A Manual for Trainers and Practitioners

Family Group Conference in Sri Lanka

Compiled by:
Nayomi Kannangara
Our Vision

Save the Children’s vision is a world in which every child attains the right to survival, protection, development and participation.

Our Mission

Save the Children’s mission is to inspire breakthroughs in the way the world treats children, and to achieve immediate and lasting change in their lives.

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Child Protection Specialist

Save the Children
Abbreviations and Acronyms

CYPO  Children and Young Persons Ordinance
CRPO  Child Rights Promotion Officer
DPCC  Department of Probation and Childcare Services
FGC   Family Group Conference
FGCP  Family Group Conference Practitioner
INGO  International Non-Governmental Organization
NGO   Non-Governmental Organization
PO    Probation Officer
Contents

Preface.............................................................................................................................................. 4
About the Manual .......................................................................................................................... 5
General Information for Stakeholders, Trainers and Practitioners........................................ 6
    The Origin and the Evolvement of Family Group Conference........................................... 6
    Family Group Conference Model ....................................................................................... 7
    Key Qualities of Family Group Conference ...................................................................... 8
    Effectiveness of the Family Group Conference Model .................................................... 9
    Implementation of Family Group Conference Model: Challenges ................................... 9
Guidance for FGC Facilitation for Trainers and Practitioners .............................................. 12
    The FGC Model.................................................................................................................... 12
    Core Features of the FGC Model ....................................................................................... 13
    What Makes FGC Special? ............................................................................................... 13
    What Happens in an Effective FGC? ................................................................................ 14
    Roles and Responsibilities ................................................................................................. 15
Stage 1: Referral or Identification ............................................................................................... 16
    When Can FGCs be Used in Sri Lanka? ............................................................................ 16
Stage 2: Preparation .................................................................................................................... 17
    Selecting and organising a venue for the FGC ................................................................. 17
    Who Can Attend a FGC? .................................................................................................... 18
    Preparing Adult Participants for a FGC ........................................................................... 18
    Preparing Children for a FGC .......................................................................................... 19
Stage 3: The Conference .......................................................................................................... 21
    Step 1: Information Sharing ............................................................................................... 21
    Step 2: Private Family Time ............................................................................................... 22
    Step 3: Agreeing the Plan ................................................................................................... 23
Stage 4: Implementation of the Plan ......................................................................................... 24
    Role of the Family Members: ........................................................................................... 24
    Role of the FGC Practitioner: ........................................................................................... 24
    Who Monitors the Family Plan? ....................................................................................... 24
Stage 5: Review of the Plan ....................................................................................................... 25
    What to Consider in a Review ........................................................................................... 25
    The Stages of a Review ...................................................................................................... 25
    Closure ................................................................................................................................. 25
Tools and Supportive Information ............................................................................................. 26
    FGC Referral Form ............................................................................................................ 26
    FGC Family Plan ............................................................................................................... 27
    Feedback Form for Adult Participants ............................................................................. 30
    Feedback Form for Children ............................................................................................ 31
References..................................................................................................................................... 32
Preface

**FGC in Sri Lanka**

“Family Group Conference” (FGC) – a restorative approach practiced mainly in the West that builds on the strengths of the family to ensure protection and wellbeing of children, was introduced to the governmental childcare structure in Sri Lanka Tsunami response in the Southern Province between 2006-2008. Initially, the local and central Government departments supported this initiative on pilot-basis as a ‘supplementary’ technique, with no explicit intention of absorbing it to the mainstream. However, the simplicity of the approach and the compatibility of the core concepts of the approach with the culture and context of Sri Lanka made FGC a widely used practice in the Southern Province where it was piloted. As a result, after 2008, the Department of Probation and Child Care Services (DPCCS) initiated training CRPOs and POs in other provinces in country as a part of their wish to mainstream FGC in Sri Lanka.

At the time of publishing this manual, FGC, as a practice, does not have a legal stand in Sri Lanka. However, it is endorsed by the Department of Probation and Child Care Services, the key government agency that is legally mandated to ensure welfare of children in Sri Lanka, and practiced by the governmental child protection practitioners – POs and CRPOs. FGC is also being recommended to the Children and Young Persons Ordinance (CYPO), as a part of its review process. CYPO is the principal legislation relating to children and young persons in Sri Lanka and also the only law that deals with the juvenile justice system.

