation phase, how to facilitate a conference, the administrative requirements associated with conference coordination, the principles and philosophy of FGC/FGDM;
- Provide the trainee with opportunities to observe the FGC/FGDM process through a range of experiences, so that the trainee feels comfortable in coordinating a conference;
- Observe and interact with the trainee so that an informed judgment can be made about the trainee's ability to coordinate a conference process independently;
- Provide support and consultation to the trainee.

For the most up to date information about the mentoring expectations, please refer to The George Hull Centre website: **http://www.georgehullcentre.on.ca/Family-Group-Conferencing-Ontario-Provincial-Resource**

The mentor will determine the trainee's readiness to work independently and will forward the required documentation to the FGC Ontario Provincial Resource office recommending placement on the Ontario Family Group Conferencing Coordinator Roster.

To become a FGC/FGDM mentor

Experienced coordinators assist new coordinators in their mentorship. Steps to become a mentor are outlined on The George Hull website: **http://www.georgehullcentre.on.ca/Family-Group-Conferencing-Ontario-Provincial-Resource**

5.10 Documentation Guidelines for FGC/FGDM Coordinators

Each coordinator is responsible for record keeping regarding documentation for the FGC/FGDM process. The following are offered as guidelines:

The records of the coordinator who is providing services as a method of Alternate Dispute Resolution (ADR) under the *Child and Family Services Act* (Ontario, 1990) are governed by Regulation 496/06 of the *Child and Family Services Act* (Ontario, 2006). Under Regulation 496/06, records generated by FGC/FGDM conference coordinators are protected in the same way as all other ADR 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 in this way) or in the case of professional disciplinary procedures. Records should nevertheless only include what is absolutely necessary.

Coordinators employed/contracted by agencies also may have documentation requirements that must be adhered to. Coordinators should also be mindful of any other professional code of ethics or practice standards that may affect them, such as membership in the Ontario College of Social Workers and Social Service Workers. The purpose of maintaining records is to ensure that the coordinator has the necessary information to prepare for and conduct a conference. Key materials in the record would include:

- Information presented to the coordinator by child welfare regarding
    - who is in the family group;
    - who was contacted (with contact details);
    - who attended the conference;
- The reason for the original referral and/or the referral form;
- Consents and the confidentiality agreement signed by participants;
- Brief notes tracking the progress during the preparation phase;
- Reports presented at the conference;
- The plan itself;
- A record of any 'duty to report' matters.

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

The Ministry of Children and Youth Services currently requires certain statistical details from child welfare agencies and other agencies providing FGC/FGDM services to child welfare agencies regarding ADR referrals. The coordinator may need to keep this data to make it available to the child welfare agency and third party agency providing/funding FGC/FGDM services, as requested.

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.

5.11 Confidentiality Agreement and Consents: Points to Consider

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

Some coordinators have participants sign the confidentiality agreement when the coordinator informs the person about the provisions during their initial meeting with a family member or service provider, as this is the beginning of the ADR process. Other coordinators notify participants of the confidentiality provisions and that everyone will sign the agreement at the beginning of the FGC/FGDM conference. This also ensures that persons who were invited to the conference but do not attend were appropriately informed. The coordinator explains that the information conveyed between parties cannot be used in civil litigation. This also means that any participant in the FGC/FGDM process cannot call the coordinator to court, nor use any information shared during the private family time in any affidavit or court case. **Refer to Section 6, III (6) or Section 7, Part 1, VII or Part (2), (2) (d)**

In addition, the coordinator will have on file written consents gathered by the child welfare worker. The child welfare worker, before making the referral for FGC/FGDM, will typically ask the parents/caregiver and a child over 12 to sign consents that information pertaining to them in the child welfare file can be shared with the coordinator for the purposes of a FGC/FGDM referral. Some coordinators use that consent to share information with other invitees to the conference, while other coordinators have the parents/caregivers sign/document that consent to participate which allows him/her to contact other family members. Either way, it should be clear that there is consent to widen the family circle and share the child welfare summary of information with each family group member invited. The coordinator checks with all invitees whether they wish to participate in the conference process, thus obtaining verbal consent for their participation as well.

The coordinator ensures that, before approaching other service providers for information, the individual connected to the service provider has signed a consent permitting the service provider to share information with the coordinator for the purposes of FGC/FGDM.

SECTION : 6:

REFERRALS TO FGC/FGDM

SECTION 6: REFERRALS TO FGC/FGDM

6.1 Role of the Coordinator in the Referral Process

> As an impartial convener, the role of the coordinator during the referral process is to reach agreement to move forward with planning the family meeting. The coordinator may introduce and further explain FGDM to the family, informs the family about the process, reaches agreement with the family about how best to proceed and protects the family group and children's privacy (AHA, 2010, p. 21, II.7.).

The FGC/FGDM coordinator's role during the referral process is to gather information from the referring worker, including the strengths in the family group and concerns the worker has regarding the child's safety. The coordinator is a 'carrier of the information, not a creator' and is a 'keeper of the process, not the content'.

During the referral meeting, the coordinator determines that the referring child welfare worker and supervisor are open to the family group developing a plan for their child through the FGC/FGDM process.

It is crucial that the coordinator not have to convince the child welfare staff (including the supervisor and/or worker) to refer to FGC/FGDM or convince the family group to participate in a FGC/FGDM. This is of course different from educating the child welfare staff and the family group by providing them with information about the FGC/FGDM process.

In situations where the coordinator tries to convince the child welfare worker and/or supervisor to use FGC/FGDM, there may be some unintended consequences during the process, even when the child welfare staff ultimately agrees to a FGC/FGDM. For instance, there may be some ambiguity when the child welfare worker presents FGC/FGDM as an option to the family or there may be challenges finding a mutually agreeable time for the meeting. The child welfare worker and/or supervisor may be less likely to create the space for family decision making, introducing a number of restrictive requirements for the family to meet. They may also be more skeptical of the plan that is presented at the FGC/FGDM 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 child welfare worker, supervisor or other child welfare decision makers may be more likely to revert to a unilateral decision making process rather than attempting to include the family as partners.

The coordinator is available to the child welfare team for ongoing consultation about FGC/FGDM, including helping to explain FGC/FGDM to a family member prior to a referral being made.

It is important that coordinators feel able to manage the referral. Consultation and supervision are vital in supporting the coordinator, particularly for those coordinators who are geographically isolated or those who are still new at being a coordinator.

6.2 Who Can Make a Referral to FGC/FGDM?

FGC/FGDM is based on the principle that a child has the right to have their family group plan for them and that all those who have a relationship with the child are entitled to participate.

The referral for the FGC/FGDM meeting usually comes from the child welfare worker involved with the family being referred due to their legal mandate, which requires a plan for the child that meets the requirements of the child welfare agency. There are instances in which families request a referral be made on their behalf or other service providers encourage a referral. In those instances, it is necessary for child welfare to support the referral.

When a child welfare team makes a referral to FGC/FGDM, the team is making a commitment to working collaboratively with the family group in developing and implementing a plan. This means that the child welfare team will make decisions and deal with challenges as they arise in collaboration with the family group. If there are challenges in implementing the FGC/FGDM plan, the child welfare team will seek guidance from the family group, including offering another FGC/FGDM to the family group if there are difficulties in implementing the FGC/FGDM plan.

A family member or youth can request a referral to FGC/FGDM, and any other community member such as other service providers, educators, medical practitioners, lawyers or judges, religious leaders, or members of the family's informal support network can suggest a referral to FGC/FGDM. Each community needs to have a process in place to help a family group have access to FGC/FGDM, including how the request is communicated to the child welfare agency.

6.3 Overview of the Referral Process

> The referral process is the first step in the preparation process for FGDM and overlaps preparation. The way in which the referral process takes place sets the tone for all subsequent work in that it ensures that the referring worker is on board and respective roles are clearly identified. Good referral practice is critical to positive outcomes from the family meeting (AHA, 2010, p. 20, II.3.).

- The worker follows the internal child welfare agency process for making a referral which may include discussing the referral with the child welfare supervisor or the FGC/FGDM liaison person within the child welfare agency. The worker may also consult with a coordinator directly about a referral. Sometimes a coordinator accompanies the worker to explain FGC/FGDM to a parent/caregiver before a formal referral has been made or

discusses FGC/FGDM over the phone. **See Sample Document #1: "Consent to Refer to ADR"**

TIP: The coordinator needs to be aware of the child welfare agency's internal process for making referrals to FGC/FGDM. The coordinator also needs to be aware of the process for referral intake by the transfer payment agency, if one exists in their community.

- The worker talks with the parent/caregiver (including children 12 and over who are receiving service) about a referral to FGC/FGDM. The worker obtains consent/authorization to release information from those whose child welfare information will be shared during the referral process (i.e. parent, primary caregiver, etc.), including children 12 and over receiving service.

TIP: Best practice is for the worker to ask for parental consent, even if parent is no longer the primary caregiver, including for children who are crown wards with access. This shows respect and inclusion from the start.

- If the FGC/FGDM is for ADR or is an ADR referral without an OCL lawyer appointed the child welfare worker notifies the OCL using the form in the Policy Directive (Ministry of Children and Youth Services, 2006). **See Appendix #3: "Notice: Where Alternative Dispute Resolution is proposed under the CFSA"** (**OCL Notification Form**)

- The child welfare worker makes the formal referral, according to the local practice. **See Sample Document #2: "Referral Form"**

- After the child welfare worker has notified the OCL (if the referral is an ADR), notified the Band representative (if applicable) and obtained the necessary consent(s), the coordinator meets with the child welfare worker(s) and supervisor to develop the Child Welfare Summary of Information and what the child welfare agency needs to see in order to accept the plan.

- During the referral meeting process, the coordinator informs the child welfare staff about the confidentiality provisions contained in the Policy Directive (Ministry of Children and Youth Services, 2006), if the referral is for ADR. A record is kept that the child welfare staff have been informed, either by the child welfare staff signing the Confidentiality Agreement itself or by the coordinator making a written note in the FGC/FGDM file that the child welfare staff have been informed about the confidentiality provisions**. See Sample Document #3: "Confidentiality Agreement"**

TIP: There may be regional and/or agency differences in what constitutes an approved ADR for funding purposes.

- The coordinator checks with the child welfare staff to make sure that the Child Welfare Summary of Information and the child welfare requirements are accurate. Usually this information is written and sent to the child welfare staff for confirmation of accuracy.

- The coordinator will not begin contacting anyone in the family until after this confirmation of accuracy has been received. **See Sample Document # 4: "Summary of CAS Information"**

6.4 Criteria for Referral to FGC/FGDM

> FGDM is most beneficial when the family group understands the child welfare agency's concerns or the crisis it is confronting, the family group is widened and the referring worker or agency gives preference to the family group's plan over any other plan as long as it addresses the agency's concerns (AHA, 2010, p. 20, II.4.).

Most family groups who need to develop a plan for their child would benefit from FGC/FGDM. 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.

The *Child and Family Services Act* (Ontario, 1990) amendments in 2006 require that "If a child is or may be in need of protection … a society shall consider whether a prescribed method of alternative dispute resolution could assist in resolving any issue related to the child or a plan for the child's care" (2006, c. 5, s. 5, 20.2)[3]. At the point of writing of this manual, the Ministry of Children and Youth Services has not provided further clarification in the child welfare standards of practice regarding this requirement to consider ADR.

It is useful for child welfare agencies and transfer payment 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 as sometimes the Coordinator is successful in locating family members. **See Appendix #4: "ADR Consideration Tool"**

[3] See Section 3: History of FGC/FGDM for more information about the *CFSA* amendments and requirements.

TIP: Consideration about whether FGC/FGDM could assist in making plans for a child is an ongoing process, revisited when matters are reviewed, when there is a significant change in the family's life, and during supervision between a child welfare worker and his/her supervisor.

A referral to FGC/FGDM may be offered to a family where the child welfare agency has determined that there are serious protection issues at the following child welfare case review points:

1) *30 Day Review, after the decision to open to ongoing service has been made, due to the determination that a child is in need of protection and as part of the initiation of ongoing service and service planning;*
2) *Initial Case Review, six months after the initial service plan, when the risk remains the same or increases, particularly where there are issues related to chronic neglect;*
3) *Subsequent Case Reviews, when the risk remains the same or increases, particularly where there are issues related to chronic neglect.*

Workers usually offer a FGC/FGDM to a family as a result of the seriousness of the decision(s) that need to be made, as a "next step" in other conferences (service planning or other Family Centered Conferences), or at any point during the CFSA court application process. A worker may need to offer a referral to FGC/FGDM several times before a family is ready to have an FGC/FGDM meeting.

Based on past experience with FGC/FGDM in Ontario, the following critical decision points in a family's involvement with a child welfare agency are a good time to refer to FGC/FGDM. These are the times when FGC/FGDM has been most successful or needed:

- *When a parent, child, or family member requests one or when a community member, community service provider, or lawyer (including OCL) suggests one;*
- *When a child is in out-of-home care in order to invite the family system to develop a reunification and/or alternate (concurrent) permanency plan;*
- *When a child is at imminent risk of leaving the care of a parent or primary caregiver in order to invite the family system to develop a plan that may prevent the child from having to leave his or her family or may result in the child being cared for by extended family members;*
- *Where there are issues of chronic neglect and the file has been open for at least six months;*
- *When there have been repeated CAS involvement for the same reason in a short period of time;*
- *Youth transitioning into independence/adulthood;*
- *Any other time it may be useful.*

(The Children's Aid Society of Brant, 2010)

6.5 Role of the Referring Worker in the Referral Process

Inviting the family member to consider FGC/FGDM:

Prior to making a referral to FGC/FGDM,

> the referring child welfare worker explains to the parents or primary caregivers "the purpose of FGDM ... and that the agency needs and values the family group and welcomes it into the decision-making process" (AHA, 2010, p. 20, II.5.).

While the coordinator is responsible for explaining the FGC/FGDM process in detail, the worker needs to have a working knowledge about FGC/FGDM in order to explain the basics and answer questions. The worker also needs to support the FGC/FGDM principles in his/her work with the family.

The main points to cover in explaining FGC/FGDM to a family include the following:

- FGDM is a way for family groups to lead decision making in partnership with the child welfare agency.
- FGDM is a collective, not an individual, decision-making process.
- FGDM involves a widening of the circle to include the broadest family group as defined by the family group.
- FGDM is a transparent process with all information necessary for planning for children's safety, permanency and well-being shared with the family group as the process moves forward (AHA, 2010, p. 20-21).

See Appendix #5: "FGDM Do's and Don't's for Referring Workers"

Casework practices that support FGC/FGDM (Sherry, 2008):

- Collaborative practice from the first contact with the parents and or caregivers.
- Include extended family, friends, and supports in your meetings with parents and or caregivers and have more family members than service providers present at these meetings.
- Remember that FGC/FGDM is a process, not an event--trust the FGC/FGDM process.
- Seek out the strengths in the family.

- Be aware of the dynamics in the immediate family and extended family.
- Be aware of the power imbalance between child welfare and parents and or caregivers.
- Follow the family's sense of when the time is right for a FGC/FGDM.
- Clearly articulate child welfare's concerns about what needs to be different for a child.

Child welfare worker may present the information to the family member in one of the following ways:

- FGC/FGDM is an opportunity for the family group (that is, the immediate family, relatives and friends) to discuss what plan the family group collectively wants for their child. The family group will be able to present these recommendations to the child welfare worker and supervisor at the FGC/FGDM meeting for discussion. If the family group's plan ensures that the child is safe and his/her needs are being met, the child welfare worker/supervisor will accept the family group's plan.

- Before the meeting, a coordinator will meet with everyone individually, including relatives and friends and service providers who will attend the conference. The coordinator can see family members at home, at his/her office or at any other place agreed upon. The coordinator will tell each family member how the process works, and will find out if each family member wants to participate. The coordinator will ask everyone in the family group who is in the family group and find out who the family group would like to participate in the meeting.

- After a person signs a consent authorizing the worker to share his/her child welfare information for the purposes of a referral to FGC/FGDM, the worker meets with the coordinator to share the strengths and concerns that the child welfare team has identified. The coordinator will share this information with everyone who is coming to the FGC/FGDM meeting before the meeting happens.

- The worker might use a video or DVD on conferencing to support their invitation to the family member. **See List Of DVD & VIDEO'S in SECTION 11**

What about consent for a referral to FGC/FGDM?

At the outset, the referring worker obtains consent/authorization to release information from those whose child welfare information will be shared during the referral meeting, including children 12 and over who are receiving child welfare services, for the purposes of a referral to FGC/FGDM.

TIP: The referring worker clearly informs the signatory that the consent/authorization to release information is for referral purposes and includes agreeing to meet with the coordinator to discuss FGC/FGDM; and agreeing to participate in the FGC/FGDM is a separate decision made with the coordinator. **See Sample Document #5: "Authorization for Release of Information"**

TIP: A referral to FGC/FGDM can go ahead without parental consent, particularly if a child is not in the care of a parent. If one or both parents do not consent to sharing their child welfare information during the referral or do not consent to participate in the FGC/FGDM, then the coordinator is not able to learn their child welfare information from the worker and/or cannot share their child welfare information with the FGC/FGDM circle during the preparation process. Consultation with an experienced coordinator is suggested.

The coordinator obtains written or verbal consent to participate from those whose information will be shared with the FGC/FGDM circle during preparation, including from children 12 and over, after the FGDM process and the child welfare information has been explained fully to each person. If the coordinator obtains verbal consent to participate, this needs to be documented in the coordinator's file**. See Sample Document #6: "Consent to Participate"**

TIP: If a child has an OCL lawyer, then the OCL lawyer discusses the child's consent to participate in the FGC/FGDM with the child.

TIP: The coordinator needs to be aware of the requirements of their professional college or association regarding consents and record keeping.

6.6 Referral Meeting: Partnership Between Child Welfare Team and Coordinator

The coordinator does not review the family's file or court documents. The coordinator requires only enough information to understand the purpose of the family meeting and to be able to convey the information shared by the referring worker about what precipitated the referral. The more case-specific and historical information that the coordinator receives about the family, the more challenging it will be for the coordinator to remain fair, equitable and independent in his or her role as "ambassador of the FGDM process." The coordinator is not asked to review case files as it then becomes the coordinator who distils what information is conveyed to the family group (and thereby inherently assessing the information) rather than leaving this responsibility with the referring worker.

> ...if the referring worker suggests to the coordinator that certain information is off the record, the coordinator challenges this occurrence. First, this is counter to core practice principles and compromises the coordinator's role as an impartial convener with the coordinator holding information that is not shared with the family group. Second, the worker is

encouraged to reflect on why such information cannot be shared with the family group. (AHA, 2010, p. 22-23, II.8).

The contents of the referral meeting and the documents prepared for the FGC/FGDM process are protected from disclosure, in accordance with *Ontario Regulation 496/06* (2006). The child welfare worker and supervisor do not take notes about the content of the referral meeting. The coordinator takes notes during the referral meeting, which are kept in the coordinator's FGC/FGDM file.

<u>The referral meeting</u>

The coordinator learns about the family's involvement with the agency:

- Who is in the family (mother(s), father(s), maternal and paternal family members;
- Who are the other service providers involved with the family;
- Special needs of child or a family member;
- Timeframes, especially if there are CFSA timeframes for a child in foster care;
- Any legal issues, such as restraining orders, bail or probation conditions, etc.;
- When and why the family became involved with the agency;
- What is currently going well/strengths;
- What are the current child welfare concerns or worries;
- How have the extended family and friends been involved with the family;
- Is there court involvement? If so, what is the nature of that involvement? Who is the OCL? What key family members have been told about FGC/FGDM process; when did this discussion take place; family members reaction to invitation to participate in a FGC/FGDM;
- ***Safety Considerations:*** ***"***What is needed to promote the emotional and physical safety of the child, other members of the family group, the referring worker and others attending the family meeting? This information involves the identification of what will promote safety; it is not the safety plan developed by the referring worker" (AHA, 2010, p. 22, II.8.).

Discuss the referral

- Why is the matter being referred for an FGC/FGDM? (Why now?)

- ***Purpose:*** The purpose of the family meeting, recognizing that the agency's purpose and the family's purpose may be different, and such differences will be negotiated by the coordinator with the agency and family group (AHA, 2010, p. 22, II.8.).

- Does the worker have any reservations about the FGC/FGDM process for this family?

- Is the worker open to accepting a plan developed by the family group as long as it addresses the child welfare concerns?

- What are the concerns/worries the child welfare agency needs to see addressed in order to accept the FGC/FGDM plan?[4]

  > The specific concerns of the agency and the court with respect to the child's safety, permanency and well-being. The coordinator may help a worker determine whether the concerns are appropriate to a family meeting process, as extremely restrictive or unsubstantiated concerns represent the antithesis of FGDM principles and can result in a failed process.(AHA, 2010, p. 22, II.8.)

The coordinator needs to ensure that the child welfare staff present their concerns without also presenting the agency's solutions to address the concerns. The family group will craft their plan to address the agency's concerns during their private family time at the FGC/FGDM meeting.

Family secrets will often come out in the FGC/FGDM process, and the referring worker may need to deal with these issues before the FGC/FGDM process begins (e.g. who the biological father is, the whereabouts of people, history of adoption, etc.).

If the worker has not been part of an FGC/FGDM meeting**,** review with him/her:

- The FGC/FGDM process, including the worker's role. **See Section 7 (Preparation), Part X "Preparing Referring Worker and other members of the Child Welfare team"**

- Logistics;

[4] These may be called 'bottom lines', although practice is shifting away from this terminology. See discussion in section 2, below.

- The child welfare report for the FGC/FGDM meeting day. **See Section 7 (Preparation), Part X (Preparing Referring Worker and other members of the Child Welfare team), 1. Child Welfare Report for FGC/FGDM).**

After the referral meeting, the coordinator writes up the information and sends a copy to the child welfare worker and supervisor for review and acceptance to ensure that the coordinator has understood them correctly and confirming the information is accurate.

What about the term 'bottom line'?

The guiding principles for having the child welfare team articulate clearly the concerns/worries the child welfare agency needs to see addressed in order to accept the FGC/FGDM plan include transparency of the information being provided to the family group, addressing the power imbalance between the child welfare system and the family group, and clarity in the task the family group is being asked to complete during the FGC/FGDM.

Ontario FGC/FGDM coordinators have been using the term 'bottom line' for many years as a heading to describe some of the child welfare concerns and parameters to be addressed in the FGC/FGDM plan in order for child welfare to accept the family's plan. Some coordinators have probably wavered back and forth as their practice grows and matures. Many child welfare staff have been comfortable with the bottom line terminology and many others have challenged using this terminology by saying it doesn't seem to fit with FGC/FGDM principles. Some communities are now using other terminology such as child welfare position, child welfare parameters, guidelines for planning, child welfare concerns requiring a solution, child welfare non-negotiables, or concerns child welfare needs to see addressed in order to accept the FGC/FGDM plan.