In 2010, with the support of DPCC, Save the Children conducted a research to ascertained how FGC is practiced in Sri Lanka since it was initially introduced. It was found that 377 FGCs were conducted by POs and CRPOs in the 5 districts where FGC is currently practiced: Galle, Matara, Hambantota, Puttalam and Kurunegala. This number compares highly favourably with the number of FGCs conducted in other parts of the world where FGC is mandated and popular yet where it remains small scale; between ‘1 and 10’ FGCs annually (Nixon et al, 2005 cited in Barnsdale & Walker, 2007).

The research also had a qualitative component where data was gathered from 10 practitioners (CRPOs) as to how closely they follow the FGC stages and stay true to the core features of the approach. From the interviews held, the practitioners seem to have adapted the process to suit the culture, their professional context, skill levels and resource availabilities in Sri Lanka. One of the expected outcomes of this manual is to acknowledge these organic changes and to provide the practitioners with a more practical framework for FGC.

The FGC process mentioned in this manual is a modified, culturally relevant and practical version of the process introduced by the Family Rights Group (UK).

Save the Children
Sri Lanka
About the Manual

Key Objectives of the Manual

1. To provide a basic understanding of the Family Group Conference (FGCs) model and its background
2. To introduce a more culturally relevant and practical version of the overall FGC process that suits the context in Sri Lanka
3. To enable child protection practitioners to effectively facilitate FGCs and develop relevant practical skills
4. To support trainings and awareness-raising activities related to FGC
5. To provide some of the key forms and supporting documents recommended for the practice of FGC

Who Can Use This Manual?

FGC Stakeholders - as a resource document for general information about the FGC approach and its use in Sri Lanka
FGC Practitioners - as a reference document for guidance and tools to conduct FGCs in Sri Lanka
FGC Trainers - as a resource document and a training companion

Design of the Manual

This manual is designed as a brief yet comprehensive outline of the key stages and processes of FGC, inclusive of basic forms and support information needed for organising FGCs in Sri Lanka.

The manual comprises of three main sections:
  i. General Information for Stakeholders, Trainers and Practitioners
  ii. Guidance for FGC Facilitation for Trainers and Practitioners
  iii. Tools and Supportive Information

Also, the pages are set in a way for FGC trainers to use them as handouts on key topics – to photocopy and distribute separately at different stages of the training.

This is a very basic guide to practicing FGC in Sri Lanka. Practitioners and Trainers need more in-depth training to function effectively in their roles.
Family Group Conference (FGC) is seen as an innovative departure from the traditional way of making decisions about the welfare of children which have tended to emphasise the knowledge and skills of professionals within a complex system (Barnsdale & Walker, 2007). The key objective of FGC is to provide the family group (which includes nuclear and extended family as well as friends) a voice in the decision-making process to ensure the safety and wellbeing of children.

**The Origin and the Evolvement of Family Group Conference**

Pressured by the concerns raised by indigenous communities that welfare professionals usurped traditional roles of the family, New Zealand redrafted the Children’s, Young Person’s and their Families Act in 1989 proclaiming that child welfare is a private rather than a state concern and emphasising the importance of family and cultural identity in the care of children (Barnsdale & Walker, 2007). Family Group Conference was introduced as the central decision making process as a way of translating this change of emphasis relating to the care and protection of children (Barnsdale & Walker, 2007).

The FGC practice in New Zealand is particularly keen on the prevention and resolution of child/youth offences as the child is considered an integral part of not only of the nuclear family but also of the extended family (Maxwell & Morris, 1993). The primary focus of FGC, as originated in New Zealand, is intended to be the offence and the young person’s accountability for it (Maxwell & Morris, 1993). Indigenous people in New Zealand strongly believe that collective responsibility of a child’s behaviour, positive or negative, lies very much within the family and the community (Kiro, 2006). It is believed that through the practice of FGC young people are held accountable for their offences, yet in most cases remain in the community where they are supported by families to make a fresh start (Maxwell & Morris 1993).

FGC is increasingly being taken up by programs around the world, especially between 1998 and 2002, mostly to ensure child welfare and protection, but also to establish youth justice, mitigate domestic/family violence and to discuss child mental health (Nixon et al, 2005, cited in Barnsdale & Walker, 2007). Since being introduced in New Zealand, the FGC model was introduced to almost 20 countries, including Australia, Brazil and Saudi Arabia (Barnsdale & Walker, 2007). FGC was not only used but also have been supported by legislative mandates in most parts of Australia, in the Republic of Ireland, and in the Northern Ireland (Barnsdale & Walker, 2007). Doolan (1999, cited in Barnsdale & Walker, 2007) states that obtaining legislative mandate is crucial in “mainstreaming” FGC as the absence of it could create a context that is patchy and influenced by professionalism and hence results may differ from the aim of the approach. Despite the lack of support of legal mandate, FGC has been introduced via best practice recommendations in the remainder of Australia, Israel, the Netherlands, all countries within Scandinavia, South Africa, Thailand, the UK, the USA, Belgium, Brazil, Puerto Rico, and Saudi Arabia ((Barnsdale & Walker, 2007, 2007).
Family Group Conference Model