While it is essential for the FGC/FGDM circle to clearly understand what the child welfare needs to see to accept the plan, due to the guiding principles of transparency and addressing the power imbalance between child welfare and families, identifying the agency's concerns as 'bottom lines' has a number of effects, including:

- repositioning the agency as directing or controlling the solutions to meet the concerns;
- disempowering the family's creativity and knowledge as to how they may address the concerns; and
- encouraging workers and other service providers to dictate services that families will implement as part of the plan. All service providers are prepared to identify resources that are available to the family group, but it is important to ensure that options are offered to families and not subtly perceived to be mandates. The coordinator may coach the referring worker to anticipate the range of solutions and ideas that the family group will offer during this process. (AHA, 2010, p. 34.)

Each community and/or FGC coordinator will determine the terminology that makes the most sense and is acceptable. Sometimes the terminology reflects the nature of the decision being made. For example, a plan for a child whose parent has a terminal illness often uses less rigid terminology.

6.7 Referral Timelines

> Given that the preparation phase of the FGDM process is often comprehensive and can require an investment of time over many weeks, best practice suggests moving through the formal referral process between the child welfare agency's referring worker and the coordinator as quickly as possible. An expedited process will result in a quicker transition to the preparation of family members and other service providers, and the family meeting (AHA, 2010, p 23-24).

The coordinator needs to make every effort to promptly return the child welfare summary document to the child welfare team for confirmation of accuracy. The coordinator cannot move forward until the summary document is accurate and ready to be shared with the family members.

If the coordinator is having difficulty getting the documents back from child welfare in their final form, the coordinator may need to be persistent and try various approaches such as speaking to the child welfare supervisor, the ADR coordinator, the child welfare 'internal champion' or another coordinator.

TIP: The sooner the coordinator sends the summary document to the child welfare team after the referral meeting, the sooner the FGC/FGDM process can get going.

There may be several drafts before the summary document is finalized.

6.8 Will the Referral Go Ahead?

A referral to FGC/FGDM is likely to go ahead when:

- The referring worker and family group work together to determine the clear purpose for the family meeting or a plan or decision that needs to be made;
- The referring worker or agency has stated that the family group's plan will be given preference over any other plan after the identified agency's concerns and protective issues are addressed;
- The process is organized without the referring worker or agency setting predetermined outcomes; and

- The referring worker is willing and able to honestly share critical information and the agency's and court's child safety expectations.

(AHA, 2010, p. 24, II.11.)

Families themselves need to choose if FGC/FGDM matches their needs at that particular time. A referral may need to be offered several times before a family is ready for a FGC/FGDM. 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;
- When the parent/caregiver cannot 'live with' what the agency needs to see to accept the plan.

The preparation phase begins with the coordinator's first contact with the child welfare team and continues throughout his/her contact with members of the family group and other service providers.

SECTION : 7:

PREPARATION, PREPARATION, PREPARATION

PART I
THE BIG PICTURE

Section 7: PREPARATION, PREPARATION, PREPARATION

PART I. THE BIG PICTURE

7.1 Coordinator's Preparation of Self

> Before, during and after meeting with members of the family group, child welfare team or other service providers, the coordinator checks in with his or her own assumptions about these individuals and their participation in the process. Continuously throughout the process, the coordinator uses a reflective, introspective process to identify his or her own values and potential biases, working to be fair and equitable to all participants. Coordinators are also encouraged to team up with their colleagues to acknowledge and work around any difficulties in this area. The coordinator's role is rewarding, and emotionally and physically demanding. Coordinators are better able to assist families when they take care of themselves. Coordinators thrive in an agency and community that embodies the FGDM values and principles and supports individual growth and continuous quality improvement (AHA, 2010, p. 25, III.1.).

Continual self-reflection, consultation with colleagues, and supervision will help a coordinator grow in his/her practice and maintain their independence from the social service systems (including child welfare) and from the family system during the FGC/FGDM process.

TIP: Coordinators are encouraged to have regular ongoing supervision and consultation with other experienced coordinators to help ensure the FGC/FGDM principles are guiding their work and to help ensure the model fidelity.

7.2 Coordinator's Role

The coordinator is responsible for overseeing all aspects of the preparation phase for FGC/FGDM. This includes preparing each invited participant, including children, family group members, community members, child welfare service providers, legal professionals, foster parents, and other community service providers.

The guiding principles for the coordinator during the preparation phase are

- No surprises in the child welfare information or expectations at the FGC/FGDM meeting
- Widening the circle
- Safe enough for everyone to have a voice at the FGC/FGDM meeting
- The coordinator is "keeper of the process, not the content"

The coordinator is also responsible for determining whether or not the FGC/FGDM meeting will go ahead, in consultation with the family group and other service providers.

Finally, the coordinator is responsible for ensuring all the logistics surrounding the FGC/FGDM meeting are arranged including setting the date, the location, arranging the food, and arranging child care as needed. **See Appendix #7: "FGDM Tasks & Timelines Checklist"**
The coordinator has a unique and critical role during the preparation phase, including the following:

- The coordinator needs to be independent, impartial, and fair
- The coordinator is invested in the process of the FGC/FGDM, not the plan or the concrete outcome
- The coordinator understands that a successful FGC/FGDM process occurs when the family group takes leadership
- The coordinator needs to balance the paradoxical tasks of helping families look at all options while at the same time to guarding against giving advice that risks taking away family leadership
- During preparation meetings, 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 live in formalized foster care (non-kin care)
- The coordinator can offer the family group different ways to think about developing a plan based on the experience of other families. For example, for a parent who needs support, this may be achieved by having a strong network of people offering daily support; 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 child welfare worker if the family member 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 child welfare agency's concerns and what the child welfare agency needs to see in order to accept the plan 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 each participant about the FGC/FGDM process in order to prepare him/her for the meeting

- The only information the coordinator conveys to child welfare is who the coordinator has seen, their relationship to the child(ren) and who will be attending the FGC/FGDM. The coordinator may also convey to child welfare questions that the family group may have that would be helpful for child welfare to answer either before or during the FGC/FGDM meeting

- 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.

7.3 Sharing Information with Participants During Preparation: Telling it like it is

> While the coordinator works respectfully with the family in sharing information, the principles to follow are:
>
> - All relevant information to the decision is shared so that participants make the most informed decision (and the coordinator works with all participants to determine the "relevance of information").
> - There are as few surprises as possible in the service provider information at the family meeting.
> - Service providers are transparent in sharing information.
>
> (AHA, 2010, p. 37, III. 17.)

One of the benefits of FGC/FGDM is that the child welfare concerns are clearly articulated, with specific and detailed pertinent 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 meeting. The guiding principle is that all participants hear the same information from the coordinator before coming to the FGC/FGDM meeting. Providing transparent child welfare information to a family group helps address the power imbalance since "information sharing

can be – whether consciously or not – utilized by service providers as a means of controlling and having power over families" (Schmid & Pollack, 2009, p. 175).

The coordinator must have a thorough understanding of the protection concerns before meeting with the family. The coordinator needs to know what the child welfare agency needs to see in order to accept the plan. This must be clearly stated at the outset. Should circumstances and thus the concerns change, the child welfare worker needs to immediately notify the coordinator. The coordinator also needs to be well briefed about the strengths that the child welfare team has observed in the family.

The coordinator being specific about the child welfare concerns and what the child welfare agency needs to see in order to accept the plan enables the family group themselves to be specific as they discuss the issues and begin to formulate plans in preparation for the FGC/FGDM meeting.

7.4 Building a Climate of Physical and Emotional Safety

> During the preparation process, the coordinator works to enable the family group to reasonably ensure the physical and emotional safety of all participants. The safety of all participants is considered before, during and after the family meeting. The role of the coordinator is to create a space for decisions to be made about safety, not to make decisions about safety (AHA, 2010, p. 38, III.21.).

The guiding principle in building a climate of physical and emotional safety is that it needs to be 'safe enough' for every participant to have a voice at the FGC/FGDM and that safety is heightened by widening the circle. Throughout the preparation phase, starting with the initial meeting with the referring worker, the coordinator pays careful attention to any concerns participants may have about feeling safe enough to have a voice at the FGC/FGDM.

In addition to being clear about the concerns, strengths and what the child welfare agency needs to see in order to accept the plan, the coordinator also needs to address any safety issues directly with family members. This includes exploring what the participant may be worried about, what behaviours are feared or worried about and brainstorming possible solutions, such as the presence of certain calming individuals, developing a wider circle, having others name the 'problem' and having a support person or group of people.

Other possible safety strategies may include taking lots of breaks, having the fearful person not attend but be represented, or having signals in the family to indicate when the fearful person does not feel safe.

With the permission of the fearful person(s), the coordinator may explore with other family members how they might be able to help create safety at the FGC/FGDM. The coordinator may discuss with the feared person how they will maintain/contribute to safety at the meeting. Bail,

probation or sentencing conditions may need to be varied in order for the feared person to participate in the FGC/FGDM.

Other service providers may also be able to help both the fearful person and the feared person develop their own safety plans for the FGC/FGDM.

If the threat of violence cannot be adequately dealt with, the meeting cannot proceed until this threat has been sufficiently decreased.

7.5 Building Safety Where There Has Been Intimate Partner Abuse

> FGC can provide greater safety for women and their child(ren) if, after being informed of any violence and threats made to the woman and her child(ren), extended family members are prepared to help keep them safe (OACAS, 2010, p. 82).

FGC/FGDM is an inclusive process, where safety is created through widening the circle, and represents a different paradigm from one where safety is created through separation. As a result, holding a FGC/FGDM where there has been violence between intimate partners challenges the traditional view that safety is achieved through separation.

The coordinator assumes that the abuser will be present at the FGC/FGDM unless there is a court order preventing participation or unless a sufficient safety plan is not in place. It is helpful for the coordinator to have someone to consult with in ensuring adequate safety plans are in place, particularly someone who works in the violence against women (VAW) sector. The VAW service providers can be very helpful, also, in supporting both partners throughout the FGC/FGDM process including creating safety plans.

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, neither to exclude an abuser nor to assume that the abuser's relatives support the violent behavior. 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. FGC/FGDM is an inclusive rather than an exclusive process. At the very least, the coordinator should connect with the abuser to elicit his/her 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 abuser.

The coordinator does not need to have participants admit that there is violence. However, the coordinator does need to explain why the referring source believes there is violence or intimate partner abuse. As well, the coordinator needs to be able to explain the dynamics of violence and its impact on parties, without blaming.

During the preparation phase, the coordinator considers the following:

- How each partner is contacted to invite each into the FGC/FGDM process. The coordinator determines whether to see the partners individually or jointly, paying careful attention to safety.

- Discuss safety planning with each partner, including widening the circle to include important supports. Be aware that particular safety planning may be needed to help the abuser feel 'safe enough' to have a voice in the FGC/FGDM.

- Discuss the potential for violence at the conference and post conference with other participants in the preparation phase.

- Help the family group identify what safety plan is needed for the conference, including identifying any 'triggers' and how the family group will manage them.

- The plan developed in the FGC/FGDM may need to address post conference safety as well.

- The coordinator needs to be satisfied that there is sufficient safety in place for everyone to have a voice, in order for the FGC/FGDM to proceed.

7.6 Supporting Documents

It may be useful, both in the preparation phase and at the meeting, to have pamphlets outlining FGC/FGDM that relatives and service providers can review on their own, written in a language that they understand. **See Appendix #18: "Brochures"**

For participants considering becoming caregivers, it is helpful for the coordinator to have written information outlining the different options for caregiving (e.g. fostering, adoption, informal arrangements) as well as the associated procedures and legal implications. **See Appendix #8: "Caregiver's Handbook"**

7.7 Information Gathered Through the Preparation Process

During the preparation process, the coordinator often will learn information about the family group like dynamics, relationships or individual family members' concerns (such as substance abuse of a grandfather). Unless there are new allegations of child abuse or neglect, which coordinators in most communities would likely be required to report, the information learned from family members in the preparation phase is privileged. Coordinators do not share it with any representative of the public child welfare agency or any other statutory system. Also, coordinators need to check with individual family members whether and

> which information they have shared can be in turn communicated to other family members. Coordinators use all of this information to attend to potential conflicts that might derail the FGDM process (AHA, 2010, p. 37, III.18.).

The coordinator needs to be vigilant against taking anyone's side during the FGC/FGDM process. This includes not taking anyone's 'side' in the family system or taking the 'side' of any of the service providers. One way to express this principle is walking on the yellow line in the middle of the road. The coordinator's job is to oversee the FGC/FGDM process, without becoming invested in the content. The principle here is that the coordinator is the keeper of the process, not the content.

If the FGC/FGDM is being used as method of ADR, then the confidentiality provisions in Ontario Regulation 496/06 (2006) are in effect, protecting the FGC/FGDM process from the legal arena unless there is a 'duty to report' to the child welfare authorities, an adult has harmed or threatened to harm self or other, or the person consents.

7.8 Achieving 'buy in'

> Preparation provides the opportunity for all participants to reach agreement on the importance of the FGDM process in making decisions regarding a child. Through preparation, participants are able to make commitments to attend the family meeting and to support the collective work toward achieving the defined purpose (AHA, 2010, p. 38, III.20).

During the preparation process, a moment usually comes when the coordinator recognizes that the family system has taken ownership of the FGC/FGDM. The coordinator may notice, for example, that making appointments to meet with people becomes easier, participants may call the coordinator to ask for a meeting, participants feel hopeful that some things can be sorted out at the FGC/FGDM, or participants find ways to overcome fears or past hurts in order to attend the meeting.

If the coordinator feels as though s/he are working harder than the rest of the participants, then the 'buy in' probably has not happened and the coordinator may need to consider postponing the meeting. **See Section 6 (Referrals to FGC/FGDM) Part I (Role of Coordinator)**

7.9 Scheduling the Family Meeting

> The date and time of the meeting has an impact on who will attend, and as a result, there is power in how and by whom the date and time are set. The meeting is scheduled through a family-led process in which negotiation may be needed regarding when some people can or cannot attend. In the end, however, the date and time are set to accommodate the family's schedule (to permit the largest number of family members to

> attend), but also to be convenient for the key agency representatives (AHA, 2010, p. 40, III.25.).

FGC/FGDM 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 group members' 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 FGC/FGDM meetings are held on the weekends.

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.

The coordinator will facilitate the agreement of a date between all family members and the service providers. This may mean that the FGC/FGDM meeting 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. 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.

7.10 Time Between the Referral and Family Meeting

> The principle that guides determining the amount of time between referral and the family meeting is that sufficient time and resources be allocated to convene the broadest family group and position them to lead the decision making. Such factors as the size of the potential family group, including maternal and paternal extended family and members of the family's informal and community network; the traveling distance to meet face-to-face with family members; the family's cultural norms; and the time the family group needs to process the information, network with one another and prepare themselves for the meeting, will impact the amount of time between the referral and family meeting. Given these factors, coordinators require the flexibility (formally sanctioned by the child welfare agency) to lengthen or abbreviate the general time frames between the referral and family meeting based on the needs of the family group, while still adhering to core practice principles of FGDM.
>
> In addition, when a decision related to child safety or placement is required at a point of crisis, agencies may implement **rapid** family meetings, typically within 24 to 72 hours. Given the limited preparation and expansion of the family group at these rapidly formed meetings, best

> practice suggests that another family meeting, reflecting FGDM values and principles contained in these guidelines, be held to have the broader family group assembled to make decisions and implement the plan. Rapid family meetings can be organized and facilitated in such a way to be one of the first steps in the preparation process toward a more robust family meeting.
>
> Agency representatives can communicate a sense of urgency in the scheduling of family meetings, and coordinators may receive pressure to schedule the meetings more quickly. When preparation of the family group and finding family is short changed and compromised to meet agency time frames or priorities, the family meeting process will most likely be professional or agency-dominated. The resources, commitment and wisdom of the family group, which is typically an invisible and untapped partner to the child welfare system, will remain dormant or disadvantaged. Given that preparation is an essential component, it is important to communicate that even with sufficient time built into the process for preparation and finding family to occur, these family meetings happen at "warp speed" compared to the usual child welfare and court process. As one coordinator put it, "family group decision meetings is [sic] not about who has the keys to a car and can attend at a moment's notice." The whole point of FGDM is to broaden inclusion, which requires time, attention and effort. (AHA, 2010, p. 43, III.31.)

7.11 Setting the Location for the Family Meeting

> As with the date and time of the meeting, the location of the meeting is set by the family group and community. The guiding principle in setting the location is independence. A location is a space in which no one voice is elevated over another — neither the voice of the agency over the family nor the voice of some family members over other family members. The location needs to be emotionally and physically accessible to all participants (AHA, 2010, p. 40, III.26.).

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 be avoided. Having the FGC/FGDM meeting 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, washrooms that don't interfere with the family's privacy, and a room where the service providers can gather during the family private time. The venue should also be available for the full day. One way to express the principle at work here is that 'no one has home field advantage'.

TIP: Is adequate insurance coverage in place for the meeting venue and for the child care providers?

7.12 Meeting Arrangements

Ensuring that the logistics are attended to will facilitate a smooth FGC/FGDM meeting. 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. Meetings vary in length, but usually take several hours at a minimum.

The coordinator will organize experienced child care to be available during the FGC/FGDM meeting. This encourages families to attend since 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 FGC/FGDM meeting, 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. The child care provider(s) are often able to assist with this task.

Translators/interpreters need to be used where a family group member is not fluent in the language being used at the FGC/FGDM. 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. The plan should also be translated for those family members who need this.

See Appendix #9: "FGDM Preparation Checklist"

7.13 Moving Forward with the Family Meeting

> Near the conclusion of the preparation process, the family and coordinator, within the context of broader child welfare and community practice, make a collective decision to move forward. No single individual makes this decision or controls the process. Through a collaborative planning process, the decision is how to move forward as opposed to whether to move forward. In some cases, an FGDM process will not occur, and the agency will offer another type of planning process or revert to traditional decision-making methods. In other cases, the collective decision may be that now is not the right time to move forward or that the family meeting should be postponed. This may occur when participants voice concern about their physical or emotional safety, or the agency has changed its concerns without the family having sufficient time to consider

those changes. This latter situation is avoided as frequently as possible. (AHA, 2010, p. 41, III.29.).

After a parent or child 12 or over 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 or not the FGC/FGDM meeting proceeds.

TIP: The coordinator is responsible for stopping the meeting from taking place, if the group cannot meet in a safe and responsible manner.

7.14 Co-coordinators

On occasion, coordinators may share the preparation and/or coordinating of the FGC/FGDM family meeting itself. Principles to keep in mind if considering co-coordination are:

- Clarity with FGC/FGDM group about why there are two coordinators.
- Avoid inflating the role of the coordinator, since the principle is for the family group to assume leadership while the coordinator 'moves out of the way'.
- Clarity between co-coordinators about the role of each coordinator.
- Often the second coordinator is there to assist with the logistics of the day, provide consultation if required by coordinator and to provide back-up in case of emergencies (i.e. teen flees the conference and is potentially at risk of harming self).

SECTION : 7:

PREPARATION, PREPARATION, PREPARATION

PART II
THE DETAILS

PART II. THE DETAILS

7.15 Locating Parents or Primary Caregivers to Discuss FGC/FGDM

Wherever possible, the coordinator starts with the person who signed the consent to share his/her child welfare information for the purposes of a referral to FGC/FGDM (if one has been signed), most often the parent(s). Starting with the parents is an attempt to indicate to the parent that he/she will have a voice in the process, and that the coordinator is sensitive to their feelings of being disempowered.

The temptation may be to start with whichever family member first becomes available to the coordinator. However, the coordinator needs to pay careful attention to the order he/she sees people in the family group, keeping in mind that the coordinator cannot share child welfare information without the consent of the person that the information is about. The coordinator also needs to be transparent about what information is being shared, and to share the same child welfare information with every participant during the preparation process. The coordinator needs to be cognizant of not adding information after hearing about it from a family member. If it is vital that this new information is shared with the family group, appropriate permissions must be sought and obtained.

> The coordinator makes diligent efforts to locate parents or primary caregivers to discuss with them their interest in FGDM. If the coordinator needs more information on family members, the family is asked for it. If the coordinator needs more information on parents to locate them, then it is the responsibility of the referring worker or other service provider to search through case files, use internet technology or use other means to identify and locate them.
>
> Given the maternally focused nature of the child welfare system, special emphasis on identifying, locating and engaging fathers and paternal kin is necessary. Through pursuing parents or primary caregivers in a diligent manner and working through any resistance that the child welfare agency may encounter in locating them, the coordinator is often able to engage them in a discussion of a family meeting. For this reason, efforts to find parents or primary caregivers are not ended prematurely nor are challenges in locating them interpreted as an indication that they are not interested or responsible (AHA, 2010, p. 23, II.9.).

7.16 Definition of Family

> Based on the principle of inclusion, the coordinator encourages, as far as possible, the widening of the individual members' definition of family. The extended family group defines and decides who is "family". The family

> group may include maternal and paternal relatives, stepchildren, half-siblings, friends, community supports, neighbors, religious leaders, tribal elders and other natural supporters who have a significant relationship with the child, parent or other family member. The family group's definition serves as a preliminary launching pad from which the circle is widened to include as broad a family group as possible. Who the family group is becomes a negotiated process as the coordinator meets various members of the family (AHA, 2010, p. 25, III.2.).

7.17 Identifying Family Group Members to Invite: Widening the Circle

Widening the circle provides the group with increased safety and wisdom during the FGC/FGDM process. A guiding principle is that no single person decides who comes or does not come to the FGC/FGDM. Membership in the child's family entitles a person to participate in the planning for the child.

> The spirit of FGDM is to widen the circle of caring. The underscoring principle is that children benefit from the thoughtful planning of their entire family group network and that parents or other primary caregivers cannot limit these connections or relationships (AHA, 2010, p. 25, III.3.).

Once a referral has been finalized, the coordinator begins to meet with family members to prepare them for the meeting. The invitation to participate in FGC/FGDM needs to be carefully worded if family members are to feel that they could and should attend. It is important to stress that the child welfare worker will not hold a prejudiced view of the family if they choose not to participate in a FGC/FGDM.

Completing a genogram or family tree with the core family members and children early in the preparation process is often very helpful in learning who is in the family system, what some of the relationships are between family members, and where family members live geographically.

Other questions that may be helpful for the coordinator to ask include:

- Who do you call when you are having a hard time?
- Who is the child close to in the family?
- Who attends family events such as birthdays, weddings, anniversaries, funerals?
- Who do you talk to on Facebook regularly?
- Are there any friends of the family who are like honorary family members?

Relatives may 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 and using words such as "supports" or "resources" may reinforce the family member's fear of FGC/FGDM. 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.

TIP: It is helpful for the FGC/FGDM circle to include the following participants:

- *Those highly emotionally involved in the situation facing a child*
- *Those who are somewhat emotionally involved in the situation facing a child*
- *Those who may or may know what is happening, but who are members of the family and who bring objectivity and support to the rest of the group*

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 the collective wisdom of the family group.

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 FGC/FGDM is about planning for the child rather than responding to the parents' needs.

The most common roadblock is that family members do not want certain relatives invited and informed due to shame, family rifts and isolation, poverty, or geographical distance. It is important to respect the family's choice, keeping in mind the twin principles of inclusion (everyone in a child's family has a voice) and safety (it needs to be 'safe enough' for everyone to have a voice).

TIP: No single person decides who is or who is not invited to the FGC/FGDM.

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 or other relatives 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. A family group meeting, in essence, is a coming together of many families (mother's family, father's family, aunt's family, uncle's family etc.). The commonality amongst these families is that they all belong to the child's larger family group. Having people understand that commonality often helps family members understand that everyone needs to participate and not just a smaller group of family members. Ultimately, who attends the conference is negotiated by the family group through the coordinator.

7.18 Locating Family Members

Locating family members begins at the initial referral meeting with the child welfare worker and continues throughout the preparation process. Family members can often facilitate a coordinator's access to another relative. For example, 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.

Tools to consider include:

- Asking family members who would know how to locate someone;
- Internet tools, such as telephone or reverse phone searches;
- Social networking sites, such as Facebook, where family members can pass a message along to someone.

It may be tempting at times to take short-cuts in trying to locate family members. However, widening the circle to create safety and increase the wisdom is a core principle and one that requires diligent effort on the part of the coordinator.

The coordinator tells participants the names the coordinator already has, as part of the coordinator's responsibility to be transparent and in keeping with the principle of 'no surprises'.

7.19 Involving Fathers and Paternal Family Members in the FGC/FGDM Process

It is important to involve fathers in FGC/FGDM for several reasons. They do and can contribute to their 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.

If the father is not involved in FGC/FGDM, he may have parents, siblings etc. who really want to connect with the child but those family members somehow feel blocked or unwanted. FGC/FGDM can a way to reconnect the child to both sides of their family.

TIP: American Humane Association's Issue Brief: "Dads and paternal relatives: Using family group decision making to refocus the child welfare system on the entire family constellation". www.americanhumane.org/assets/pdfs/children/fgdm/pc-fgdm-dads-paternal-relatives.pdf

7.20 Involving Family Group Members in the FGC/FGDM Process

> To support the development of a positive, trusting working relationship with family group members, the coordinator preferably begins the engagement process through face-to-face visits, whenever feasible, and secondarily, phone calls. This approach is more likely to result in effective and genuine communication between the coordinator and family group members, demonstrates a respect for the family members' perspectives and helps the coordinator gain a deeper understanding of the family group. This type of relationship and information helps the coordinator position the family group as the leader of its FGDM process (AHA, 2010, p. 27, III.5).

Having face-to-face preparation meetings means that the coordinator may need to drive considerable distances and meet with family members during times that are convenient for them, including evenings or weekends. It is important to meet all the family members to prepare them to attend rather than assuming that some family members can or will relay information to others in the family group. Preparing participants by telephone is at the discretion of the coordinator, particularly if participants live considerable geographical distance away. Preparation by telephone is not encouraged.

TIP: Usually the coordinator meets with one or two people at a time to prepare them, unless the family group asks that more people attend the preparation meeting.

Typically, the preparation meetings with family and friends are held in the person's home or another location determined by the family member. 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 and in a location that is comfortable for the family member.

The coordinator's job is to prepare each family group member so she/he knows exactly what his/her job is on the day of meeting.

7.21 Preparing Family Group Members in the FGC/FGDM Process

The preparation of the family is grounded in the following principles:

- Family groups are entitled to information about what has happened to the child and the family because of their decision-making role.
- The process is transparent so the family group does not experience surprises from the child welfare system or other service providers at the family meeting.

- Family groups must be adequately prepared to engage fully in the process and to make decisions.
- The coordinator is a carrier, but not creator, of information.
- Every family group member hears the same information held by the child welfare agency during the preparation phase

(AHA, 2010, p. 27, III.6.)

Agreement to Participate and Information Sharing

Ontario legislation requires that the parent, caregiver or child(ren) 12 and over give written informed 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 FGC/FGDM principle of inclusiveness and the child's right to have their family plan for them.

During the coordinator's initial meetings with the parent(s), the coordinator must determine if the parent(s), caregiver(s) and/or children 12 and over consent to their child welfare information being shared with the wider family circle through the FGC/FGDM process and whether the parent(s) consent to participate in the FGC/FGDM process. If the OCL lawyer has been appointed for a child, the OCL lawyer is responsible for determining whether or not the child consents. The coordinator must ensure that this consent is given in written form.

If the parent wants the coordinator to meet with a service provider or speaker other than the child welfare worker, a separate written consent is required for each service provider. 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. Parents can consult with a lawyer prior to providing their consent.
During the initial meeting with the coordinator, a parent/caregiver/youth may ask that some of the child welfare information contained in the summary document be changed. The coordinator talks with the parent about how s/he can let the child welfare worker know about their objections to the child welfare information. Sometimes the parent asks the coordinator to discuss the parent's concerns with the worker on their behalf. Other times the parent speaks directly with the worker to find wording that the parent can 'live with'.

TIP: The guiding principle is that everyone hears the same child welfare information during the preparation meeting. The person the child welfare information is about has to consent to their information being shared.

The *Child and Family Services Act* (Ontario, 1990) requires child welfare agencies to diligently search for extended family members in certain circumstances:

> When the nature of the protection concerns to the child requires a consideration of a removal of a child from the care of a parent or caregiver, given the positive obligation on the Society to consider a kinship placement for a child before a foster home, the worker is able to contact a relative, neighbor, or other member

of the child's community or extended family without the consent of the parent/caregiver. The worker should respect the privacy of the clients and not disclose information from the file other than what would be needed for the kinship caregiver to understand the needs of the child (The Children's Aid Society of Brant, 2010).

If the parent cannot be located or if the parent does not consent, the coordinator may meet with other family members to ask whether they wish to have a FCG/FGDM in order to make plans for the child. Depending on the purpose of the FGC/FGDM and after consulting with the wider family group about coming together or not, the coordinator will make a decision about proceeding. In referrals where the child welfare agency is the legal guardian of the child, the agency can decide that family members should be offered a conference, even if this is opposed by the parent. In this situation, the coordinator may ask the child welfare worker to provide written confirmation that the agency wishes to proceed with FGC/FGDM.

Every effort should nevertheless be made by the coordinator to invite the parent(s) into the process. If the FGC/FGDM proceeds without parental consent, the coordinator cannot share any child welfare file information about the person who does not consent.

<u>Information Shared During Preparation</u>

The coordinator discusses the following areas with each participant, in order to help them prepare for the FGC/FGDM meeting. A guiding principle is that every participant hears the same child welfare information from the coordinator so that there are no surprises for family members at the FGC/FGDM meeting about the child welfare information being shared.

TIP: "Because of the emotional intensity that emerges from themes of loss, and more directly death and dying, the preparatory period and the actual FGC usually take longer than with the average conference" (Schmid, J., Harris, C., Hassabu, I., & Barnwell, L., 2007, p. 51).

a. Explain FGC/FGDM and how it fits into child welfare's services.

b. Explain the purpose or planning question(s) for the FGC/FGDM for this family.

c. Explain the coordinator's role.

TIP: There may be regional differences around when a participant signs the agreement that the coordinator has informed the participant about the confidentiality provisions in Ontario Regulation 496/06.

d. Inform the participant about the confidentiality provisions and either request the participant to sign the confidentiality agreement or document that the coordinator has informed the participant about these provisions.

TIP: Consider providing each participant with a copy of the confidentiality agreement and a copy of 'the concerns/worries that the child welfare agency needs to see addressed in order to accept the FGC/FGDM plan' (what we used to call 'bottom lines'). No participant receives a copy of the child welfare summary of information except the child welfare team.

e. Explain the three phases of the FGC/FGDM meeting day.

f. Ensure the family group understands that someone in the family may need to facilitate the private family time discussions.

g. Share the child welfare summary document, including what the child welfare agency needs to see in order to accept the plan.

TIP: The coordinator may be tempted to skip sharing hard information with participants. The guiding principle is that every participant hears the same child welfare information during preparation so that there are no surprises at the FGC/FGDM meeting itself.

h. Ensure that the family group has access to the information that the group feels it needs from child welfare, other service providers or a speaker about a particular topic. In consultation with the family group, the coordinator learns who would be the best person to provide the additional information needed. The coordinator keeps in mind the principle that there should be more family members present at the FGC/FGDM meeting than service providers. **See Appendix #10: "Preparing Service Provider"**

TIP: The coordinator may ask a family member if there is something that he/she wants the family group to understand better.

i. Discuss any safety or support planning needed and each participant's role in the safety or support plan.

j. Ensure each participant understands his/her own role and responsibility in the FGC/FGDM process.

k. Share the names and relationships of those already invited to the FGC/FGDM.

l. Ask who is in the family and how to contact them (widening the circle).

m. Discuss how to gather additional information from child welfare, other service providers or other family members the participant needs for the FGC/FGDM.

n. Ask about the date for the meeting, location, special dietary needs, needs of children attending, etc.

o. Explore other ways a participant can attend the meeting, including by speaker phone, internet videoconferencing, having someone represent their voice, or by letter/e-mail.

p. If the person cannot be physically present and has sent something to be read to the FGC/FGDM circle, ask who will read the information (i.e. family member, service provider, coordinator?) and when will the information be shared (during information sharing phase of FGC/FGDM or during the private family time?).

Supports for Family Participation in the Meeting

> The coordinator discusses with family members the support they will need to attend the family meeting. The coordinator explores the family's needs for transportation; financial assistance, including gas money; bus tickets; child care; lodging; and a letter to family members' employers to obtain permission for the family members to be away from work in order to attend the meeting (AHA, 2010, p. 41, III.27.).

A guiding principle is that poverty and/or geographical distance does not prevent important family members from participating in the FGC/FGDM, even if the family member is not planning to present a plan to care for a child.

7.22 Role of Children in the FGC/FGDM Process

> "Nothing about me without me" is one of the mottos of FGDM. The ideas that children are the center and main reason for the family meeting and that they have the right to personal expression are based on the United Nations Convention on the Rights of the Child. In family meetings, the preference is that children of all ages are physically present. Family meetings are about creating viable, workable and transparent plans for children, and therefore their role in the development and implementation of any plan is essential (AHA, 2010, p. 29, III.7.).

Children of all ages are encouraged and invited to attend the conference because they are the central focus, the heartbeat, of the FGC/FGDM circle and because:

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

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 child and watching one's relatives together develop a plan for one's safety is usually incredibly affirming for the child.

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 the family circlechooses. 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.

Preparing children

The preparation of children is grounded on four principles:

- Children have the opportunity to work with their family members to plan for themselves.
- Children have information about the public agency's concerns that have resulted in their involvement in the child welfare system and understand the information provided by others and the decisions made (all delivered in a way consistent with the child's developmental stage).
- It is necessary to give voice to children's concerns, wants and needs.
- Children have voices that must be heard in the planning and decision- making process(AHA, 2010, p. 29, III.8.).

Before beginning preparation work with the child, the coordinator needs to know whether or not a lawyer from the Office of the Children's Lawyer (OCL) has been appointed for the child in the FGC/FGDM process.

If the child has an OCL lawyer, then the coordinator is responsible for following *the Guidelines for the Involvement of Child's Counsel in the Family Group Conferencing Process* (FGC Ontario Provincial Resource and the Office of the Children's Lawyer, 2009) and will work collaboratively with the OCL lawyer to prepare the child to participate in the FGC/FGDM process: **Refer to Guidelines for the Involvement of Child's Counsel in the Family Group Conferencing Process Hyperlink:**

http://www.georgehullcentre.on.ca/documents/OCL&OPR%20guidelines.ppt.pdf

Areas to pay particular attention to when an OCL has been appointed are:

- Ensuring the OCL lawyer can 'live with' the child welfare bottom lines/concerns/position;

- Meeting jointly with the child and OCL lawyer to explain the purpose of the FGC/FGDM, what the FGC/FGDM day looks like, and safety planning;

- If the child is 12 or over, the OCL lawyer reviews the child's consent (consent to participate and consent to disclose information to another service provider) with the child privately;

- The OCL lawyer reviews child's statement for the FGC/FGDM, including who will help the child decide how their voice will be present at the FGC/FGDM.

It is important that the child 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 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.

When first meeting with the children over 12 (if there is no OCL appointed), the coordinator needs to obtain:

- Their written consent to proceed with the conferencing process and to share the child welfare information with the family and friends invited to the FGC/FGDM;

- Their written consent where they invite service providers with whom they are engaged 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.

Because children are vulnerable, it is useful to discuss with them how they will feel safe and comfortable in the meeting, 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**. See Appendix #11: "I Want to Say Something".** If the child has chosen a support person, it is suggested that the prospective support person link with the child before the meeting.

Discussions with the child

> The coordinator may see the child alone or may work alongside a family caregiver, foster parent, legal counselor or other service provider in sharing the information and preparing the child for the meeting. If one contact seems inadequate to prepare the child, the coordinator considers using the aforementioned supports or other involved service providers (e.g., counselors) to prepare the child more adequately for the family meeting. (AHA, 2010, p. 30, III.8.1.)

The coordinator (and OCL lawyer if appointed) will meet with each child to: **See Appendix #12: "Child Preparation Brochure"**

- Ask the children to identify who is in the family.
- Introduce the concept of an FGC.
- Explain why a conference is being held.
- Explain how the conference will work.
- Explain the 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 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 usually is the non parent as they 'may 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 and may ask the child to go to the playroom. 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.

- The coordinator may also discuss how the child would like to learn about the plan that will be made at the FGC/FGDM, including from whom the child would like to hear about the plan and whether the child would like to be present when told about the plan.

- 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.

- Ask if the child would like to prepare the invitations for the conference.

- Ask the child what snacks and meal the child would like to have at the FGC/FGDM.

- Ask if the child has any ideas about how to open the FGC/FGDM.

Other aids may help the child understand the FGC/FGDM concepts and process, such as:

- Drawings of family;

- Dolls representing family members;

- FGC/FGDM video or DVD **See SECTION 11 for list of DVD/VIDEO'S**

- Stickers;

- Drawings of the various stages of the FGC/FGDM;

- Coloured paper & markers;

Other caregivers and service providers can help the child prepare for the FGC/FGDM in ways such as the following:

- Talk to the child /youth after the meeting with the coordinator about the child's anxieties, fears and hopes regarding the meeting.

- Help the child prepare to share their voice at the FGC/FGDM. This does not have to be done in one session. Information can be gathered over time. It is helpful if the child writes down their answers to the questions the coordinator has given to you and the child. An adult may need to write the child's statement down on their behalf.

- 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 s/he feels 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. In making their plan, the family group needs to consider how this plan will be communicated to the child.

Considerations in determining how children participate:

> While there may be some exceptions to children being present at the family meeting, best practice supports their physical presence during this decision-making forum. Conversations with children and their family groups will lead the coordinator, the child and adult family members to determine how the children will be involved in the family meeting (AHA, 2010, p. 31, III.8.1.).

Various factors may influence how the child participates in the FGC/FGDM, including the age and developmental needs, behavioural or mental health needs, the child's support network, and the family group's cultural beliefs about child participation.

The underlying principle is that the child's voice is present at the FGC/FGDM and this is best done in person. The coordinator, OCL lawyer if appointed, family members or service providers guide how the child participates. Best practice seems to indicate that a written statement prepared ahead of time from a child old enough to provide one seems to support the child's voice at the meeting. The child then decides who will read their statement and whether the child wants the statement read during the Information Sharing phase of the meeting or during the private family time. The child's caregiver may also provide a written statement on behalf of a child who is too young or unable to do their own statement. **See Sample Document #7: "Child Statement"**

> <u>When children will not be physically present</u>
>
> When children are not going to be physically present, the coordinator has the responsibility to ensure that their perspectives are brought forward during the family meeting (AHA, 2010, p. 31, III. 9.).

The coordinator would work with the child, OCL lawyer if appointed, and those closest to the child in order to bring their voice to the meeting. This could be done in a variety of ways including:

- Pictures, photos or telling/reading a story about the child;

- Decorating an empty chair with the child's favourite toy or picture on it;
- Child attending part of the meeting or having a designated spokesperson for the child;
- Playing the child's favourite song;
- Lighting a candle to symbolize the child's light in the room.

If the child is not going to be physically present, the coordinator informs the rest of the participants so that those who were looking forward to seeing the child will not be disappointed on the day of the meeting.

7.23 Role of Support People

> A support person becomes particularly important for family members who have had difficulty making their voices heard in the family group, as well as members who may be more volatile. Support people for those who caused the harm are not responsible for defending the person's harmful actions or behaviours (AHA, 2010, p. 32, III.10.).

During a preparation a meeting with participants, the coordinator discusses that the meeting often can be quite emotional, and will identify with participants if they wish to have a support person at the meeting 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 is usually not a parent, as the parent may be preoccupied at the meeting and less able to ensure that the children's needs are met at the meeting.

Preparing the support person

The coordinator can be responsible for making sure the support person knows that he or she has been chosen for this role and that the person feels they are able to fulfill this role. The coordinator may also discuss ways the support person could help the person needing support and encourage them to talk together prior to the meeting about what kind of support would be helpful. Sometimes the child will pick a support person without the coordinator knowing.

7.24 Preparing the Referring Worker and Other Members of the Child Welfare Team

> Because FGDM practice is quite different from traditional child welfare practice, referring workers may find participating in family meetings challenging and time-consuming. In the family meeting, the role of the referring worker is to provide information about the public agency's concerns to the family group in a straightforward and honest way (**see guideline IV.7.3 on the information-sharing phase**). This role of

> information provider is often difficult, as the family group may have many questions about or challenges to the public agency's concerns. Therefore, it is essential that the coordinator also prepare the referring worker and other members of the child welfare team (i.e., the supervisor and foster care providers) for their roles, independent of their experience with and knowledge of FGDM. (AHA, 2010, p. 33, III.12.)

The coordinator keeps the referring worker updated on who has been seen and whether they wish to participate in the process or not. Other information shared by the family will be kept confidential and will not be relayed to the referring worker. This can be a delicate balance for the coordinator to provide sufficient information for the referring worker without giving more information than the referring worker needs to know.

The referring worker keeps the coordinator up to date about any significant developments during the preparation process. In particular, it is important that workers do not change the concerns the agency needs to see addressed in order to accept the plan, as this was identified in the referral meeting and summary document. If circumstances change and there is a new agency position, the worker must immediately inform the coordinator of this. The coordinator will in turn notify all those invited to the FGC/FGDM and re-establish if they wish to continue with the FGC/FGDM process bearing in mind the new parameters. Just prior to the FGC/FGDM meeting, the coordinator should touch base with the child welfare team to prepare the child welfare team, including the following:

- Review the child welfare role at the meeting, including the importance of sharing information related to the purpose of the FGC/FGDM during the meeting itself rather than privately. The coordinator may want to give special attention to the child welfare role during the third part of the meeting, when the family group presents their plan. **See Section 8, (The day of the meeting) Part IV. (Phase three of the FGC/FGDM meeting: Review of the Plan)**
- Review the format of the FGC/FGDM meeting.
- Share the list of attendees who are expected at the meeting.
- Review the child welfare report for FGC/FGDM.
- Discuss any issues/potential plans that the child welfare team needs to know about ahead of time so that the team is prepared to respond to questions.

The coordinator needs to give the child welfare participants the same level of preparation as every other participant. The child welfare supervisor is expected to attend the FGC/FGDM with the referring child welfare worker so that any appropriate plans can be immediately approved (subject to home studies, criminal record checks, medical record checks, etc.).

TIP: If a service provider, including a child welfare worker is a smoker, the coordinator should encourage that person to smoke in an area separate from where the family group members will be smoking in order to discourage conversations that belong in the FGC/FGDM circle.

Should the meeting date fall after a scheduled court date, the child welfare worker should notify their legal counsel to discuss requesting an adjournment until after the FGC/FGDM.

Child welfare report for FGC/FGDM

The referring worker needs to prepare a report for the FGC/FGDM meeting. This must be submitted to the coordinator at least one week before the conference. **See Sample Document #8: "Child Welfare Report"**

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 relate these to the children's needs;
- Identify any legal constraints and bottom lines/concerns/position;
- 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 coordinator will review the report prior to the conference to ensure that it is "FGC/FGDM 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;
- The report does not reinforce stereotypical practices based on gender, culture, ethnicity, class, etc., in keeping with anti-oppressive practice;
- The involvement and protective capacities of the parents are included.

7.25 Preparing non-Child Welfare Service Providers, Including Band Representatives

> The family guides which service providers are invited and how they are invited to the family meeting… it is important to consider the number of service providers invited to a family meeting and to limit service providers to those who have critical information needed by all participants for decision-making purposes (AHA, 2010, p. 34, III.13).

A fundamental principle of FGC/FGDM is that there are more family members present at the FGC/FGDM than service providers, in order to enhance the family participants' voices in the planning process. If there are a lot of service providers involved with a family, the child welfare worker can often provide information needed by the family group about other services the family is receiving unless the family group feels that they need to hear directly from a particular provider. **See Appendix #13: "Consent to Disclose Information to the FGDM Coordinator"**

TIP: The coordinator pays attention to the information the family feels that they need in order to make the best possible plan for their child.

The coordinator also pays attention to the family's sense about who the best person would be to provide that information at the FGC/FGDM meeting.

The service providers often are as nervous as the family members about participating in the meeting. They may worry about being put on the spot and challenged for their view of the situation. They may experience 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.

The philosophy of conferencing is that the family group should have access to all information in order 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 service providers to be transparent not only about their concerns, but what informs this position.