Family Group Conference is a decision making forum attended by the young person (victim and/or offender) the family (including the extended/wider family) and representatives of the legal and law enforcement agencies (as and when necessary) facilitated by a neutral party (Maxwell & Morris, 1993). It is expected that the participatory approach taken by this model will enable the families and young people to have a sense of control over their own life as oppose to being disabled by their contact with the ‘systems’ (Maxwell & Morris 1993).

Barnsdale & Walker (2007) presents the FGC process in four distinct stages: Referrals – family members and agencies agree that a FGC is needed and appoint a coordinator; Preparation – coordinator identifies the family networks and links, invite relevant parties to participate and undertake preparatory work; Meeting (conference) – a plan is developed for the child in the centre of the process by the family members attending, facilitated by the agency staff and/or other parties; Review – operation of the plan is reviewed and another FGC may be convened to amend/ replace the previous plan. Other practitioners may add a fifth stage Implementation before the Review stage.

Family Group Conferences are seen by many as one of the key ways of reengaging families with young people and providing ways to support them within the community structures (Maxwell & Morris 1993). Barnsdale & Walker (2007) describe it as “an ethically sound and practically effective way of working with families whose strengths and resources often remain untapped by mainstream practice”. However, it is also being critiqued as not suitable for dysfunctional families and also as a yet another method of extending control of the state over families (Maxwell & Morris 1993).

Using a sample of 200 FGCs conducted in New Zealand between 1990 and 1992, Maxwell and Morris (1993) state that the average number of people attending FGCs was nine; the smallest number was two and the largest number was thirty-nine. On average, a FGC takes between 60 to 90 minutes and the families and practitioners make certain variations to the documented practices (Maxwell & Morris, 1993).

The incidents of offence involving youth or children may come through the courts systems, community referral or through police, depending on the nature of the offence and the systems in place in each country. The outcomes of the FGCs either end at the community or the court levels depending on the decisions made at the FGC (Maxwell & Morris, 1993). Majority of the young people facilitated at the FGCs are held accountable for their offences and the penalties include apologies, work in the community, monetary penalties, donations and restriction on liberty (Maxwell & Morris, 1993).

“Family Group Conference” (FGC) was introduced to governmental childcare structure in Sri Lanka by UNICEF and CCF-Sri Lanka (NGO) as a part of their tsunami response in the Southern Province between 2006-2008. Technical support was received from the international trainers of Family Rights Group (UK).
Key Qualities of Family Group Conference

Family Empowerment

Family Group Conference Model emphasises the need to strengthen the families to provide a system which is “consistent with the best interest of the child” (Maxwell & Morris, 1993). It also allows and promotes the participation and consensus based decision making of the families, when a decision about a young person’s life is being made. This process further emphasise the culturally appropriate and agreed accountabilities that further empowers the families and communities as it hand over the power of decision making about their children back to them. However, the process is not guaranteed to be free of interference of professionals in terms of shaping and influencing the outcome (Maxwell & Morris, 1993).

Therapeutic Value

Even though FGC does not have therapeutic goals, Hanssen (2003) discusses the potential it has to create change in the relationships within the family as it influence the way family members communicate with each other. Moreover, she argues that the FGC process positively contributes to the way families understand the concept of ‘self-reliance’ at abstract as well as practical levels such as independence from the support and interventions of the state (Hanssen, 2003).

A Tool to Divert Children from the Formal Justice System

The FGC model is seen as an alternative decision making forum to Courts, which are considered not to be child/youth friendly (Maxwell & Morris 1993). Morris and Young (1987) (as cited in Maxwell & Morris, 1993) have found in their research that families and young people see courts as “alien, remote and frustrating”. In contrast, many families involved in FGC have expressed their appreciation for the informality of the FGC process which allows them to express their opinions in a less intimidating context where the support of the family members are available (Maxwell & Morris 1993). Arguing along the same line, Hanssen (2003) states that the FGC represents a positive event for the child/children involved as child’s perspective and participation are considered central to the process.