Before talking to a service provider, the coordinator secures consents from the family member. When meeting with the service provider, the coordinator:

- Describes the FGC/FGDM process;
- Reviews the confidentiality agreement;

- Shares the child welfare summary document, including the concerns/worries that the child welfare agency needs to see addressed in order to accept the FGC/FGDM plan;

- Reviews the service provider's role in the meeting, including the importance of sharing information related to the purpose of the FGC/FGDM during the meeting itself rather than privately;

- Reviews the need for a report, and how it is to be presented;

- Ensures that the service provider knows when and where the FGC/FGDM meeting is to be held;

- Encourages the service provider to review his/her report with the client before the FGC/FGDM meeting.

Service providers who are in a 'paid relationship' with a family member do not attend the family's private time. Faith leaders and Band representatives often have an ambiguous role as they may be a service provider, but are also viewed by the family as part of the family network. Family group members would need to agree to have the faith leader in the private time. The coordinator needs to carefully explore the service provider role, particularly when the service provider belongs to the family member's religious community or is a Band representative.

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 who 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 FGC/FGDM meeting, and where other family members agree to this, it is imperative that the coordinator fully brief the service provider during a face-to-face meeting. Coordinators should recognize the extreme pull service providers feel to help out or to rescue the family.

The service provider needs to understand that under no circumstances should s/he 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.

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. When using FGC/FGDM for youth who are preparing to leave child welfare care for independence or preparing for adulthood, youth tend to be the drivers of the FGC/FGDM process and may want their child welfare worker, foster parent, or other service providers to participate more actively, including in the private time.

Service Provider Report

If a service provider is presenting a report at the FGC/FGDM, the coordinator reviews it in the same way as the referring worker's report. **See Sample Document #9: "Report by Dr. Marco".**The role of the service provider's report is to provide the family group with all the pertinent information so that the immediate family, relatives and friends have all the information and knowledge from the service providers that they need to make an informed decision.

The person receiving service from the service provider should be consulted and ideally should see the final copy before it is read out at the conference. Where that person may suggest that pertinent details be withheld, it is useful for the service provider to have a discussion about the purpose of the meeting and to establish if the person 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 service should continue after the FGC/FGDM. The service provider may want to have a discussion with their client before the meeting 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 meeting.

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.

7.26 Pre-conference Meeting for the Child Welfare/Service Provider Team

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.

7.27 Preparing Foster Care Providers

> In most communities, foster care providers (both kin and non-kin) are seen as a critical part of the child welfare team. Kin foster care providers are prepared using the same guidelines for extended family members… (AHA, 2010, p. 36, III.16).

Foster parents who are also a child's kin are prepared in the same way as other family members. Non-kin foster parents are prepared in the same way as other service providers. **See Section 7, Part II (Preparation), XI, (Preparing non-child welfare service providers including Band reps)**

Foster parents are invited to attend the FGC/FGDM. If a foster parent decides not to attend, other ways can be offered (writing a letter, participating by phone, etc.) so that the foster parent's voice is present.

TIP: Usually non-kin foster parents do not participate in private family time.

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 FGC/FGDM meeting is important.

Foster parents have an important role in supporting the child before and after the FGC/FGDM, including helping the child manage any anxiety s/he may have or helping the child know who to talk to when there are questions.

The coordinator advises the foster parent that if there are questions about the FGC/FGDM process, these should be directed to the coordinator. If the foster parent is feeling anxiety about the upcoming meeting or issues from their own family history arise, the foster parent should talk to their resource worker.

Occasionally family members want to know before the FGC/FGDM if the child can stay long-term with the foster parent. If the foster parent is not kin, this can become a very complicated question to answer, since the foster parent needs to consider their own family's needs as well as the agency's expectations of them. It is helpful for the family group if the foster parent has thought about and come to some kind of decision about this question prior to the meeting. **See Appendix: #14 "Foster Parent Role is Important"**

7.28 Preparing Speakers

Speakers are invited when the family group wants to have specific information about something (such as addiction, mental health issues, child development issues, domestic violence or a medical condition). Deciding who the speaker will be is done in consultation with the family group. The speaker's role is as an educator for the family group rather than as a service provider for a member of the family group.

The coordinator needs to pay particular attention to the following when preparing a speaker:

- The speaker's role as educator for the whole family group and not just the person directly affected by the challenge such as addiction, mental health, etc.;
- The information that would be most helpful for the family group, based on questions family group members have asked the coordinator during preparation meeting;
- Time limits for the speaker's presentation to the group.

See Section 8 (Day of the FGC/FGDM meeting

TIP: It may be helpful to have family members write down their questions and give these questions to the speaker ahead of time.

7.29 Preparing Lawyers

If an OCL lawyer has been appointed for a child, the coordinator prepares the lawyer in the same way as every other participant, including asking the lawyer to review the confidentiality provisions. The coordinator will also review the Guidelines for OCL and coordinators (FGC Ontario Provincial Resource and the Office of the Children's Lawyer, 2009) to ensure that the roles and responsibilities of each are clear. **See Appendix #15: "Guidelines for Lawyers"**

Other lawyers, such as parent's counsel or child welfare counsel, are not invited to attend the FGC/FGDM meeting, in order to avoid both an adversarial situation and one where the focus is on the needs of one individual. The philosophy of FGC/FGDM is for the collective to develop a plan, which all believe is in the child's best interests and which each member believes they can support.

> The coordinator prepares attorneys … in the same way as other service providers are prepared should they decide to attend the meeting. The coordinator explains the FGDM principles and process to all attorneys, as well as sharing the child welfare summary of information. This information helps the attorneys better advise their clients both before and after the meeting. In particular, with regard to parents' attorneys, it can help them ask their client a series of questions to determine if the family meeting was carried out in such a way that was consistent with FGDM principles (AHA, 2010, p. 36, III.15.).

It is important to offer a participant, particularly a parent, the opportunity to discuss the FGC/FGDM referral with his/her lawyer as well as to review the confidentiality provisions and FGC/FGDM consents before signing any documents.

When a participant 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, with or without their presence
- When speaking to the lawyer, emphasize that:
    a. the client is not obliged to agree with the plan at the end of the day;
    b. the client retains the right to present their own plan in court;
    c. it is useful for family members to engage in the process with the idea of contributing to the decision making.
- Review the ways of ensuring that child and parental rights are protected[5]:
    a. OCL notice for children and minor parents provided as soon as possible;
    b. Band notification as soon as possible;
    c. Parents receive independent legal advice, wherever possible;
    d. Parties, including parent(s) and child(ren) can review the Plan with legal counsel;

[5] With thanks to Stacy Neill, counsel, The Children's Aid Society of Brant, Brantford, ON

e. Is confidential and **NOT** arbitration (*Reg. 496/06* (Ontario, 2006).

How does the FGC/FGDM plan become a legal reality[6]?

> If attorneys agree with the plan, they may advocate for the plan with the court. Attorneys can also review the plans developed in the family meetings before any
> court proceedings. If an attorney and his or her client have concerns about a plan, these can be presented in court. However, it is the judge's decision to approve the resultant plan from a family meeting, including the extent to accommodate other concerns raised. (AHA, 2010, p. 36, III.15.)

When a FGC/FGDM plan requires a court order, the following is offered as a guide for lawyers and/or child welfare workers:

1. Child welfare agency staff to encourage parents to review FGC/FGDM plan with legal counsel

    a. Rights of the FGC/FGDM participants to discuss the content of the FGC/FGDM Plan with counsel, as per *Ontario Regulation 496/06* (2006)

2. Plan may be filed with the court (*Ontario Regulation 496/06)*

3. If already before the court on CFSA (1990) application

    a. An order could be made on consent with judge's approval

4. If before court on Children's Law Reform Act (1990) application

    a. An order could be made on consent with judge's approval

    b. Child welfare worker to consider a Protection Service Agreement before court order actually made

5. If there are no current court proceedings at the time the FGC/FGDM plan is made and a court order is required

    a. Bring matter before court on CFSA (Ontario, 1990) Application
        i. Seek OCL appointment, with recommendation for same OCL as in the FGC/FGDM

[6] With thanks to Stacy Neill, counsel, The Children's Aid Society of Brant, Brantford, ON

ii. Could seek *s 57.1* custody order in CFSA Application

b. Bring matter before the court on CLRA Application

i. Child welfare worker to consider a Protection Services Agreement before matter brought to court

6. Ensure independent legal advice for clients

7. Consider mediation to “fine tune” the plan

SECTION : 8 :

DAY OF THE FGC/FGDM MEETING

SECTION 8: DAY OF THE FGC/FGDM MEETING

8.1 The Role of the Coordinator at the FGC/FGDM Meeting

> • Minimize his or her presence to allow the family group's norms and ways of interaction to emerge;
>
> • Protect (safeguard) the process;
>
> • Ensure that the process at all times belongs to the family group;
>
> • Create space for dialogue in which the family feels free to ask questions and the service providers feel free to respond to questions in a non-defensive manner;
>
> • Respond to meeting changes, such as new, unidentified information being disclosed;
>
> • Manage any crisis situations that may develop;
>
> • Manage time so that the family has ample private family time;
>
> • Support the participants in deciding next steps; and
>
> • Facilitate the last phase of the family meeting where the plan is finalized and consensus is reached.
>
> The coordinator is not invested in a particular outcome or in the interests of any particular participant (AHA, 2010, p.47, IV.3.).

The coordinator should arrive at the meeting location early enough to ensure there is ample time to prepare and organize the rooms and logistics as expected and agreed to during the preparation phase.

It is common for families and service providers to feel anxious when they first arrive at the meeting place. A warm welcome and greeting by the coordinator may help ease some of the anxious feelings. Prior to the start of the meeting there may be merit in the coordinator reminding child welfare, service providers and the foster parents to be careful about engaging in conversation with family members about the planning task that day.

8.2 Phase One of the FGC/FGDM Meeting: The Opening/Information Sharing

Welcome:
Once the participants have arrived and settled the family group may have a way they want to welcome everyone and open the meeting. At times this can be influenced by the family culture, traditions and beliefs. In some instances, the family may wish to have a prayer, a poem, a

blessing for the children, and or a song, etc. The opening is a way for families to take ownership of their meeting and set a positive tone for the day.

Review of the Agenda:
The coordinator reviews how the meeting will proceed and has the agenda on flip chart paper, which may help people understand how the day will unfold. Housekeeping items can be shared with the group so that everyone understands the logistics of the location such as where the bathrooms are located, where they can smoke, how they can decide to take breaks, obtain snacks, when the meal will be served, confirming details about the child care arrangements, etc. **See Sample Document #12: "Agenda for FGC/FGDM"**

Introductions:
In some meetings depending on the size of the group and the familiarity of those in attendance, name tags can be used to identify the individuals. Everyone introduces themselves by sharing their name and how they are connected to the family and or the children, while service providers introduce what their role is, and everyone shares a hope for the day. When children are not present, for whatever reason, it can be helpful to have pictures; and, or at times families may wish to have a symbol representing a family member who has died or who is not present and whose influence continues to be important to the rest of the group.

Guidelines for Respectful Discussion:
The family, if they wish, can brainstorm a list of guidelines and/or rules which may help everyone stay focused on the purpose of the meeting and encourage participants to share their thoughts and opinions in a respectful way, allowing for everyone's voice to be heard. The coordinator may write these on flip chart paper and post these in the meeting room so that they are visible. Participants can be encouraged to add to these as they see fit. Some family groups decide on a family group leader/facilitator, particularly for the private family time, during the discussion about the guidelines for respectful discussion.

Information Sharing Phase:

> The purpose of the information-sharing phase of the family meeting is for service providers to give the family group all of the agency-held information that the family group needs in order to assume leadership in developing their solution to the issues presented, keeping in mind the purpose of the meeting. The family group consults with the service providers to make sure that the family group has all the information they need before going into their private family time. While the flow of information is predominately from the service providers to the family, family groups often ask for clarification and/or question the information presented to them. The information-sharing phase is comprehensive yet concise, to allow for as quick a transition to private family time as possible, the next phase of the family meeting (AHA, 2010, p. 49, IV.7.3).

The referring child welfare worker is usually the first service provider to present their information and brings adequate numbers of copies for the participants.

> The coordinator asks the referring worker to share all of the relevant information with the family group that will be essential for the family's deliberations. This includes the agency's concerns, the legal issues and the time frames that must be met for the agency to agree to any plan (AHA, 2010, p.51, IV.7.3.3.).

Other service providers such as the lawyer for the child/ren, foster parents, and or Band representative from a First Nation Community can share their perspective of the situation but not recommend a plan or direct the decision making process. Since this is a child centered meeting, it is critical that the voice of the child be present. Often this will occur during the first phase. The child's lawyer (OCL) may share the child's hopes and their views or the child's perspective on the situation. If the parent is a minor below the age of 18, an OCL lawyer is appointed and may choose to participate at the FGDM/FGC.

Other times the child may share what he/she wants to say directly or through his/her support person. In some situations, the child may have decided to share his/her statement, thoughts and opinions during the private family time. This will have been decided during the preparation stage.

The coordinator may have a role in the order that the service provider reports or other family member statements are shared with the group, depending on the circumstances. For example if there is a parent who is absent from the meeting and a relative is to share a statement on the parent's behalf, there may be merit in hearing from this person sooner during the information sharing phase. The coordinator is actively involved in facilitating this part of the meeting to help introduce and or to invite the next person to present a report or statement.

Tip: Generally reports are shared in a sequence starting with child welfare, service providers, speaker, OCL and or the child/'s support person. However there may be times the coordinator will alter or may need to use his/her judgment and flexibility respecting the family's wishes for this sequence changing.

The coordinator plays a role in facilitating this dialogue between family group members and the service providers and participants are encouraged to ask questions during the first phase. If the family has agreed to have a guest speaker attend this first part of the meeting to enlighten and assist in educating them about a certain issue, this individual may be welcomed during this part.

The coordinator's role is to ensure that the critical and relevant information from the service providers is provided to the family. The coordinator avoids asking questions on behalf of child welfare or the family unless the coordinator has received a clear cue from someone in the group 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. This part of the meeting requires active facilitation.
Families will need to know what formal resources are available to them should they wish to access and incorporate these in the plan. The coordinator has a role in gathering this written information and/or making sure that the service providers bring the requested information with them so that it can be shared with the family.

As the first phase of the meeting comes to an end, the coordinator checks in with all participants to make sure they understand their task during their private time. The family need to know where to find the coordinator and the service providers should questions arise during the second phase of the meeting. The family members will let the coordinator know when they are ready to share their plan/recommendation/solution with the child welfare service providers.

Before family members begin their private family time, the coordinator asks the family group if they have the information they need to transition to their private family time. The coordinator will make sure:

- The family is aware they have as much time as they need to deliberate privately.
- A copy of the agency concerns that must be addressed is left in writing for the family.
- The family realizes that the plan needs to address who is going to do what, when, how, where etc.
- The coordinator ensures the family group has what is needed for them to write up their plan (e.g., flip chart paper, writing utensils and material to support the family's work together).
- A meal is usually served during their private family time and the children take part in this activity.
- Some family groups appoint a family member to facilitate the private family time as part of the first phase of the FGC/FGDM.

8.3 Phase Two of the FGC/FGDM Meeting: Family Private Time

Private family time is a core element to FGDM/FGC.

> Family groups have the opportunity to meet on their own, without the statutory authorities and other non-family members present, to work through the information they have been given and to formulate their responses and plans (AHA Guidelines, 2010 p.52, IV.7.4).

The coordinator, referring worker, foster parents, OCL and/or other service providers do not participate in private family time. The coordinator's role is to protect the integrity of the private family time process. If the family takes a break during their private time, the coordinator is available to answer any questions about the meeting process, while the referring worker and

other service providers can remain on site and/or be accessible to answer questions the family may have.

Service providers may need to be reminded to refrain from talking about what various family members said during the first phase and to refrain from analyzing or assessing participants. As well service providers may feel compelled and wish to rescue an individual who is upset and/or struggling. Unless the family member asks directly for a service provider's assistance, the coordinator may need to remind him/her to take a step back and let the family members deal with the situation.

The OCL lawyer for the child and or for the parent who is a minor can decide to remain accessible in the event there is a need to discuss an issue with his or her client. In some situations the OCL lawyer can decide to make him or herself available by telephone to consult with the child and/or minor parent throughout the various phases of the meeting.

While service providers are waiting, this may present an opportune time for the coordinator to review the third phase of the meeting and help them think about how questions will get formulated when negotiating and discussing the plan.

8.4 Phase Three of the FGC/FGDM Meeting: Review of the Plan

After the family has finished deliberating in private, the family group invites the service providers back into the meeting room where someone from the family group presents their written plan/recommendation/solution. The coordinator facilitates the discussion between the family group, the child welfare team and other service providers so that the plan is developed in detail, in a way that does not change the decisions made by the family and respects the integrity and the intent of the family's plan. The coordinator supports the family and the child welfare agency representatives in reaching consensus about the plan through a flexible negotiation process.

The child welfare service providers (namely the referring worker and often the supervisor in attendance) and OCL lawyer if involved must agree that the plan addresses the reasons why child welfare is involved and their concerns. It is conceivable that the OCL lawyer may disagree with the plan and that his/her concerns could be resolved that day through further discussion and negotiation. If it can be resolved without taking away the family's authorship, then it may take place at the meeting. The family group should have an opportunity to return to private family time to try to address the worries. Further deliberations of the contentious aspects of the plan may need to occur before the OCL lawyer can support the plan and this should happen preferably the same day. At the end of the process the OCL lawyer could decide that the matter has to go to court if for whatever reason the issues cannot be addressed and/or resolved to the extent they can live with the plan. **Refer to: "Guidelines for the Involvement of Child's Counsel in the FGC process"**
http://www.georgehullcentre.ca/documents/OCL&OPR%20guidelines.ppt.pdf

Band representatives also need to be able to live with the plan.

Other service providers, beyond those from child welfare, the OCL lawyer and Band representatives, agree to the provision of services, but are not involved in agreeing to the plan. The details of the plan get included during this third part preferably in a way that ensures the plan is visible to all participants. If the presented plan is already quite detailed, the role of the coordinator may be less active in this phase. At times the person presenting the plan on behalf of the family group may continue to play an integral role and include those details that get added into the plan. When the presented plan is more of a rough draft the coordinator's role may be more active. Each situation is different and the coordinator needs to decide when to step in and when to take a step back, keeping in mind this is an opportune time for the family group and child welfare group to strengthen their relationship.

In exceptional situations, the child welfare staff can discuss the plan privately among themselves but as far as possible, all concerns regarding the plan should be processed directly with the family. The family group may need additional private family time to discuss questions or concerns raised by the child welfare staff. If parts of the plan seem unfinished this should be raised at the meeting right away. If for some reason the plan cannot be flushed out anymore at this time, then that needs to be stated and together the group decides how to proceed with the unfinished business. The coordinator should be guided by the family group as to what they see as the next step. It may be that the family group wants to reconvene.

Telephone or video conference calling also allows those from far away to participate in a second conference. In some cases, the family may feel certain members can meet with the child welfare providers to come to an agreement without calling a second meeting. 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. Any of these strategies should be clearly written in the plan.

If for whatever reason there is no consensus through this process there may be merit to referring the unresolved issue(s) to another resource such as child protection mediation. It will be important for the participants to decide what the next steps will be.

During this last phase, when it is believed that a consensus has been reached, the coordinator clearly asks the child welfare providers if they agree with/accept the plan to ensure they openly acknowledge they can live with this plan to avoid any confusion at a later date. It is important to ask the family group how they wish to review the plan, how they are going to check in to see if it is working and/or not working. Understanding that events may occur and plans may need some tweaking and/or modifications, it is wise to incorporate what the family group believes would be the best way to do this in the plan. At times it will be the child welfare service providers who could ask these questions and this is more apt to happen with those who have experienced with FGDM/FGC. In some matters the coordinator may ask this question and families usually share clear ideas about this piece. This will pave the way for how the child welfare system and the family system will work collaboratively in implementing the plan

Prior to calling the meeting to a close it is important for the child welfare providers and coordinator to make sure the family is aware of what to expect following the FGDM/FGC meeting.

This includes educating all parties and sharing information about such things as:

- The post-meeting roles of the referring and ongoing workers;
- The post-meeting role of the coordinator;
- Distribution of the plan and court appearances, if necessary;
- The responsibilities and actions of all parties if the agreed-on plan or components of the plan become unworkable;
- The scheduling of any additional family meetings

> The principle is that the child welfare agency cannot assume that family groups know what is to happen and therefore it is the responsibility of the child welfare agency to make the next steps clear, understandable and transparent. From a systems perspective, the purpose of sharing this type of information is also to create a cultural expectation about family being enfranchised and empowered
> with information, lifting any notions of secrecy or exclusion
>
> (AHA, 2010 p.56, IV.7.5.6.)

The coordinator will close the FGDM/FGC meeting, and at times this may include participants taking turns in sharing 'if their hope of the day was met' and if there is anything else they wish to say before leaving.

The final stages of group evolution are vital, for members to have an opportunity to clarify the meaning of their experiences in the group, consolidate the gains they've made, and decide what newly acquired behaviors they want to transfer to their everyday lives. Typically, this is the phase of group work that leaders handle most ineptly, partly owing to their lack of training and partly because of their own resistance to termination. (Corey & Corey, 1997, pp. 264-266).

If the purpose of the group is clear; if goals and objectives have been clearly stated, internalized and worked on, then termination can be a very rewarding and satisfying experience. It is essential then, that the [coordinator] recognize the principal characteristics of this stage of the process. During termination, the themes raised and discussed are characterized by: flight, denial, regression, a need to continue, recapitulation, review and evaluation (Wickham, 1993, pp. 102-103).

Tip: The coordinator may be tempted to skip this part as participants are tired and some people may be in a hurry to leave. However, it is important to bring closure to the day. People often have something positive and heartfelt to say about the meeting which allows everyone to leave with the knowledge that they expressed their feelings.

Most often, participants complete a written evaluation providing feedback about their experience in this process. There may be various regional and practice differences in terms of how this evaluation/feedback is done. **See Appendix #16: "Evaluation Feedback Forms"**

8.5 The Role and Responsibility of the Coordinator after the FGC/FGDM Meeting

The coordinator is responsible for typing and mailing the FGDM/FGC plan using the flip chart papers and other notes taken during the third part of the meeting. This may involve organizing the plan into themes as well as correcting spelling or grammar, while keeping the family group's words. Some plans will include the names of all participants and how they are connected to the family and/or what their role is (e.g., service providers); as well, it may have the names of those who sent their regrets and those that were absent but provided written communication that was shared on their behalf at the meeting. There may be regional and practice differences but the core principle is that the FGDM/FGC plan uses the family group's wording. **See Sample Document #10: "FGDM/FGC Plan"**

The coordinator ensures the plan is mailed to all participants and to anyone else that was agreed to at the meeting within 10 working days. Participants are asked to bring any errors and/or omissions to the attention of the coordinator within a set time frame. **See Sample Document #11: "Letter Sent with Plan"**

The coordinator makes those corrections to the plan and brings these to the attention of all participants. These corrections do not amend and/or alter the intent of plan in any way; it is referring to minor adjustments such as spelling and or relationship errors, for example. The role of the coordinator is finished after the formal plan has been mailed out and approved as sent.

If required the coordinator completes administrative duties after the meeting such as inputting statistics, providing a financial statement for monies spent on the meeting, and organizing the file for closure. **"See Appendix #17: "Case Information"**

8.6 Implementation of the FGC/FGDM Plan

> The core principle that guides all follow-up activities is that they need to involve a collaborative partnership between the family group and child welfare agency. Follow-up activities are unique to each family group, and are guided first by the family groups' needs, and second by the needs of the child welfare system. Institutionalized follow-up processes, driven by child welfare mandates, are not consistent with FGDM being a family-led process. Nonetheless, when more decisions need to be made or additional plans need to be created for whatever reason, the format for decision making is family meetings. (AHA, 2010. p. 57)

The spirit of this partnership between the family group and child welfare system is to check in with each other and to keep each other accountable in monitoring and implementing the plan.

If there are struggles with the plan either at the family level and or the system level, it is the child welfare worker's responsibility and role to discuss and offer options to the family about how they wish to proceed. The coordinator does not become involved in advocating for either party.

SECTION : 9:

REVIEW AND/OR FOLLOW UP MEETINGS

SECTION 9: REVIEW AND/OR FOLLOW UP MEETINGS

One of the guiding principles of FGC/FGDM is that any participant in the FGC/FGDM circle can call the group back together again for a review and/or follow-up FGC/FGDM meeting. These subsequent meetings can happen either as part of the original FGC/FGDM plan or because there is a significant challenge or change in implementing the original FGC/FGDM plan.

TIP: If a significant change is needed and/or being proposed in a FGC/FGDM plan, the child welfare team consults with the family group about the next steps. ***Cross Reference Who Can Make a Referral Section 6***

9.1 General overview of coordinator's role in review/follow-up FGC/FGDM meetings

The same principles of preparation apply for a review or follow-up FGC/FGDM as for an initial FGC/FGDM. There should be no surprises in the child welfare information shared at the subsequent FGC/FGDM meeting and participants need to know the child welfare information ahead of time, the reason for the meeting being called and the task at the meeting. The role of the coordinator is to:

- Ensure there is a consent/authorization to release information in place allowing the child welfare team to share the updated child welfare information with the coordinator.

- Hear the review from the child welfare team as to how the FGC/FGDM plan's implementation is going. The coordinator needs to ask about things that are going well in the plan as well as any concerns or things that are not going well with the plan.

- Identify any changes in what the child welfare agency needs to see in order to accept a plan from the previous FGC/FGDM meeting.

- Confirm that the updating information and what the agency needs to see to accept the plan are accurate.

- Ensure that the person(s) whose child welfare information is being shared (usually the parents or primary caregivers) are aware of the child welfare team's view of how things are going in implementing the FGC/FGDM plan. Ensure there is a valid consent to participate in place.

9.2 When the Review/Follow-up FGC/FGDM is Part of the Plan at a Previous Meeting

- The coordinator usually updates the entire family group either by letter or phone about how the plan implementation is going as well as what the child welfare agency needs to see in order to accept the subsequent FGC/FGDM plan.

- If there are new participants at the subsequent FGC/FGDM, the coordinator prepares each participant in the same way as for the initial FGC/FGDM. **See Section #7: "Preparation"**.
- The coordinator brings the flip chart paper with the guidelines for respectful discussion developed by the family group at the first FGC/FGDM meeting.

- The coordinator brings copies of the plan developed at the first meeting for participants to be able to refer to.

- The coordinator reviews any service providers' letters, and or reports prior to the meeting.

- The coordinator manages all the logistics.

Tip: The coordinator needs to verify if there are different support people for the caregivers and or children to ensure that they are prepared for their role.

Tip: During review and/or follow up meetings it is not unusual for discussions and dialogue to occur more freely between the family group and service providers. This may be partly due to the comfort level, having been the process, the partnership that has been established and the coordinator should remind service providers prior to the meeting to be careful about engaging in conversation with family members about the planning task that day.

9.3 When a Review/Follow-up Meeting is not Part of the Original FGC/FGDM Plan

- The coordinator decides how much face-to-face preparation of all participants is needed. This is largely based upon the amount of change the child welfare agency needs to see in the plan

- If there are no changes in what the child welfare agency needs to see to accept the plan since the first FGC/FGDM, then the coordinator may decide to update the circle as noted above

- If there are significant changes in what the child welfare agency needs to see to accept the plan, the coordinator needs to have individual conversations with every participant in order to prepare them for the subsequent FGC/FGDM meeting.

After the review/ follow-up meeting is completed, refer to Section 7 for the role and responsibilities of the coordinator and follow the same steps.

9.4 The Day of the review/follow up FGC/FGDM Meeting

TIP: Sometimes the emotional tone of the review/follow up meeting is quite different from the initial FGC/FGDM meeting. This second meeting may be more challenging for everyone. The coordinator needs to be vigilant about paying careful attention to preparation and the FGC/FGDM process, since it can be tempting to take short-cuts in preparing everyone and also in coordinator preparation of self for the review/follow up meeting.

- The day unfolds using the same three phases of the FGC/FGDM model and the coordinator facilitates the first and third phase of the meeting.
- Depending on the time that has elapsed between the first and second meeting and/or if there are new participants, it may be helpful to go around the circle to introduce each other. The coordinator can check in with the family and service providers to see if this would be beneficial to everyone
- Sharing a hope of the day for the second meeting is a good way to unite the participants and helps to set a positive tone
- The coordinator reviews the family group's Guidelines for Respectful Discussion from the first meeting and asks if there are any additions and or changes to be made to the list.

Tip: If a letter is mailed by the coordinator inviting participants to the follow up/review meeting the letter may form the basis of the child welfare report that will be shared during the first phase at the review of follow-up meeting.

Sometimes the child welfare agency/transformation payment agency is not open to funding a second FGC/FGDM meeting if there is no longer an open file with child welfare and they are no longer involved.

SECTION : 10:

CASE STUDIES & STORIES OF FGC/FGDM

SECTION 10: CASE STUDIES & STORIES OF FGC/FGDM

(Excerpts from the 1st edition of the manual and FGC Toronto and Ontario Provincial Resource Newsletters)

10.1 From War to Peace: Families Can and Will!

By Heidi Natri FGDM Coordinator, Thunder Bay Counselling Centre

One of the referrals received by the Thunder Bay Counseling Centre for Family Group Decision Making was a family where the maternal and paternal grandparents had been involved in a custody battle for almost 5 years over their mutual grandchild. This grandchild had come into the care of the grandparents as result of serious physical abuse that the child had sustained at the suspected hands of her biological parents as an infant.

When I met with various family group members to do preparation, most individuals were very doubtful that the grandparents would be able to come to an agreement without going to trial – just given how many hurtful situations had occurred and given how long the court battle had been waging on. As well, these maternal and paternal grandparents had utilized mediation in the past without success.

In addition, there was lots of uproar about the child's biological mother attending, as several individuals felt that she in particular had lost all of her parental rights due to the physical abuse allegations.

In brief, by the end of the family meeting process there was in fact an agreement and in its final form this family plan was so detailed and thorough that it was 8 pages long! Interestingly enough as well, the biological mother was heralded as the person who was responsible for creating the whole turning point in the meeting, which resulted in the grandparents reaching and agreement. This family group proved once again that families truly have the capacity to make good decisions and plans for their children – they just need the opportunity!!

10.2 Confidentiality in the context of diversity

By Inshirah Hassabu, Coordinator, FGC Project of Toronto

The *Child and Family Services Act,* as amended by Bill 210 describes Alternative Dispute Resolution (ADR) as a strategy to streamline court processes and encourage alternatives to court. It is mandatory for a children's aid society to consider ADR, on the other hand, it is a voluntary process for families. The following provision of ADR is the subject of this piece of writing: "Use a written agreement, where possible, which is signed by all participants and contains the confidentiality provisions as set out in regulation". This policy directive became effective on November 30, 2006.

The use of a written confidentiality agreement raised a lot of controversy regarding how and when to use it during the FGC process. The Family Group Conferencing Project of Toronto, the oldest in Ontario, has been operating since 1998, which made it eight years old when ADR emerged.

During those eight years, coordinators developed several strategies and skills to earn the acceptance and trust of the community we serve—the very culturally diverse city of Toronto. Some of the families referred to FGC are immigrants who struggle with English, or in some cases are refugees whose residence papers are still in process. It is our experience that some families perceive the confidentiality agreement as a binding legal document, and therefore worry about signing it without consulting with their lawyers, or making sure that they clearly understand its purpose.

As part of the FGC coordinator's work preparing the family, the use of interpreters is key to the process of introducing the confidentiality agreement and subsequently widening the circle. In Toronto, our practice is to use a verbal agreement on confidentiality at the beginning of the preparation process and on the day of the conference the family members sign the confidentiality agreement.

To understand and respect the needs and culture of the families we work with in Toronto, we first need to build their trust. In order to do this we need to ensure that there are no barriers to communication of information, that fears and anxieties are discussed and worked through, and that families understand the voluntary nature of their participation in FGC. We hope that by providing some of the elements for building trust that family members will sign the confidentiality agreement without any hesitation.

10.3 Family Group Conferencing for A Special Little Girl

By FGC Coordinator from Niagara/Hamilton Region

A very young child was living with her grandparent because her parents were not able to care for her, due to their own personal life challenges. Fortunately, the grandparent was able to be the primary caregiver with the support of the extended family. After some time unforeseen circumstances led the CAS to consider Family Group Conferencing (FGC).

Even though the parents were unable to attend, fortunately both the maternal and paternal extended family members embraced the opportunity to come together to discuss what would be in the best interest of the child. During the conference information was shared, letters were read and a few tears were wiped away during private family time. After a lengthy discussion, the family came up with a plan that gradually moved the care of the child from the grandparent to another family member. The plan ensured that the child would continue to maintain a relationship with the previous caregiving family and that everyone would be supportive throughout the transition.

The family members had not had much contact with one another in the past, however they were able to work together cooperatively and develop a plan that addressed the child's well being and future safety. Everyone left the FGC knowing they had worked hard in creating the best plan possible for her!

10.4 Taking a Proactive Approach

By Marion Mitchell, FGDM Coordinator, Northern Region

I would like to talk about two cases that I found very rewarding over the past few months. The reason I found them so rewarding is that they were both cases that planned for the arrival of a child. It was very encouraging to see my local CAS taking a proactive approach to their concerns. It was also wonderful to see the families' willingness to take the leap of faith needed in the Family Group Decision Making (FGDM/FGC) process.

CAS' concerns in both these cases were regarding the mental health of the mothers and their ability to care for their second child with their partners. The mothers were unable to care for their first child due to domestic violence, mental health and their young age.

CAS' perspective, in these cases had changed as both mothers seemed to have matured and found more appropriate partners. The CAS worker on both cases felt it was important to engage the families in the process of Family Group Decision Making as she wanted to feel confident that the circumstances surrounding these families were different and that the parents were now in a position to parent their own children. The goal of CAS was to have these parents develop a strong support network from both their family and community as they were worried about the maintenance of the mental concerns and the parents' ability to develop and retain the skills needed to parent effectively.

The families were very excited and determined to keep the children in their family circles. All members were actively involved from day one and therefore the preparation phases moved along very quickly. It was refreshing to see the level of commitment given by the families during the whole process.

With this process the families were given the opportunity to utilize all their strengths and increase the family's unity and ability to succeed. Both families were able to develop at strong and workable plan; a plan that ensured the least intrusive measures by CAS; a plan where the parents could be able to care for their child when appropriate supports were put in place.

CAS is now looking at engaging with more families before the child is born as they were able to see the positive results in these two families. It is now the hope of the agency that with the assistance of FGDM/FGC process, more families can become actively involved in developing strong working relationships and plans that support the prevention of children coming into care, even before their birth.

10.5 The Whole is Always Greater Than the Sum of Its Parts - Aristotle

By Alison Cope, FGC Coordinator, FGC Project of Toronto

There are often roadblocks for the Coordinator when trying to widen the circle and add more "parts." Family members might question why others (especially those from outside their family circle) are included and may not see the value others will bring to the "whole."

I recently coordinated a conference for a transient teenage mother and her baby. The baby had been in care for several months and the hope was for the family to come up with a plan to care for the child. The mother wanted her current partner to attend the conference, and through my preparation with him I learned that he had a history of mental health issues as well as a criminal past. When family members learned this new boyfriend was participating, they questioned the benefit of his attendance. On the morning of the conference the mother called to say she had changed her mind and would not be attending. It was only through phone calls with her boyfriend that she eventually agreed to attend. When the boyfriend arrived, he made no eye contact with the family; his hands were shaking, and he continued to shake through the meeting. I could see the family members look at each other and I could guess what they were all thinking. As the meeting went on the boyfriend remained quiet but respectfully listened to what was being discussed.

During the Family Private Time things got heated between the mother and her family. The mother left the room on numerous occasions, slamming the door and saying she would not return. It was only the boyfriend who was able to convince her to reconsider. He was the one who sat patiently with her in the parking lot at times for up to an hour until she was ready to return to the group. While he did not contribute to the "plan" in the traditional way we think of, he played a crucial role. He encouraged the mother to remain a part of the conference process, which was very important to the extended family who wanted to ensure she was in agreement with the final plan they were presenting. After the conference, the boyfriend shared with me that he had been adopted as a child, and that he wished that there had been a Family Group Conference for him so that he could have lived with family members rather than being bounced from foster home to foster home.

I have learned through my experience with FGC to never underestimate the contribution a participant can make leading up to and on the day of the conference. There is no doubt when it comes to Family Group Conferencing that the whole is always greater than the sum of its parts.

10.6 Redefining "Family" in Family Group Conferencing

By Carolina Pizarro, FGC Coordinator, Toronto Region

Alicia and David are the parents to 10 months old baby Sara. Alicia and David became involved with CCAS when Alicia called the crisis line indicating she had taken 10 aspirins mixed with alcohol. She was taken to the hospital and kept there overnight. Once released from the hospital CCAS visited Alicia and her grandparents and became concerned with their ability to keep Sara safe. CCAS felt that the grandparents due to their advanced age were not able to provide adequate support to Sara. CCAS concerns extended to Alicia and her own ability to keep Sara safe. As a result, Sara was apprehended and placed in a foster home.

Alicia indicated to CCAS that prior to calling the crisis line she had been unable to sleep for 14 hours stating that she could not get baby Sara settled. It appeared that Sara had been overfed and not burped after a feeding. Alicia had also had an argument with David, which ended in him leaving. David indicated to CCAS that Alicia thought he would not be back.

Alicia and David had supervised visits with Sara and attended these visits together every week. It was clear to CCAS that both parents loved Sara and were connected to her. In their attempt to have Sara returned home, Alicia and David came forward with a plan, which included a strong network of friends and some family. CCAS had concerns about the supports identified by the family, as they felt they were too young and perhaps not as committed as Alicia and David indicated. CCAS also worried that there was a small number of nuclear family members involved. Nevertheless the CCAS worker felt that the family would benefit from doing a FGC and, hoped that the supports for the family could be identified as well as formalized.

On the day of the conference, as the family and friends shared the hope for the day it became clear to everyone in the circle that Alicia's and David's friends were strongly connected with their lives and Sara's, and that "they constituted their family". The family developed a plan nine pages long, which met all the bottom lines and outlined specific supports, including each support person's work schedules and the times in which they would be able to provide support. Alicia read the plan to CCAS clarifying any questions they had and presenting it with great confidence. When the plan was approved by CCAS, the family applauded and Alicia began to cry; her supports stood up one by one and hugged her. Suddenly everyone was congratulating each other.

As a new Coordinator that has not experienced too many FGCs "I too felt like hugging Alicia and her family". I felt so proud, moved and mostly honoured to have had the opportunity to watch this family at work, see their strengths flourish and come together for Sara. I learned that in some families "family" is not always blood related individuals, but those who are always there for you, who know what makes you happy and gather all their resources to help you when you most need it. It is people that have watched you grow up or have grown up with you. I learned that being a young adult is not always an indicator of immaturity or inability to commit; this is a myth, and that ultimately what brings people together in a situation like this is caring about the hardships of others.

10.7 Story of One FGC Challenge: The Unexpected Arrival

By Christie L. Dawson, MSW, FGC Coordinator Chatham-Kent Children's Services

The only living parent was Jim. His addictions led to the C.A.S. placing his teen sons with his parents. Jim never showed for the first conference. We had met, and I expected him. When the OCL arrived with Jeremy, she quietly told me about the previous day. Jim had appeared at the grandparents' house to take his drum set to the pawn shop. His sons played those drums, and in a stand-off, the older son, Matt, played them as Jim stood there. Jim took the cymbals. Despite the pain of this recent event, Matt and Jeremy, 17 and 14 years old, attended and participated in the FGC. The circle of family and friends planned activities with the boys, and they arranged supports for the grandparents. It was a good day.

"We appreciate the support. We're so glad you're there for us, and for Jeremy and Matt." "Glad we got questions answered, got ways we can help the boys." "My life hasn't been much easier than your dad's. You can rise above it." "You got family. Remember that." "It's all for Jeremy. He deserves better than what his dad's given him."

Months passed. Family Service workers and supervisors changed, and the Kinship worker departed for maternity leave. A new referral came from a worker and supervisor who were unaware the family had done conferencing before.

Jim had appeared at court, a hopeful change, and consented to conferencing. I left phone messages for him at all times of day, from various numbers. His mother kept asking him to call me. The day before conferencing he called to speak only about bringing his girlfriend with him. Jim was not available to meet before the event. Would I see him at the conference?

I did. Jim walked in with his partner and fidgeted uncomfortably. He approached me and said quietly, "What's she doing here? " gesturing toward the mother of Jeremy's best friend. "I used to work for her husband a long time ago. She has no business here." I took the couple to speak privately. I explained the focus on Jeremy, the role of his friend's mother, and regret at our inability to meet to prepare. I reviewed the material that the Society would be sharing. Jim paced, his face flushed, as he vented his frustration and embarrassment. I emphasized that it was their choice to stay or not. They stayed.

It went on to be a productive gathering. Besides strengthening supports for the grandparents, it was possible to make more concrete visiting arrangements for Jim and Jeremy with both present.

"Felt for Jim, however, he needed to hear and see people's reactions. A reality check."

"Excellent!!!" The group planned to gather again in six months, in coordination with the next court appearance.

Family Group gatherings are highly emotional. Members of the circle can have very ambivalent feelings about attending. It has not been unusual to have "party crashers". In my experience, with private explanation and reassurance that they may stay or go, they stay. Offering an invitation, and offering with it the clear power to turn it down, usually results in acceptance of the offer, even at the final hour.

10.8 Honouring the Child's Voice

By Mary Shah, FGC Coordinator, FGC Project of Toronto

This referral focused on the planning for two children, Amanda and Jessica, ages 15 years and 10 years of age. Both shared the same biological father, Michael, but had different biological mothers. The children had come to be in the care of their paternal grandmother, Jean, and resided in the same residence together with their father and grandfather. Both girls had been in their grandmother's care since a very young age and as such, viewed her as their primary attachment.

Jessica had ongoing access with her biological mother, but it had been quite irregular throughout her life due to her mother's struggles with addictions. Amanda had access with her biological mother as well, but their relationship was quite strained at the time of the referral. Attempts had been made to have Amanda stay with her mother for longer periods of time, but their relationship remained conflictual and her mother could no longer commit to caring for her as a result.

The timing of the referral was initiated by grandmother Jean because of her age and more so, because of a chronic illness she had developed over the years that was creating a challenge for her caring of the girls. Jean was becoming growingly concerned about who would care for her grandchildren once she was no longer able to physically do so herself. Adding a challenge to caring for the girls was Amanda's escalating adolescent behaviours that had led to criminal charges as well. Both girls loved their grandmother dearly, as she had always been a constant for them, and were having a difficult time dealing with the uncertainty of their future. The girls willingly attended therapy to deal with these issues.

There was a large network of extended family and friends that supported Jean and the girls on a regular basis with household duties, taking the girls to church and the overall provision of emotional support. Both Jean and the referring CAS worker believed that it was time to bring everyone together to discuss what the current challenges were for her as a caregiver and to plan for the inevitability of the future. Preparing the extended family and friends for the conference itself was for the most part very heartwarming. It was quite clear that everyone was deeply concerned about the situation, wanted to assist in whatever way they could, and loved Amanda and Jessica very much. Despite the family's many strengths, there was some unresolved tension between some members of the father's family and the biological mothers of the girls. The CAS' Bottom Lines did not exclude anyone from presenting a plan for the girls. Instead they served as clear guidelines in the event that either mother, the father or another member of the family wished to come forward with a plan. The Bottom Lines did however stipulate that the girls needed to remain together and that the proposed caregiver would need to commit to a plan of permanency.

On the day of the conference, almost all that had been invited attended. Some even had over a two hour drive and a family member visiting from out of country also surprised everyone with

her presence. A couple of the family members were so committed to this process that they made last minute changes to their work-related travel.

The conference opened up with an emotional heartfelt ceremony and song by Amanda and Jessica which beautifully set the tone for the task at hand. The network of family and friends worked hard to come up with a plan that everyone could live with. The unresolved tensions in the room presented a challenge and at times, emotions ran high and some members had to take breaks to relieve the tension and regain perspective. Much to the family's credit, they remained focused on the girls and diligently worked through the issues. At one point during the FGC, the family appeared to be at a cross-roads and unable to agree upon a plan. The turning point came once Michael, the biological father of both girls, and Amanda's biological mother, decided that it was most important to listen to the individual voices of the children, regardless of the impact that may have on the adults in the room. As a result of this strategy, Amanda and Jessica felt safe and empowered enough to state that they needed to remain together and that they wished to try a placement together with family friends, also the godparents to the father. This request surprised the service providers, but in the end it was the soliciting of the girls' own views and wishes that brought this to the surface. All family members present agreed to this plan. The plan also helped to clarify the immediate family supports available to grandmother Jean during the time of this transition in placement.

<u>Feedback from participants:</u>
Grandmother Jean had the following comments to make about the FGC process: "I really appreciated the information shared by the service providers, it gave me new knowledge in times of crisis. It was a very respectful process and I felt very comfortable there at the conference. It was good to know I had people behind me. It helped me to relieve the worry of what will happen to the girls later on. It was a good experience and I would let any other family in crisis know about this service and how it can help them. I also really enjoyed the day of the FGC."