Task Centred

Barnsdale & Walker (2007) view FGC as having “practical” benefits such as producing comprehensive and realistic plans for children through a task-centred decision making process which also inadvertently contribute to the assessment and/or change of family relationships.
A Way to Work with Both Victims and Offenders

FGC is considered a way of achieving ‘restorative justice’ which allows the victim, the offender, their families and members of a community to address the harm caused by the crime (Umbreit, 2000). Restorative justice programs are considered to reduce fear among victims and decrease the frequency and severity of further criminal behaviour amongst offenders (Umbreit, 2000). The FGC process enables the young offenders to understand the consequences of their offending behaviours and to express remorse.

A Mechanism to Prevent Institutionalisation of Children

FGC was introduced as a way of emphasising the need to keep children and young people in the communities in contact with their culture. Demonstrating the impact of 3625 FGC conducted between March 2004 and July 2006, the Texas Department of Family and Protective Services (2006) points out that foster care placements have decreased while the ‘relative placements’ have increased significantly. Furthermore, FGC was effective in re-integrating institutionalised children with their families as 32% of the children who attended the FGCs have returned home compared to the 12% of children who returned home after receiving traditional services (Texas Department of Family and Protective Services, 2006).

Effectiveness of the Family Group Conference Model

Maxwell and Morris (1993) have mentioned three indicators that demonstrate the success and or otherwise of the FGCs: “completing the tasks agreed to at the FGC”, “the frequency of reconvening FGCs” and “re-offending by the young people involved”. However at the same time Maxwell and Morris (1993) mention that re-offending is not a good indicator of the success or otherwise of the FGCs as they may occur without being detected, as well as the instances of re-offending may be due to factors extraneous to the effects of the FGC. However, it should be noted that less than 48% has re-offended within six months of the FGCs (Maxwell & Morris 1993).

It is sometimes argued that since FGC is promoted and facilitated by the professionals in the child welfare sector, it is still very much professionally led, Challenging the eventuality of ‘family empowerment and ownership’ of the process (Barnsdale & Walker, 2007).

Implementation of Family Group Conference Model: Challenges

Although social work professionals profess to agree with the core principles of the FGC, it is noted that one of the key inherent challenges of the FGC is the difficulty of promoting family empowerment in a context dominated by professionals (Barnsdale & Walker, 2007). The shift from the ‘do-er’ who provides solutions to problems, make and execute care plans to the ‘facilitator’ who empower families to make decision about their own children presents challenges not only to the professionals but also to the families as it requires a shift of paradigm and a role reversal (Barnsdale & Walker, 2007). It is noted that childcare professionals in many contexts view FGC as ‘another technique’ to use on families rather than the framework in which childcare and protection is ensured (Barnsdale & Walker, 2007).
The existence of supportive legislative mandate is noted as crucial to the widespread use of FGC as many programs and schemes that promote FGC struggle with low volume of referrals due to many reasons including lack of support for the process (Barnsdale & Walker, 2007). When not supported through legislature, regardless of the popularity and effectiveness of the practice, FGC is seen to remain a marginal practice (Barnsdale & Walker, 2007). Based on a World Wide Web (WWW) survey conducted in 2003 and 2004 to take a ‘snapshot’ of the patterns and trends of FGC around the world, Nixon et al (2005) have observed the “enormous variation in the ways conferencing is being organised”. Out of the 225 responses received from 17 different countries, it was noted that most of the practices are operational at the ‘grass-root’ level in the margins of service provision, relying on support from local partners and inspired individual practitioners, while only few have established well supported services operating in the mainstream supported by policy mandates (Nixon et al, 2005). The challenges faced to get FGC into mainstream practice were voiced by many as lack of commitment in funding, management support and policy or law that creates the necessary background for it (Nixon et al, 2005). The need to establish an effective mandate to embed FGC in mainstream was highlighted as one of the key priorities as without it FGC practice will be vulnerable for elimination through budget cuts or changes in management (Nixon et al, 2005).

Pakura (2005) states the foundational principle of FGC is the ‘kinship care’ and this needs its own policy, services and resource framework as attempting to accommodate kinship care within a framework designed for care by strangers poses significant challenges to realising the objectives of FGC.

Another key factor that affect the implementation of the FGC is related to the social work practices such as lack of confidence in procedures of FGC, time constraints and training requirements (Chandler & Giovannucci, 2004, cited in Barnsdale & Walker, 2007). Therefore it can be argued that resource allocation for training and promotion of the FGC procedures as well as addressing staff turnovers and caseload related challenges faced by the Social Workers is crucial to the implementation of FGC.