Another family member shared the following: "It was good to get everyone together and face each other, not talk behind each other's backs. It cleared up misunderstandings of the past and cleared the air. I appreciated that the family was given the opportunity to discuss things on their own but with the FGC coordinator in the background to help out as needed. Some of the relationships are stronger now and more open. I would recommend FGC to other families in this situation."

When asked to comment about her experience with Family Group Conferencing, the Family Service Worker indicated, "It was very valuable. Everyone was respected during the process. It helped me move the plan along for this family. I didn't have to do any of the work to get the family and friends to the conference. I am definitely going to refer other families to FGC.

10.9 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.

10.10 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.

10.11 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.

SECTION : 11:

REFERENCES, READING & RESEARCH

SECTION 11: REFERENCES, READING & RESEARCH

The following list of articles, book, legal documents and websites is presented to get you started in the right direction. There is a plethora of material that can be accessed by a search engine or by going to a university library. Most of these articles were accessed by either websites below or through Google scholar.

11.1 SUMMARY OF RESEARCH FINDINGS ABOUT FGDM

Merkel-Holguin, L., Nixon, P., & Burford, G. (2003). Learning with families: A synopsis of FGDM research and evaluation in child welfare. *Protecting Children*, *18(1&2*), 2-11.

11.2 ARTICLES

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American Humane Association (2008). Family Group Conferencing Policy and Practice in Canada: Our Evolving Experience. *Protecting Children 23,(4),* Dedicated issue.

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American Humane Association. (2010). *Guidelines for Family Group Decision Making in child welfare.* Retrieved January 11, 2011, from American Humane Association: http://americanhumane.org/assets/docs/protecting-children/PC-fgdm-guidelines.pdf

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Burford, G. & Pennell, J. (1998). *Family Group Decision Making: Communities Stopping Family Violence.* Ottawa: Health Canada.

Christenson, B. et. al. (2008) The Intersection Between Differential Response and Family Involvement Approaches. *Protecting Children. 23 (1 & 2),* 88-95.

Connolly, M. (2006). Up front and personal: Confronting dynamics in the family group conference. *Family Process, 45(3),* 345-357.

Crampton, D. (2006).When do social workers and family members try family group decision making? A process evaluation. *International Journal of Child & Family Welfare, 9(3),* 131-144.

Finlay, J. (2007). *We are your sons and daughters.* Toronto: Office of Child and Family Service Advocacy.

Jenkins, M. &. (2009). *Dads and paternal relatives: using family group decision making to refocus the child welfare system on the entire family constellation.* Englewoo CO: American Humane Association.

Johnson, H., D. Courmoyer, J.Fliri, M. Flynn, A. Grant, M. Lant, M. Parasco, and E. Stanek. (2003). Are we parent friendly? Views of parents of children with emotional and behavioural disabilities. *Families in Society 84(1):95-108.*

Gladstone, J.W., Brown, R., & Fitzgerald, K.J. (2009). Grandparents raising their grandchildren: Tensions, service needs and involvement with child welfare agencies. *International Journal of Aging and Human Development, 69(1), 55-78.*

Knoke, D. (200). *Family Group Conferencing in Child Welfare.* CECW Information Sheet #77E. Toronto, ON: University of Toronto, Faculty of Social Work.

Merkel-Holguin, L. Nixon, P & Burford, G. (2003). Learning with families: A synopsis of FGDM research and evaluation in child welfare. *Protecting Children, 18(1&2)* , 2-11.

Merkel-Holguin, L., Tinworth, K., Horner, A., & Wilmot, L. (2007). Using family group conferencing to achieve permanency for youth. *Protecting Children, 22(1)*, 38-49.

Ontario Assocation of Children's Aid Societies (2007). *Plan for change in child welfare key messages/backgrounder.* Toronto ON: Author.

Schmid, J. E. & Pollack, S. (2009). Developing shared knowledge: Family Group Conferencing as a means of negotiating power in the child welfare system. *Practice: Social Work in Action 21 (3)*, 175-187.

Schmid, J. Harris, C., Hassabu, I. & Barnwell, L. (2007). Using family group conferencing in the context of death and dying. *Protecting Children 22* , 51-60.

Schmid, J. (2007) The Use of Self in Conference Coordination. American Humane Issue Brief.

Schmid, J. & Sykes, D. (2007). Family group conference through the lens of ADR. *OACAS Journal, 51(2),* 6-10.

Sherry, M. (2008). What have we learned about family group conferencing and case management practices? *Protecting Children, 23(4)* , 20-31.

The Children's Aid Society of Brant. (2010). *Family centred case conferencing procedures: Draft document.* Brantford ON: Author.

Webb, S. (2000). The politics of social work: Power and subjectivity. *Critical Social Work 1*. Available at http://www.criticialsocialwork.com

11.3 BOOKS

Anderson, G. & Pennell J. (eds.) (2005). *Widening the Circle: The Practice And Evaluation of Family Group Conferencing With Children, Youths, and Their Families*. NASW
Arney, F. & Scott D.(eds) (2010). *Working with Vulnerable Families: A Partnership Approach*. New York: Cambridge University Press.

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Lupton, C. & Nixon, P. (1999). *Empowering practice?: a critical appraisal of the family group conference.* Bristol, England: Policy Press.

Maxwell, G. & Morris A. (eds.)(2001). *Restorative Justice for Juveniles: Conferencing, Mediation and Circles*. Oxford, England: Hart Publishing.

Ontario Association of Children's Aid Societies. (2010). Critical connections: *Where woman abuse and child safety intersect. A practical guide for child welfare professionals in Ontario*. Toronto, ON: Author.

Wickham, E. (1993). *Group treatment in social work: An integration of theory and practice.* Toronto: Thompson Educational Publishing, Inc.

11.4 DVDS

Ontario Association of Children's Aid Societies (2006). Alternative Dispute Resolution (ADR): Options for Resolving Child Protection Matters. Toronto, ON: OACAS

The film is available through OACAS in English and French. To obtain a copy, contact Karen Wilson: kwilson@oacas.org - The cost of the video is $10.00

Family Group Conference: Family-centred planning for children's safety and well being. Available in English and French from: Department of Social Development, Family Group Conference, Fredericton, NB. (www.gnb.ca/children)

Family Voices. Available from: http://www.iirp.org/books_n_videos.php#videos

Mihi's Whanau: A Maori care and protection story. Available from: http://www.nzfvc.org.nz/CommunityResources.aspx

Widening the circle: The family group decision making experience. Project directors: Dr. Gale Burford and Dr. Joan Pennell. School of Continuing Education, Memorial University of Newfoundland (1998).

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FGC Ontario Provincial Resource and the Office of the Children's Lawyer. (2009). *Guidelines for the involvement of child's counsel in the Family Group Conferencing process.* Retrieved January 31, 2011, from http://georgehullcentre.on.ca

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Yukon. (2008). *Child and Family Services Act.* Retrieved January 31, 2011, from http://www.gov.yk.ca/legislation/acts/chfase.pdf.

11.6 WEBSITES

http://www.americanhumane.org/children/programs/family-group-decision-making/. American Humane's website with numerous articles regarding FGC/FGDM. There are 136 articles there in the annotated bibliography as of April 2011. Numerous practice issue briefs, fact sheets, guidelines etc..

http://www.cecw-cepb.ca/. The Canadian Child Welfare Research Portal provides access to research on Canadian child welfare programs and policies. Search here for articles on FGC

http://www.daybreakfgc.org.uk/. A British based agency that delivers FGC to families and seniors. Good training objectives, family perspectives etc.

http://www.georgehullcentre.on.ca The FGC/FGDM resource for Ontario, including the FGC/FGDM roster.

http://www.iirp.org/library.php. This is the library section on a website on restorative practice, go to 'library' and type in FGC- there are many good articles.

http://www.mcf.gov.bc.ca/child_protection/mediation.htm. Fact sheets, information etc. can be found on the Ministry of Children and Family Development in BC.

http://www.oacas.org/childwelfare/changes/alternativesbackground.htm. There are several articles on the Ontario Association of Children's Aid Society website, type 'FGC' into the search engine.

11.7 OTHER

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SECTION : 12 :

APPENDICES

APPENDIX: #1 – To view or print this document go to:
http://www.georgehullcentre.on.ca/Coordinator_resources_regional_activities_projects

Coordinator Name:_____ Date: _____

COORDINATOR SELF-ASSESSMENT FORM ON FACILITATING THE FGC

Based on the FGC you just facilitated, please rate your level of agreement with each of these activity statements, using the following scale.

5=Strongly Agree 4=Agree 3=Does Not Apply 2=Disagree 1=Strongly Disagree

Activity	Rating	Comments/Notes
1. I made sure the room set-up was conducive to open communication and addressed the special needs of any participant.	5 4 3 2 1	
2. I met with children, other vulnerable individuals, and their support person about the FGC process and their roles before the beginning of the FGC.	5 4 3 2 1	
3. I welcomed all participants in a warm and friendly manner.	5 4 3 2 1	
4. I assisted family in opening the FGC with a sharing of a family tradition (if they so chose).	5 4 3 2 1	
5. I helped participants identify and understand their role at the FGC.	5 4 3 2 1	
6. I helped participants understand the purpose and parameters of the FGC.	5 4 3 2 1	
7. I helped mandated reporters identify themselves and discuss confidentiality issues.	5 4 3 2 1	
8. I assisted the referring worker to identify and honestly share the critical safety and risk factors pertaining to the case.	5 4 3 2 1	
9. I created space for participants to ask questions and get clarification from the referring worker and other information providers.	5 4 3 2 1	
10. I kept participants focused on the critical concern.	5 4 3 2 1	
11. I created an atmosphere where participants felt safe to be open.	5 4 3 2 1	

APPENDIX : #2 – To view or print this document go to:
http://www.georgehullcentre.on.ca/Coordinator_resources_regional_activities_projects

PERFORMANCE EVALUATION

Family Group Decision Making Manager/Coordinator

EMPLOYEE'S NAME:

POSITION:

START DATE:
(In the position)

UNIT:

DIRECTOR:

TYPE OF EVALUATION: ☐ **Probationary** ☐ **Annual**

EVALUATION PERIOD:

APPENDIX : # 3 - To view or print this document go to:
http://www.georgehullcentre.on.ca/Coordinator_resources_regional_activities_projects

NOTICE : WHERE ALTERNATIVE DISPUTE RESOLUTION IS PROPOSED UNDER THE CFSA (OCL NOTIFICATION FORM

Ontario — Ministry of Children and Youth Services

Notice: Where Alternative Dispute Resolution is Proposed Under the *Child and Family Services Act*

Please fax the form to the address below:

Office of the Children's Lawyer
Ministry of the Attorney-General
393 University Avenue, 14th Floor
Toronto ON M5G 1W9
Tel: 416 314-8062
Fax: 416 314-8050

Attn.: ADR Intake Co-ordinator

Section I Child Information			
Last Name	First Name	Date of Birth *(yyyy/mm/dd)*	Is the child a minor parent? ☐ Yes ☐ No
Last Name	First Name	Date of Birth *(yyyy/mm/dd)*	Is the child a minor parent? ☐ Yes ☐ No
Last Name	First Name	Date of Birth *(yyyy/mm/dd)*	Is the child a minor parent? ☐ Yes ☐ No
Last Name	First Name	Date of Birth *(yyyy/mm/dd)*	Is the child a minor parent? ☐ Yes ☐ No

Section II Contact Information

1. Children's Aid Society

Name of Agency			
Name of Child Protection Worker			
Address *(Number and Street)*		Suite/Unit/Apt.	City/Town
Province	Postal Code	Telephone Number *(inc. area code)* ( )	Fax Number *(inc. area code)* ( )
Name of Lawyer			Lawyer's Telephone Number *(inc. area code)* ( )

2. Parents/Caregivers

Last Name	First Name		Relationship to Child
Address *(Number and Street)*			Suite/Unit/Apt.
City/Town	Province	Postal Code	Telephone Number *(inc. area code)* ( )
Name of Lawyer			Lawyer's Telephone Number *(inc. area code)* ( )

Do any of the children reside at the parent/caregiver's address?

☐ Yes ☐ No If "Yes," please provide name(s) of child(ren):

APPENDIX : #4

ADR CONSIDERATION TOOL

Family _____ Date Reviewed_____

Worker_____ Supervisor _____

	YES	NO
Does the client have difficulty accessing support from community collaterals?		
Is the client indicating no trust of the Society? (e.g. requires lawyer or supervisor to be present at all meetings)		
Do you have difficulty engaging your client?		
Do we find the client difficult to deal with?		
Are we having difficulty engaging kin/kith?		
Has your client made complaints about your relationship?		
Does the client have trust issues or strained relationship with family members?		
Are there communication issues or other issues within the CAS Child in Care Team?		
Is more than one plan being presented for the child?		
Is the client complaining about access arrangements?		
Is there any indication that the Society will be pursuing a Crown Wardship of a child?		
Does the foster parent/parent disagree with the Society's plan for permanency?		
Has a child been in care under a TCA for longer than 3 months with little or no progress toward re-integration of the child with the family?		
Has child been in care under a court order for more than 4-6 months?		
Is the child under 6 years old and subject to supervision order for more than 6 months?		
Is the child over 6 years old and under supervision order for more than one year?		
Does anybody disagree with the adoption plan for openness?		
Is a CIC not cooperating with service plan, ECM agreement, or is a chronic runaway?		
Is the client not following through with service plan/supervision order terms?		
Is there parent-teen conflict?		
Are you getting multiple versions of the same event?		
Are ratings in the risk assessment high with regard to cooperation and/or motivation?		
Does client say he or she will do something and not follow through?		
Do collaterals & other service providers in the community have difficulty engaging the client?		
Are there members of the community or family available to assist in caring for the child?		
Are your clients engaged in a high conflict custody access dispute?		
Is the parent demonstrating a lack of parenting capacity during clinical access?		
Is the Society receiving many complaints by one parent against another parent or foster parent?		
Has the client requested a change in FSW / FRW / other agency worker?		
Is there any possibility that we can compromise on any issue?		
The higher number of "Yes" suggests ADR may be appropriate Total		
Will this case be referred to ADR? On what issues? If no, why not?		

POINTS TO PONDER…

	YES	NO
Does client have a good relationship with other collaterals? Please explain on the back of this sheet.		
Are there any issues that the ADR facilitator needs to know about? (e.g. domestic violence, mental health, substance abuse, other)		

APPENDIX : #5

FGDM "Do's and Don'ts" for Referring Workers

It's all about preparation.
Although the Coordinator will be doing all of the "leg work" and logistical planning to get ready for the meeting, be sure to use the "Report prepared by the Coordinator which outlines the strengths, concerns and how this impacts on the children as well as the bottom lines.

"Social" graces count
Arrive a few minutes early and greet everyone. Make it a point to speak to everyone who comes in, especially reaching out to family members who may be uncomfortable with you.

Take your seats, please
Pay attention to where you sit. Unless you and the Coordinator have made other arrangements, seat yourself next to a person with whom you are trying to build rapport and trust. Do not select a seat right next to the Coordinator.

Accentuate the positive
Talk about both your concerns and the strengths you see in the family. Be sure to have these balance each other out. As much as possible, describe your concerns as a human being, not as an expert service provider (although you surely one!) Express hope for the family. Avoid jargon. Keep it brief. Be sure to bring up concerns that the family has not already identified; in other words don't chicken out! You may have to bring up the hard stuff.

K.I.S.S. (Keep it simple, Silly)
Provide a relevant case synopsis, focusing on what brought the family to the agency's attention and what your work with the family is about. Prepare ahead of time for sensitive issues and confidentiality. Speak directly <u>to</u> the family members, not about them. Speak as you would to your friends or family members – be <u>respectful, keep it short this is not your time to talk a lot it's the family's time</u>.

Provide a framework for the private family time.
Before the family meets privately, the Coordinator will ask you to identify for everyone the essential issues (bottom lines) that must be addressed in the
Family Plan. DO NOT prescribe the plan, but simply identify the critical concerns the family should consider and address (ie. safety, supervision, visitation).

Be captivated.
You must stay for the entire meeting. During private family time, stay nearby so that you can answer questions or provide feedback if the family needs you.

No gossip.
This is a toughie because there's always a lot to talk about, and we're in the business of being interested in people. When you interact with fellow professionals, particularly before the conference and during private family time, avoid using the "us vs them" dynamic. Talk about other things. Avoid assessment activities.

Give immediate feedback to the plan

Once the family has come up with a plan, there's nothing more deflating for them than hearing, "I'll get back to you on that". Ask the family to clarify things. Provide as much feedback as possible. Approve of as many things as possible. If you cannot approve of an item in the family's plan, explain why. If you need to check with someone for approval (i.e., supervisor, judge) tell the family you will do so and when you will get back to them.

Do not prescribe the plan

This cannot be overstated. Remember that this is the family's meeting. It is not your time to be directive. If you tell them what to do, they will not feel any ownership (responsibility) for the Plan.

Be prepared for criticism and your own defensiveness.

There are two "hot seats" at FGDM Meetings, yours is one of them. Since you represent the agency and the family's entire history with it, you are likely to be blamed or criticized for the pain or loss the family is experiencing. Not everyone will like you or your ideas. Listen well. Acknowledge feelings or ideas that are different than your own.

Take care of yourself

FGDM Meetings are usually very emotional; they can be both inspiring and draining at the same time. You will witness the expression of feelings you usually don't see in regular casework. You may feel like a captive audience to the family's pain or negative feelings, and you may experience these feelings yourself. Plan to have someone to talk to afterwards.

APPENDIX : #6 - To view or print this document go to:
http://www.georgehullcentre.on.ca/Coordinator_resources_regional_activities_projects

REFERRAL MEETING QUESTIONS	SUMMARY OF CHILD WELFARE INFORMATION No more than two pages long and preferably a page and a half.
Demographics • All parents and children known to the Child Welfare, not just those receiving service, who are part of the family • Contact information known to child welfare • Ask about access between siblings who do not live together or access with a parent the child does not live with	**Demographics** • Add all children who are part of the family to the Summary. • Put a bracket around the name(s) of children who are not receiving services from the Child Welfare • Try to find a way to include all children in the summary information, even if the worker knows very little about the child
Overview Sometimes the worker gives the whole history of involvement at the beginning of the meeting – you can take notes and refer back to the concerns/worries the worker has told you about when you get to that part of the meeting.	**Overview** The purpose of the overview is to give a brief statement about the Child Welfare's involvement with a family and provide information about any other important details, such as legal constraints or child placement details. Avoid detail about the concerns in this section – that belongs in the concerns section later on.
• When file opened to the Child Welfare and why?	• One sentence
• Why has file stayed open?	• The file has stayed open to help/assist this family with ... (one sentence)
• Legal constraints – child welfare, custody, or criminal (restraining orders, probation)	• One sentence for each legal constraint. • Safety concerns?

APPENDIX: #7 - To view or print this document go to:
http://www.georgehullcentre.on.ca/Coordinator_resources_regional_activities_projects

FGDM TASKS & TIMELINES

INTAKE

TASK	TIMELINE	COMPLETED
Receive intake via phone/e-mail/in person		
Input intake info in database	Same day intake received	
Create e-mail folder for new intake	Same day intake received	
Check if consent received from clients receiving service & children 12 and over	Same day intake received	
Has OCL been notified	Same day intake received	
Send e-mail to worker(s) and manager to arrange a referral meeting & have Family Summary printed for the referral meeting	Same day intake received	
Send reminder e-mail a week later, if no response to first e-mail		

REFERRAL MEETING

TASK	TIMELINE	COMPLETED
File consent/OCL notification letter in file	Same day received	
Bring new file to referral meeting		
Have worker/manager sign confidentiality agreement	Referral meeting	
Ask for copy of Family Summary (CWIS document)	Referral meeting	
Create electronic file in Active Meetings	The day after referral meeting	
Prepare draft summary of CAS information and Concerns requiring solutions and e-mail to worker(s)/manager	The day after the referral meeting was held	
Input referral meeting date in database	Same day or day after referral meeting held	
Put names of all family members currently known on contact sheet	When drafting documents, day after referral meeting	
Input date documents received in final form in database	Same day received	
Print CAS summary (1 copy) and Concerns (5 copies) and put in FGDM file	Same day received in final form	
Send reminder e-mail if not heard back from worker/manager	Two weeks after documents sent	

APPENDIX: #8 - To view or print this document go to:
http://www.georgehullcentre.on.ca/Coordinator_resources_regional_activities_projects

FAMILY GROUP DECISION MAKING

Coordinator: Darlene Sykes, MSW RSW
Mailing Address: 60 Bell Farm Road, Unit 7
Barrie, ON L4M 5G6
705-726-3745 Ext. 2410 (Voice Mail Only)
705-326-6757 (Office)
1-800-461-4236 Ext. 2401 (Voice Mail Only)
705-326-6079 (Fax)

If you think that FGDM is a good choice for your family, contact the child's worker or the FGDM coordinator.

Supported by the Children's Aid Society of Simcoe County

Thanks to the Toronto FGC Project for the use of some of their materials to make this booklet.

CAREGIVERS' HANDBOOK

If you are reading this handbook, you may be considering caring for a child in your extended family or community.

OPTIONS / CHOICES

There are a number of options available to you when considering care giving:

1. An *informal agreement* with the biological parent(s)
2. Supervision Order or *kinship out of care* provider
3. *Kinship in care* (used to be Provisional Foster Care)
4. *Custody*
5. *Adoption.*

Keep in mind that the CAS has to meet with you to complete a home study of some kind to make sure the child will be safe and that the placement is in the child's best interests. The home study also gives you a chance to learn more about the child, including any special considerations. The home study is discussed in more detail later in this handbook.

APPENDIX: #9

FGDM PREPARATION CHECKLIST

Introduction of Self and FGDM

- Greeting
- Who you are – how you are associated with CAS or not
- How you maintain neutrality or impartiality
- Why this is important
- Importance of confidentiality and how your conversations are protected (exceptions) agreement

What is FGDM?

- FGDM: what it is, why doing it and how it now fits into the provincial legislation
- Where FGDM came from – brief and its use around world
- Importance of concept of "village" and collective decision making
- Principles of FGDM (inclusiveness, no one person has decision making power, acknowledges expertise of family, shared decision making with CAS, private family time)
- Importance of family's acceptance of child safety concerns and CAS position about worries
- Importance of children's involvement (why and how)
- Get confidentiality agreement signed before proceeding to next section

CAS Role and Summary and "Position"

CAS summary and "position"

- Whose summary it is and why that is important
- Read summary and CAS position
- Worker will bring their report on day of meeting (similar but updated)
- CAS position doesn't change (except in exceptional circumstances)
- How the FGDM day works (go through each phase and what happens and why)
- Importance of safety for everyone and role of support people

Widening the Circle

- Who is in the family circle; who you have to date; who should be added (family tree with caregivers or parents)
- Any concerns about anyone in circle – safety planning
- Name, address and phone numbers of circle members, relationship to child
- Any service providers to be invited (get consent); role of OCL if applicable

Preparation

- What does participant think
- Anything s/he is worried about (problem solve, safety plan, prepare)
- Will participant attend (get consent to participate signed if parent/caregiver)
- Ability to voice opinion (e.g., literacy, cognitive or medical challenges of participant)
- How to prepare self for day (e.g., other ways to have voice heard or participate)
- Full day so be prepared
- Date, time, location, food, what you will take care of (any special needs)

Wrap Up

- Reiterate confidentiality; can only share his/her information with permission
- Family members can talk amongst themselves and importance of this

- Leave your phone numbers and workers if requested, card, brochure, caregiver's handbook (if appropriate), confidentiality agreement if requested and 'CAS Position' if requested
- Thank participant for time and for sharing

APPENDIX : #10 - To view or print this document go to:
http://www.georgehullcentre.on.ca/Coordinator_resources_regional_activities_projects

What is Family Group Decision Making (FGDM)?

FGDM is a culturally sensitive decision-making process that brings together the family circle with CAS and other service providers to develop a plan that meets the need for safety and well being of the child.

What is the Purpose of FGDM?

To give the family, relatives and friends a voice in the decision-making process and to develop a plan to ensure the safety and well being of children who are at significant risk of or in need of protection.

Why use FGDM?

- When the plan is made by the wider family circle there are more strengths, wisdom, experience, knowledge and supports to access and utilize
- FGDM is an approach that encourages collaboration between CAS, the family circle and other service providers
- FGDM is a strengths-based approach that focuses on the capabilities and competencies of the family circle
- FGDM is a planning tool but can facilitate conflict resolution
- FGDM provides an opportunity for the family circle to propose their own plan in response to the worries being identified
- FGDM is now an ADR (Alternative Dispute Resolution) process through the CFSA
- Confidentiality is required and protected by law.

Who is in the Family Circle?

The family circle is made up of relatives, friends and anyone who feels like family and who the family decides is important.

What are the Principles of FGDM?

- Is family driven and family centred
- Family expertise is foremost
- Culture is honored and respected
- Is inclusiveness of both the paternal and maternal sides of a child's family, as long as safety can be ensured
- Family is the primary author of the plan – families are more likely to implement and follow through on plans they have created and that are meaningful to them
- Views children's participation as important so their voices are heard
- Coordinator is impartial, independent and has no role or stake in the case
- Coordinator safeguards the process
- Coordinator prepares everyone
- Coordinator develops safety plans and/or support plans as required
- Barriers to participation are removed whenever possible
- Family participation always outnumbers service providers neutralizing or reducing power imbalances
- Service providers share information in the first part of the day
- Service providers are not involved in private family time, even if requested
- CAS supports the family's plan if it meets bottom lines
- Family's plan is ongoing case plan

How does the FGDM day Work?

Part 1: Welcome & Information Giving

- Introductions and opening ceremony
- Guidelines for respectful discussion
- Support or safety plans are outlined
- Reports by CAS, service providers and others and questions/discussion
- Speaker if requested.

Part 2: Family Private Time

The family group takes whatever time it needs to meet privately to develop the family's plan for the child or children. This is the most important and longest part of the day, so be patient.

Part 3: Review of Plan

- The plan developed by the family group is presented to CAS
- The details of putting the plan into place are discussed and negotiated, if needed
- A time to meet again to review progress may be set
- Closing circle and evaluation

Following FGDM

- The coordinator types and sends everyone a copy of the plan as written by the family group within 10 days.

APPENDIX #11 - To view or print this document go to:
http://www.georgehullcentre.on.ca/Coordinator_resources_regional_activities_projects

I WANT TO SAY SOMETHING
BY
DATE

Hello Everyone:

I have some things I want you to know today at our Family Meeting:

I want you to know that the good things about my family are

What I don't like about what's happening is

What I worry about is

My feelings right now about it are

For all of you who are here today, I would like to tell you that

APPENDIX: #12 - To view or print this document go to:
http://www.georgehullcentre.on.ca/Coordinator_resources_regional_activities_projects

HOW THE CONFERENCE WORKS...

PART 1:

- Everyone is welcomed
- We have the opening
- There are introductions
- The worker will say what your family has done well and what the concerns are
- Other service providers may give more information that is useful to your family.

PART 2:

- You, your relatives, and friends have time together (without the service providers) to decide on a plan

PART 3:

- The worker comes back with the coordinator
- The worker listens to the plan. If it is a good one for you, it will be accepted
- Your family could decide to have a second conference to see how the plan is working

******

Food is usually served during Part 2

You can ask questions at anytime during the conference

You can take as many breaks as you need to during the conference

FAMILY GROUP DECISION MAKING

Box 774
70 Chatham Street
Brantford ON N3T 5R7

Phone: 519-720-9538
Fax: 519-753-6090

fgdmbrant@yahoo.ca

EVERYONE INVITED TO THE CONFERENCE IS IMPORTANT!

With thanks to the Family Group Conferencing Project of Toronto

November 2006

FAMILY GROUP DECISION MAKING

FAMILY GROUP DECISION MAKING CONFERENCE IS FOR:

_____

_____

DATE OF FAMILY GROUP DECISION MAKING CONFERENCE:

_____

COORDINATOR NAME & NUMBER:

_____

_____

APPENDIX: #13

CONSENT TO DISCLOSE INFORMATION TO THE

FAMILY GROUP DECISION MAKING COORDINATOR

I _____ of _____
(Name of Parent/Guardian or Child over 12 Years) (Address)

hereby consent to the disclosure of information to Family Group Decision Making of

records compiled in_____ pertaining to
(Name of Agency or Person)

_____ for the purpose of
(Name of Adult/Child(ren)

Family Group Decision Making.

I understand a brief description of the service I am receiving or have sought, as well as my strengths and any worries the service provider has about me or my situation will be provided to the coordinator so that it can be shared at the family meeting. The service provider will also identify if and what resources are still available to me.

This consent will remain in effect from _____ to _____.
(Date) (Date)

My signature means that:

1. I have read this consent or have had this consent read to me. I understand and agree to its contents.
2. I have been informed that I may cancel my consent by giving a written statement to the coordinator or my social worker at any time.

Signed _____ on _____.
(parent/guardian or child over 12) (date)

APPENDIX: #14

FOSTER PARENT ROLE IS IMPORTANT

BEFORE THE MEETING:

- Help the child prepare for the day – answer questions, reassure, consult with the CAS Worker
- Be mindful the child may show anxiety during the week prior to the meeting and help the child to manage that anxiety
- Do not make promises to the child you cannot keep
- Contact the FGC/FGDM coordinator if you have questions about the process, the child's role, or the family's role in the meeting
- Redirect family members to the FGC/FGDM coordinator with all questions and do not talk with family members about the upcoming meeting unless you are a member of the family
- Meet with the FGC/FGDM coordinator for your preparation and to discuss the level of your involvement in the meeting
- Ask for support from your support worker as needed to help manage your own anxiety or reactions to the process

DURING THE MEETING:

- Transport child to and from meeting (usually)
- Be available to meet family members
- Participate in meeting as agreed upon beforehand with the FGC/FGDM coordinator
- Remember that you are a guest in the family circle and that the family is responsible for the child's well-being that day
- Find out the outcome of the meeting (if you are unable to stay for the day) – talk to the worker at the end of the day or arrange with the worker how you will find out. Ask the worker what the child knows and who told the child the outcome of the meeting

AFTER THE MEETING:

- Assist child in managing anxiety (if any), answer questions, reassure child about the plan
- Talk with the CAS worker about questions, worries you or the child may have about the family's plan
- Talk with the FGC/FGDM coordinator about the overall process if you feel a need to debrief
- Talk with your support worker or foster parent mentor about your personal feelings associated with the meetings, as needed

FOSTER PARENT WORRIES BEFORE THE MEETING:

- CAS is turning over too much responsibility to the family
- Family will defend the parents
- Family won't be held accountable

- Child will be at risk
- Children can't handle what's going on or the long day
- Children will be exposed to family conflict
- Children will be put on the spot or will be set up

FEEDBACK FROM FOSTER PARENTS AFTER ATTENDING AN FGC/FGDM MEETING

"From a foster mother's perspective: This went exceptionally well, it was informative, it was a get together amongst family, I'm overwhelmed."

"Nobody got out of control, after fostering for many years I believe this is an excellent program, more children should have an opportunity to go through this."

- FGC/FGDM includes foster parents in service planning
- FGC/FGDM promotes relationship building between extended family and foster parents
- FGC/FGDM ensures child safety by larger extended family
- Child's voice, participation and safety are crucial to the process and success
- FGC/FGDM is a positive environment for everyone and a neutral and safe place for foster parents to meet the extended family
- Everyone who is important to the child is there (family & service providers)
- FGC/FGDM holds the family accountable for keeping their children safe
- No secrecy about what has been happening to the children – everyone in the family knows the same information

WHAT'S THE DIFFERENCE BETWEEN PLANS OF CARE MEETINGS AND FGC/FGDM

Plans Of Care

- Purpose: planning for the child while child is in CAS care

- Workers: foster parents community professionals and some family members attend professionals outnumber family members

- Meeting chaired by a CAS worker

- Minutes are taken during the meeting and distributed

FGC/FGDM

- Purpose: family to make decisions about child safety in partnership with CAS

- Family (including extended family) workers foster parents, community service providers & FGC/FGDM Coordinator attend- Family members outnumber professionals

- First & third parts facilitated by Coordinator, second part of family's private time with no professionals present

- A copy of the plan is distributed to everyone present after the meeting. No one takes minutes.

FOSTER PARENT TIPS FOR FGC/FGDM

Your preparation with the FGC/FGDM Coordinator is important. This will include your level of participation, CAS bottom lines, and information that will be shared with the family. Keep asking the Coordinator until you feel prepared for the day. This may happen during one meeting or it may happen during several meetings and phone calls.

The foster parent level of participation is voluntary

The family makes decisions about child level of participation in FGC/FGDM

The family is the child's primary support system during the FGC/FGDM

If you know a child that may benefit from such a meeting let the worker know who can then make the referral to the FGC/FGDM coordinator.

APPENDIX: #15

GUIDELINES FOR LAWYERS

What is Family Group Decision Making (FGDM)?

FGDM is a process that offers the extended family the opportunity to plan for the safety and well-being of their child in partnership with child welfare. FGDM involves collective decision making where everyone is encouraged to participate in a safe manner. Any person can decide not to participate, however, this does not necessarily mean that the process would be terminated; the collective family group may decide to continue and present their plan to CAS.

FGDM can also be an Alternative Dispute Resolution process (ADR) effective November 30, 2006. If a referral is being made as an ADR there must be agreement to postpone court dates until after the FGDM meeting so the family's plan can then be presented to the court. The CAS is obligated to notify the OCL in writing that an ADR FGDM has been started and the OCL will notify CAS and the coordinator if someone is appointed. Preparation of the child is done by both the OCL and the coordinator so that the child understands how the meeting will work and his/her voice is presented at the meeting.

The Referral Process

The CAS social worker is central to a referral to FGDM and makes the referral to the coordinator. The family group has to be able to accept the CAS position or "bottom lines" and be interested in participating on a voluntary basis. CAS has to be willing to allow for family decision making and believe that the family circle has the capacity to develop and implement an appropriate plan.

The Family Group Decision Making Involves the Family Network

Other relatives and friends are invited to the meeting, not just those who are considered to be legal parties. The wider the circle can be expanded, the stronger the family's plan is likely to be. The FGDM coordinator will encourage the attendance of all family members who can be located on both the maternal and paternal sides of the family.

Family Group Decision Making 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 meeting is to develop a plan, which ensures the child's safety and well-being. The coordinator is a catalyst and facilitator in the preparation process and parts one and three of the FGDM day, but does not actively mediate disputes or conflict resolution. *FGDM is*

not an appropriate tool for a family that wants to challenge the CAS bottom lines, and there must be mutual respect of the child safety concerns.

STEPS

1. When agreed to use FGDM as an ADR, CAS counsel advises the child protection worker and supervisor about a referral to FGDM. The worker notifies the OCL that an ADR FGDM is taking place and notifies the coordinator if an OCL is appointed.
2. The worker obtains consent from the primary caregiver (usually a parent) for him/her to learn more about FGDM and how it would work in their family situation and makes the referral to the FGDM coordinator if they are in agreement.
3. The Coordinator meets with the CAS worker(s) and supervisor to obtain information about the family's history with CAS, the family's strengths, and the CAS concerns regarding the family. The CAS develops or shares their position/bottom lines with the coordinator during this meeting.
4. The Coordinator meets with the parent and/or primary caregiver to explain FGDM and obtains a FGDM "consent to participate" which includes sharing information with all family members. The coordinator then meets with all family circle members and service providers, inviting them to and preparing them for the meeting.
5. The time frame from first meeting with a caregiver to the actual FGDM meeting usually takes about 6-8 weeks. A date, which suits all parties, will be found. This is usually on a weekend and it is chosen by the family.
6. The Coordinator advises the CAS worker/supervisor and CAS legal counsel as to whether or not the FGDM will proceed.
7. Lawyers are generally not invited to participate in the meeting, although a brief statement in support of a client can sometimes be permitted as long as it does not recommend a plan. This will be read in the first part of the meeting to all parties.
8. The OCL usually attends the first and third parts of the meeting to ensure the child's voice is heard (e.g., through a written statement), but does not participate in decision making with the family.
9. The FGDM meeting usually takes about 5-7 hours to complete. Some family circles decide that they would like to come back together again in a certain amount of time and this date can be booked before everyone leaves.
10. Service providers (including CAS) are present for information sharing in the first part of the meeting and for the review of the plan in the third part of the meeting day. The family circle meets privately for the second part of the meeting without non-family members (including CAS workers, and coordinator), to develop their plan to keep their child safe. No service providers are permitted to be involved in this part of the day (including the OCL or foster parents) even if invited to do so by a family member.
11. The family plan is presented to CAS and other service providers in the third part of the day and as long as the position/bottom lines are respected, a good enough plan is approved.
12. Within ten days of the FGDM meeting, the Coordinator sends a copy of the Plan to all of those present and anyone else requested by the family including the OCL if

appointed. CAS legal counsel usually provides a copy of the plan to any other lawyers involved.

13. The family's plan is then presented to the court at the next court date.

APPENDIX: # 16 - To view or print this document go to:
http://www.georgehullcentre.on.ca/Coordinator_resources_regional_activities_projects

EVALUATION / FEEDBACK FORM

Thank you for participating in the Family Group Decision Making meeting. We are interested in your thoughts, opinions and feedback regarding the value of this service.

Please answer the following questions in your own words and include anything that you would suggest we change or improve.

1. How helpful did you find the Family Meeting?

Not Helpful At All — Somewhat Helpful — Very Helpful

1	2	3	4	5

2. What did you find most helpful about the Family Meeting?

_____

_____

_____

_____

3. What did you find least helpful?

_____

_____

_____

_____

4. Are there any changes you think we should make or things we could improve upon?

___ Yes (please explain below) ___ No

_____

_____

5. What difference did the Family Decision Making Meeting make in your life or your family's life?

APPENDIX : #17 - To view or print this document go to:
http://www.georgehullcentre.on.ca/Coordinator_resources_regional_activities_projects

Case Information
Family Name
Year ID (Coordinator to provide)
Repeat referral (Yes/No)
Reference ID (If repeat referral)
Agency File # (please verify with worker)
Family Cultural background
Identify Band
Language
Referral
Team Referring
Name of worker assigned to the case
Name of supervisor assigned to the case
Referral Review Date
Referral status (Accepted / Declined)
If declined, rationale
Consultation Date
Consultation status (Proceed / Will not proceed)
Rationale
Closing prior to Prep Phase (specify reason)
Legal Status
Apprehension
Interim Care of Agency
Society Ward
Crown Ward With Access
Crown Ward No Access
Supervision Order
Interim Supervison Order
Adoption Probation
Other
Family meeting Information
FGDM Stage (Prep phase / Conf phase / Post Conf Phase / Concluded Phase)
Family meeting Date
Repeat family meeting (Yes / No)
Time of week family meeting held (Workday / Weekday after 3pm / Weekend)
Administrative Information
Hours with family - face to face
Hours with family - by phone
Hours with CAS staff - face to face
Hours with CAS staff - by phone
Hours with professionals - face to face
Hours with professionals - by phone
Hours with Foster Parents - face to face
Hours with Foster Parents - by phone
Hours with others - face to face - Identify
Hours with others - by phone - Identify
Family meeting length (hrs)
Hours spent in indirect work
Hours spent traveling
Hours in post conf work/final report/evaluation/documentation
Written Plan submit date
Plan Information
Was a plan developed? (Yes / No)
If a plan was developed, was it accepted? (Yes / No)
If plan not accepted, rationale
# of child(ren) in the family (all children in the family including teens)
Total # of children planned for at family meeting (Incl. Teens/unborn)
Total # of Unborn
Total # Under 6
Total # 6 - 12
Total # 13 - 15
Total # 16 & up
in care at time of family meeting (or report close date if not family meeting)
Follow up family meeting requested (Yes / No)
Contact/Attendance Information

APPENDIX : 18 : BROCHURES - To view or print the brochures below go to: http://www.georgehullcentre.on.ca/Coordinator_resources_regional_activities_projects

- Safety plans are outlined if needed
- CAS worker, other service provider(s) and/or speaker share information and the family group asks questions
- The child(ren) may share what they want their family to know

Part 2: *Private Family Time*

The family group has time to meet alone to decide your family group's plan to meet the CAS and family group's concerns.

Part 3: *Review of Plan*

- The plan the family group developed is presented to the CAS worker and manager and is accepted by CAS if it meets the CAS requirements.
- The details of putting the plan into place are discussed.
- A time to meet again to review progress may be set.
- A copy of the plan will be sent to you within 10 days of the meeting.

YOUR ROLE AS A FAMILY GROUP MEMBER

Before the FGDM meeting:

- Imagine what the meeting might be like and how you might feel
- What will you do if you get upset and who will help you
- Plan what you want to say and if it helps, write it down
- Think about how you may affect others and how they might feel
- Consider what you want from the meeting

During the FGDM meeting:

- Share with the family group how you see the situation
- Share how you feel the situation could best be dealt with
- Help family group members to say what's on their mind and to feel safe
- Listen to everyone's ideas so that the family group can develop a plan to make sure everyone is safe and cared for.

Everyone invited has a voice!!

1/11

FAMILY GROUP DECISION MAKING (FGDM)

WHAT IS YOUR ROLE?

Your role as a family member:

- To share with the family how you see the situation.
- To share how you feel the situation could best be dealt with.
- Together with the family to agree on the best plan, a plan which ensures that everyone in the family is safe and cared for.
- Preparing yourself:
  Imagine what the conference might be like
  Think about how you might feel
  Plan what you want to say and if it helps, write it down
  Reflect on how you may affect others and how they might feel
  Consider what you want from the conference
- If you have been invited to be a support person, you will help that family member to express their opinion and to feel safe.

Your role as a service provider:

- To share with the family, in lay language, your definition of the concerns in the family.
- To note the strengths in the family.
- To be clear about any bottom lines you may have.
- To note any resources which may be useful to the family.

Your role as resource person/speaker:

- To use clear language to describe how the problem can affect a family and its members.
- To outline what resources have been used by other families with this type of problem and what might be available to this family.

Your Conference

Date:

Place:

Time:

Coordinator:

Contact The Family Group Conferencing

Project Coordinator

Inshirah Hassabu

600 The East Mall 3rd floor
Toronto, Ontario M9B 4B1
Phone: 416-622-8833 Ext. 255
Fax: 416-622-7068
E-mail: ihassabu@georgehull.on.ca

Partner Agencies

The George Hull Centre for Children and Families
The Etobicoke Children's Centre
Children's Aid Society of Toronto
Catholic Children's Aid Society of Toronto
Native Child & Family Services of Toronto
Yorktown Child & Family Centre
Jewish Family and Child Service

Funders

The Ministry of Children and Youth Services

The Hedge Funds Care

EVERYONE INVITED TO THE CONFERENCE IS IMPORTANT!

January 2006

FAMILY GROUP CONFERENCING PROJECT OF TORONTO

cherylwestlake@hotmail.comQu
el est votre rôle?

Votre rôle comme membre de la famille est de:

- Partager avec la famille vos pensées concernant la situation.
- Partager vos idées pour résoudre la situation.
- Approuver, en famille, le plan préférable; un plan qui assurera les besoins et la sécurité de tous les membres de la famille.

Comment vous préparer:

i. Imaginer le procès de la réunion.

ii. Réfléchir sur vos sentiments.

iii. Préparer ce que vous voulez dire et l'écrire pour vous aider, si nécessaire.

iv. Réfléchir sur votre impact sur les autres et leurs impressions.

v. Considérer votre objectif de la réunion.

- Assister le membre de la famille à s'exprimer et à se sentir en sécurité, si vous êtes la personne de soutient.

Votre rôle comme fournisseur de services est de:

- Présenter clairement à la famille vos inquiétudes concernant la famille.
- Identifier les forces de la famille.
- Expliquer clairement les résultats que vous souhaitez.
- Indiquer les ressources qui pourraient avoir une influence bénéfique sur la famille.

Votre rôle comme personne ressource/ interlocutrice est de:

- Exprimer clairement comment la difficulté peut affecter une famille et ses membres.
- Présenter les moyens utilisés par d'autres familles avec une difficulté semblable et les moyens disponibles à cette famille.

Votre réunion

Date:

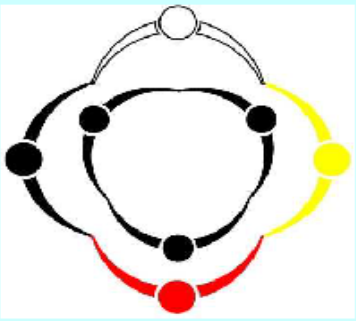
Lieu:

Heure:

Les invités sont tous important!!

Un grand merci spécial au Projet du groupe consultatif familial de Toronto et au Centre George H. Hull pour avoir permis la reproduction de cette brochure et des autres matériaux de programme.

06/05



PRISE DE DÉCISIONS FAMILIALE COLLECTIVE (PDFC)

C'est quoi la Prise de décision familiale collective (PDFC)?

Wegnesh enaangzhewad giw engodweaangizijig?

Enaangzhed ow ngodweaangizing debendagozid:

Wiindamaaw engodweaangizijig gegiin ezhi-waamdaman ezhwebag

Wiindamaaw gegiin enaamjiwyin ge-zhichigengba

Megwa nshike yawaad giw engodweaangizijig dbaaknigewin dizhtoonawa – aabdeg go kina giw engodweaangizijig wii-wankiiyendamoowad miinwa nogdowenmindwa

Gezhi-zhiitaayin giin pii maawnjiding:

i. Moonendan ge-zhiwebak pii maawnjiding
ii. Mkwendan gegiin ge-namjiwyin
iii. Nda-mkwendan gegiin wa-kidyin, zhibiihan iishpin nodmaagoyin
iv. Mkwendan gezhi-daapnamwad gegiin enendaman miiwa ge-naamjiwad gewiinwa

Dbewgendan gegiin endawendaman pii maawnjiding

Wiindamaaw e-niigaanzid iishpin gegoo aaskaagewin bgosendaman pii maawnjiding giizhigag

Enaangzhed ow e-naadmaaged:

Kinwaadendan ezhi-mshkawziiwad e-ngodweaangizijig

Wiindamaaw e-ngodweaangizijig, waazhi-nsaatamowad, iishpin gegoo zhi-dewmaawad niw binoojiinhan maage ezhi-ngodweaangizinid

Weweni wiindamaaw iishpin gegoo memdaage zhi-zegziwad

Kinwaadendan iishpin gegoo naadmaagewin gezhi-aabdakba

Enaangzhed ow e-gigidod:

Waazhi-nsaataming zhi-gigidon wiindimaageyin iw zhaayawin (mji-bimaadziwin, nboodewendamowin) ezhi-miishkaawndwa giw ngodweaangizwining debendaagozijig

Wiindimaagen giw aanin e-ngodweaangizijig iw naasap ezhwebizijig ga-naadmaagwad miinwa naadmaadwin gendinmaawaba ezhi-ngodweaangizwad

MND Maawnjidiwin giizhigad:

Ezhi-giizhigag:
Aapii:
Maajtaang pii:

Gchi-piitendaagozi kina weya e-wiikmind

Children's Aid Society of Sudbury/Manitoulin naadmaagewin iw aawan MND

Gchi-miigwechwihanaanig giw Maamwi Ngodweaangizwin Nokiiwin ode Toronto

Maamwi Ngodweaangizwin Dbaaknigewin

E-niigaanzid:

SECTION : 13

SAMPLE DOCUMENTS

SAMPLE : #1

CONSENT TO REFER TO ADR

I _____ of _____
(Name of Parent/Guardian or Child over 12 Years) (Address)

consent to the disclosure of information to:

- ❑ Family Group Decision Making Coordinator
- ❑ The Mediation Centre
- ❑ Aboriginal Approaches Facilitator

of records kept by The Children's Aid Society of the County of Simcoe about

_____ for the purpose of ADR.
(Name of Adult/Child(ren)

This consent will remain in effect until ADR is completed.

My signature means that:

3. I have read this consent or have had this consent read to me. I understand and agree to its contents.
4. I understand that the information is specific to ADR and only to be used for this process.
5. I understand that information will be shared with participants in the particular ADR process.
6. I have been informed that I may cancel my consent by giving a written statement to the ADR facilitator or my worker at any time.
7. I have had the opportunity to seek legal advice if I wish prior to signing this Consent.

Signed _____ on _____ Witness_____
(Parent/Guardian) (Date)

Signed _____ on _____ Witness_____
(Child over 12 or OCL) (Date)

SAMPLE: #2 - To view or print this document go to:
http://www.georgehullcentre.on.ca/Coordinator_resources_regional_activities_projects

Referral Form

Please complete all sections of this form electronically, then print and send by fax to (519) 679-4234

Referral Information

Date:		Referring Agency:			
Worker:		Telephone:		Extension:	
E-mail:		Supervisor:			
		Agency Lawyer:			
ADR Method Requested:	Mediation Family Group Conferencing Aboriginal Approach	Stage of Court Application:	Pre-litigation Litigation initiated Litigation in progress		

Has this case been screened against exclusionary criteria of your agency? yes no

Note: MCYS Policy Directive 005-06 dictates that the Office of the Children's Lawyer (OCL) must be notified when there is consideration by a CAS of resolution of issues by a prescribed method of ADR.

Has the Office of the Children's Lawyer been contacted? yes no

If yes, please attach a copy of the notification.
If no, please explain:

Have all parties consented to ADR? yes no

If yes, please attach a copy of the consent.
If no, explain:

Is there a Mediator/Coordinator on the roster with whom one or more of the parties might have a conflict of interest?

yes no Explain:

Case Information

Family Name(s):				
Referral suggested by:	Judge Counsel CAS worker/supervisor CAS lawyer	Parents Band Other	Court Location:	
			Next Court Date:	

SAMPLE: #3 - To view or print this document go to:
http://www.georgehullcentre.on.ca/Coordinator_resources_regional_activities_projects

CONFIDENTIALITY AGREEMENT FOR FGDM FOR _____ FAMILY

DATE OF REFERRAL TO FAMILY GROUP DECISION MAKING _____

The following FGDM participants have had this Confidentiality Agreement and the following provisions reviewed with them and understand the protections set out below:

1. No statements, discussions or reports made throughout the course of the FGDM process can be used in evidence in any civil court action except if a child was or could be harmed or a person says s/he may harm themselves or someone else, or if consent is given. Consent is only for that person.
2. None of the participants, including the coordinator and CAS can be made to give evidence about anything from the FGDM meeting, including the reports, (except the family's plan) in any court action.
3. The family can still talk amongst themselves about FGDM, about the plan itself or carrying it out.
4. The family's plan from the FGDM meeting may be shared with a court and any lawyers for any of the participants, including for the child, if appropriate. If the family group wants the plan sent to anyone not able to be present at the meeting, they should include this in the plan.
5. The participants of family group decision making may discuss this confidentiality agreement or anything about FGDM with their lawyer.
6. The participants at the meeting day give the FGDM coordinator permission to use information from the meeting for research or educational purposes as long as no one can be identified.
7. Any participant may decide to withdraw from the FGDM process at any time; however, this does not necessarily mean the FGDM will be cancelled. The rest of the family group may decide to proceed.

I have read or have had these confidentiality provisions read to me and I understand the contents:

_____ _____ on _____.
Print Name Signature Date

_____ _____ on _____.
Print Name Signature Date

_____ _____ on _____.
Print Name Signature Date

_____ _____ on _____.
Print Name Signature Date

1

SAMPLE: #4

SUMMARY OF CAS INFORMATION
January 15, 2009
FRANKIE JONES' FAMILY

Overview

This family's CAS file opened on March 12, 2007 due to concerns about supervising Frankie and the unclean and unsafe condition of the house. Their file has remained open to help them maintain a clean and safe home, supervise Frankie adequately, and protect Frankie from serious arguments and fights between his parents.

George Jones (Frankie's father) was convicted of assaulting Julia Smith (Frankie's mother), was recently released from jail, and is on probation.

Frankie has been living with his maternal aunt and uncle (Sarah and Ken Hill) since June 2008.

Things that are going well for this family

Frankie is doing well in school and socially. He is very polite and funny. He likes to spend time with his family members.

Over the last couple of months, Julia has started to attend some services to help her such as the women's shelter, addiction services, and her psychiatrist. She takes her medication regularly and is working hard to attend all of her appointments.

George helps make sure that Julia gets to her appointments and he attends his access with Frankie regularly since he was released from jail. He also is following his probation order.

What the CAS is worried about

Nancy Wilson (the worker) is worried that Frankie would be seriously harmed physically and emotionally if he lived with his parents right now due to unsafe conditions in the home, not being supervised adequately, no routines or structure, and witnessing serious arguments and fights between his parents.

At times, the home has been extremely cluttered and filthy, which is unsafe for Frankie. While Frankie lived with his parents, he did not attend school regularly. He had no routines such as bedtimes, getting up in the morning, regular meals, etc.

Sometimes Frankie was not supervised properly while he lived with his parents, doing things such as going to the park or store alone, or going to neighbor's houses.

Frankie's parents have had some serious verbal and physical fights. In October 2008 George was charged with assaulting Julia. Children Frankie's age who live with caregivers where serious fights occur may learn unhealthy ways of expressing anger, may believe that the violence is their own fault, and may not learn skills to help them become independent.

Both George and Julia smoke marijuana. This may have contributed to their financial struggles, including not having enough food in the home for Frankie. Nancy worries about George drinking alcohol to excess. Nancy (the CAS worker) worries about who is supervising Frankie when one or both of his parents are under the influence of alcohol and/or drugs.

Julia has been diagnosed with anxiety and depression. This may contribute to her not being able to supervise Frankie properly and not being able to keep the home clean and safe during the periods when George was in jail and she was a single parent.

SAMPLE: #5

AUTHORIZATION FOR RELEASE OF INFORMATION

RE: _____, D.O.B.: _____

I/We _____hereby give our permission to_____

Name ***Agency***

to release to *Family Group Decision Making and a representative of the Office of the Children's Lawyer should a lawyer be appointed for the child(ren)* the records listed below.

This consent will remain in effect until _____.

1) REASON INFORMATION IS BEING DISCLOSED:

Referral to Family Group Decision Making;

Ongoing involvement of the Office of the Children's Lawyer should one be appointed in the Family Group Decision Making Process

2) LIST OF RECORDS TO BE DISCLOSED.

To the Family Group Coordinator: *History of CAS involvement, strengths of family members, areas of concern and examples, contact information for family members and service providers*

To a representative of the Office of the Children's Lawyer:

All information including records, assessments, documents and other material about me and my children. I further authorize a representative of the Office of the Children's Lawyer to collect, use and disclose such information in the delivery of professional services on behalf of the child(ren).

_____ _____ _____

Witness Parent/Guardian's Signature Date

_____ _____ _____

Witness Parent/Guardian's Signature Date

SAMPLE: #6

GENERAL CONSENT TO PARTICIPATE IN FAMILY GROUP CONFERENCING/FANILY GROUP GROUP DECISION MAKING

I _____ the parent of _____ agree that the process Family Group Conferencing/Family Group Decision Making has been explained to me. I hereby give consent to:

a. Participate in the Family Group Conferencing/Family Group Decision Making process
b. For the coordinator to contact members of my family network and the Office of the Children's Lawyer to share with them information identified by service providers about myself and my child(ren) and to invite interested parties to attend the Family Group Conferencing/Family Group Decision Making

Further, I understand that the Family Group Conferencing/Family Group Decision Making process is dependent on the sharing of information amongst members of the family network and that this is one of the strengths of the program.

This consent shall remain in effect from _____ to _____ or until after the final Review Family Group Conferencing/Family Group Decision Making conference has been held.

My signature means that:

1. I have read this consent or have had this consent read to me. I understand and agree to its contents.
2. I have been informed that only information about myself and my child(ren) that is necessary for the Family Group Conferencing/Family Group Decision Making meeting to be successful will be shared.
3. I have been informed that I may cancel this consent by giving a written statement to the coordinator or my worker at any time.

Signed_____ on _____
(Parent/Guardian/Child 12 & over (Date)

Signed_____ on _____
(Parent/Guardian/Child 12 & over (Date)

Witnessed by _____ on _____
(Coordinator) (Date)

SAMPLE: #7

CHILD
STATEMENT PREPARED ON BEHALF OF BRYAN & PETER

Hello everyone I am the OCL for these children and had an opportunity to speak with the children on a couple of occasions and here is what they wanted all of you to know. I have prepared this statement is prepared on behalf of Bryan and Peter

Bryan is in grade 7 and Peter is in grade 3. The children are driven to school by their maternal grandfather on a daily basis.

The children have stated that their views and preferences are to return home to reside with their mother, however in light of the "bottom line" of the CAS, the children have stated that they wish to remain in the care and custody of their maternal grandparents, and further they wish to remain in the same residence as their siblings.

The children wish to continue to visit with their mother and as the CAS wants the access be supervised, the children have suggested that the maternal grandparents, Allan (their brother), Susan, Roger and Michelle could be possible supervisors. They would wish that the =visits take place either at the home of their grandparents where they currently reside or in the community supervised by any of the above or others whom the CAS believes are appropriate.

In addition the children wish to continue access with Susan and Roger, and Ruth and Michael.

The children also wish to continue their supervised visits with their father, his partner and her children. They wish for these visits to take place at the offices of the CAS and at this time do not wish for visits to occur in the community.
Bryan and Peter have requested that any agreement drafted include a provision that there be no disparaging remarks by any persons in their family about any other persons in their family.

They are content with a provision that grandmother will arrange and ensure participation in counseling and other such services as required.

The following are the answers to the questions you have requested that they answer:

1. Likes – At their grandparents home they enjoy the food, playing with their siblings and their grandmother, going to the park and to the library;

2. Worry – The children worry about mom's living environment;

3. They would like the following things to be different:

    a. a clean house;
    b. no drugs;
    c. mom able to properly parent;
    d. mom making good choices with respect to her relationships.

4. Question – What is mom doing to get the children home?

5. The children want to go home and they believe mom needs to work to achieve this goal.

SAMPLE: #8

SAMPLE CHILD WELFARE REPORT FOR THE SAMPSON FAMILY GROUP CONFERENCE HELD TODAY

INTRODUCTION:
My name is Lee Adams and I am the CAS worker and have been working with this family for the past 6 months. The family has had periodic involvement with this agency for almost two years. The assistance to this family has centered on the Jane's struggle in parenting the children due to her misuse and dependency on pain medication. The children came into care one month ago when it was confirmed that they had been left alone in the late hours of the evening. All three children are in the same foster home and they have supervised access visits with their mother.

STRENGTHS:

- Jane is a good parent and attentive to her children's physical and emotional needs when she is not over using her medication
- Jane wants to be drug free and wants her children and husband to be able to rely on her again
- Joe holds a steady job and is a good provider
- Joe manages his finances, he is the consistent parent in the home and the children relate well to their dad
- Janet aged 11 is active in basketball, can be quite independent and enjoys cooking and is good at it
- James aged 8 is a friendly boy who has lots of friends
- Jill aged 6 is a good singer and she tries hard to do well at school
- The maternal grandmother, Mrs. Patterson visits the home regularly and offers help such as babysitting and support
- Janet especially has a close relationship with her grandmother
- Relatives from out west have regular contact with the family and try to offer support and whatever help they can
- The neighbours also have helped out when they could, offering support

CONCERNS/WORRIES

JANE'S DRUG DEPENDENCY/CHRONIC PAIN

Jane became dependent and addicted to prescription medication as a result of dealing with a health condition. A big worry is that Jane's condition is inoperable and incurable, meaning she will have to cope with if for the rest of the children's growing up years. Her condition leaves her in constant pain and she is often nauseous and it is this pain that is thought to trigger the drug use cycle. Jane is sceptical of alternative treatments. During these periods of active drug use, Jane sometimes leaves the children for a few days at a time. They get scared and worried about what may happen to their mother.

Jane's absence's from the home, as well as the promise she makes to the children and is unable to keep affects the children's ability to trust the adults. In the past, Jane has attended drug treatment programs in the community but was not able to complete them. She does not feel or see herself as the same as other's attending these programs.

NEGLECT OF THE CHILDREN:

When Jane is away from the home, the children are frightened about being left alone, Janet feels responsible for her younger siblings and is forced to take on adult responsibilities like cooking and disciplining. While Janet enjoys being the older sibling, she can be bossy causing problems between her and her brother and sister. The children have little routine and stay up late at night watching TV. Janet has fallen asleep in class showing the strain she is under.

ADULT CONFLICT:

Joe is a truck driver and his job takes him away from home for days at a time, making it impossible for him to step in during the times Jane is away from the home. This has led to conflicts between Jane and Jo. Jo's stress has increased recently to the point where he has shared that he is frightened he will hit Jane and up to now he has been able to retrain himself. The children have told me that their parents' fighting scares them and they are afraid and anxious their mom will get hurt. Sometimes James tries to stop his parent's fights placing him in harm's way and he can be disrespectful towards his dad. Jill on the other hand tends to cling to either her mother or her older sister and she has also started to wet the bed which I believe is a sign of stress and worry.

QUESTIONS THAT NEED TO BE ADDRESSED

Where will the children reside and who will be their main caregiver while the worries are being addressed? Any proposed caregiver would need CAS approval.

How will the children stay safely connected with their parents keeping in mind Jane's struggle and the conflict between Jane and Joe and the needs of the children?

BOTTOM LINE:

Jane could be the primary caregiver after she has shown that she using her medication as prescribed for a period of 6 months

SAMPLE : #9

22. REPORT BY DR. MARCO

I have been the family physician since Jane was a teenager. She has always been a bright, outgoing person. Her kidney problem was diagnosed three years ago. The only way to treat this condition is through medication. Prior to Jane's diagnosis, she was a consistent, caring parent and very responsible with he children's medical care.

I do not know Joe as well but he seems to be a caring father and good provider and Jane and the children have always spoken highly of him.
I know his job often takes him away from home and this is a stress for the family.

The situation has really changed over the past two years because of Jane's increased pain and dependency on pain medication. It has become clear to me that Jane is addicted to the medication and is somehow supplementing what I prescribe with illegally acquired drugs. Fortunately, she hasn't come into contact with the law but I do worry about this.

Joe has called me recently and expressed that he is upset and frustrated with what is happening, and angry that his vision of family life has collapsed since Jane became ill and her subsequent drug dependency. Jane has expressed her distress that her children are not at home with her.

I have tried to help Jane find services to deal with her addiction but she hasn't wanted to attend these programs because Jane feels that she doesn't fir with the 'typical drug addict'. Jane may find it useful to try alternative therapies like massage therapy, relaxation techniques or aroma therapy. I know she is skeptical of such approaches and worries that the family doesn't have the finances to pay for such treatments as Joe has only limited benefits.

I have brought a number of brochures about services that are available like a kidney support group, The Pain Management Centre, the Holistic Health Haven, the NA group, and the Talk Therapy centre.

I wish you as a family all the best in your meeting today.

SAMPLE : # 10

FAMILY GROUP DECISION MAKING PLAN FOR
JANET, JAMES AND JILL SAMPSON

Held on June 14, 2008

Present:

Family Members:
Jane Sampson (mother)
Joe Sampson (father)
Mary Patterson (maternal Granny)
Julian Patterson (maternal uncle)
Joyce Patterson (maternal aunt)
Ray Khouri (friend)
Roberta Khouri (friend)
Sam Hill (friend)
Leslie Jensen (friend)
Fred Noble (paternal great uncle)
Kim Norris (James' godmother)
Jordan Norris (friend)
Dom Sargent (pastor)
Anna Sampson (paternal Nana)
Laura Smith (paternal aunt)
Alex Smith (paternal uncle)
Micky Berry ("auntie")

Children:
Janet Sampson (child of FGDM)
James Sampson (child of FGDM)
Jill Sampson (child of FGDM)

Service Providers:
Lee Adams, Family Service Worker, Children's Aid Society of
Pat Denny, Manager, Children's Aid Society of
Chris Abrahams, foster parent
Sandy Abrahams, foster parent
Caroline McNeil, Office of the Children's Lawyer

Reports:
Child Welfare Report for FGC, Lee Adams
Report from Dr. Isabelle Marco

I Want to Say Something, by Janet Sampson
I Want to Say Something, by James Sampson
I Want to Say Something, by Jill Sampson

THE PLAN

1. Janet, James and Jill go home, as soon as possible.

2. When Joe is not at home, Mary, Anna, Kim & Jordan or Laura will stay at home with Jane and the children. Ray and Bobby will help out before and after school.

3. Mary or Leslie will go to Jane's appointments with Dr. Marco and will help Jane find what will help her.

4. Joe will ask work if he can switch to short runs instead of long hauls.

5. Joe and Janet agree that they will not fight in front of the children.

6. We want to meet again in September to see how things are going.

NEXT STEPS

1. Lee will meet with Anna, Kim & Jordan and Laura on Wednesday, June 17, 2008 at 4 pm, 70 Chatham Street, Orillia, to start the CAS approval process for them to be caregivers for the children when Joe is not at home.

2. Mary, Anna, Kim & Jordan and Laura will create a calendar and give a copy to Lee so that Lee knows which caregiver is in the home when Joe is not home. This will be done before the children move home.

3. Janet, James and Jill will move home after at least one other caregiver besides Mary has been approved by the CAS.

4. The Review FGDM will be on Sunday, **September 14, 2008**, at **14 Henry Street, Orillia** starting at 12 noon.

DECISION OF THE CHILDREN'S AID SOCIETY

The above Plan was presented to the CAS representatives. The Family Service Worker, Lee Adams, and the manager, Pat Denny, were both present and accepted the Plan on behalf of the Children's Aid Society of ..as presented above and agreed to work with the family to implement this Plan.

The above Plan was taken from the family flip chart notes and from "discussion" notes taken by the coordinator. The Plan was mailed to all those present, and, with the permission of the FGDM circle, to Dr. Marco who was not present.

_____ _____

Family Group Decision Making Coordinator Date Signed

SAMPLE: #11

SAMPLE LETTER SENT WITH FGC/FGDM PLAN

April 12, 2008

Dear Family Member and or Service Provider:

Enclosed please find a copy of the Plan that was developed at the Family Group Decision Making meeting on June 14, 2008.

Should this plan require any changes or amendments, please let me know by June 28, 2008 otherwise, I will assume that this Plan is acceptable.

I would like to take a moment to thank all of you for contributing one way or another to the Plan for Janet, James and Jill.

Wishing you all the very best with this plan.

Yours truly,

Coordinator for FGC/FGDM

SAMPLE # 12

AGENDA FOR FGC/FGDM

PHASE One

Welcome-Family Opening

- Review of agenda and housekeeping items such as meal time, location of washrooms, breaks, smoking area, reminder to complete sign in sheet etc.
- Introductions: My name is…..I am…(relationship to child) A hope I have for today is……./
- Guidelines for a respectful discussion
- Safety plan including support persons - who they are and their role
- Reports & Statements (CAS, OCL, Child's statement, other service providers)
- Speakers

Questions/Clarifications from the family group

PHASE TWO

- Private family time, including meal

PHASE THREE

- Review and discussion of the plan
- Next steps

Closing

- Evaluation/Feedback/Participant Satisfaction Questionnaires (if these are used)