In a study aimed to provide an overall overview of the development of FGC practice since the introduction of the Children Young Persons and their Families Act (1989) from the perspective of the Care and Protection Coordinators in New Zealand, Connolly (2006) highlights that frequent staff changes, although unavoidable in social work practice, can have the effect of weakening organisational knowledge about the origins, aims and basic philosophy of the FGC movement. Connolly (2006) also highlights the loss of ‘status’ felt by the social workers when they act in the capacity of the coordinators of FGC. Furthermore, some have expressed their confusion about the nature of the coordinator role: whether is should be more of a social work role or mediation role, which may have negatively contributed to childcare professionals embracing the practice (Connolly, 2006).
Another key factor that affects the success of FGC is the availability of adequate resources to carry out the plan at institutional and cross-sectoral levels of the welfare sector (Kiro, 2006). There is a high need for inter-agency coordination and collaboration with regard to provision of services and approval of fund allocations as most child protection and youth justice matters have complex and overlapping underlying causes (Kiro, 2006).

Failure by authorities to effectively endorse and resource FGC is seen as a major hurdle in the implementation of the practice and a key challenge to bring the model into mainstream practice (Sundell, 2000, Marsha & Crow (1998), Brown, 2003, cited in Barnsdale & Walker, 2007). In the absence of a legislative mandate that circumvent some of these challenges, a clear policy commitment to FGC or a pilot thereof may help to encourage its use and showcase its efficiency (Barnsdale & Walker, 2007). Hoover (2005, cited in Barnsdale & Walker, 2007) states that a commitment to FGC values, backed by a carefully planned multi-agency approach to work towards a closely evaluated voluntary practice, is the best way to proceed.
# Guidance
*for FGC Facilitation for Trainers and Practitioners*

## The FGC Model

The FGC model comprises of five key stages:

<table>
<thead>
<tr>
<th>Stage</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Referral or Identification</td>
<td>A concern related to a child’s wellbeing is raised or noted. There is a need for a plan for the child/young person. FGC is identified as the most suitable approach to use.</td>
</tr>
<tr>
<td>2. Preparation</td>
<td>FGCP, in consultation with child and immediate carers, identifies the ‘family’ network, issues invitations, agrees on a venue, date, timing, and prepares participants.</td>
</tr>
<tr>
<td>3. The Conference</td>
<td>Information giving, Private family time, Plan presented and agreed.</td>
</tr>
<tr>
<td>4. Implementation of the Plan</td>
<td>FGCP clarifies the plan with the family and identifies resources. Plan is agreed upon unless it places the child at risk of significant harm. Monitoring and reviewing arrangements are discussed and clarified.</td>
</tr>
<tr>
<td>5. Review of the Plan</td>
<td>The plan is distributed to all participants. FGCP maintains regular contact with the family. Another FGC may be convened to review the progress.</td>
</tr>
</tbody>
</table>
Core Features of the FGC Model

- Clear and simple process
- Inclusive view of family
- Child/young person attends the FGC
- Neutral venue
- Sufficient preparation time allocated to engage with the child and the important people in the child’s life prior to the FGC
- Professionals are clear about their roles in the FGC process
- Private family time
- The family develops a plan for the welfare of the child
- Resources negotiated and agreed
- Process for agreeing, implementing, monitoring and reviewing plans made clear
- In the unlikely circumstances that plans are not made, the family needs to understand the consequences

Special Qualities of the FGC Process

1. FGC changes the power relationship between professionals and families
   - Families make decisions about the welfare of their own children (subject to safety baselines from professionals)
   - Families have more control of the process (e.g. can determine date/venue/food)
   - Families have more control of the outcome of the process – they implement the plan
2. FGC process respects everyone involved
3. FGCs depend on, and therefore draw out, the strengths of the families
4. FGCs give a positive message to families – they can achieve an outcome!
5. FGCs are not legally required nor they are compulsory - therefore requires the willingness of the wider family to work on the welfare of a child
6. A more relaxed style of meeting – less intimidating for children and family members
7. Provides a place and a voice for children to influence decisions about their own wellbeing
What Happens in an Effective FGC?

Research show that there need to be certain key features present in order for an FGC to be effective:

- There is clarity about the rights and responsibilities of family members attending the conference and the duties, powers and responsibilities of the FGC Practitioner
- The term ‘family’ refers to both blood relatives and to non-related significant family members, friends or neighbours
- The child/young person is enabled to participate fully within the process (FGC Practitioner finds flexible and imaginative ways of achieving this)
- Family members are assisted to attend their FGC. The FGCP addresses any concerns they may have both in relation to the conduct of the meeting and/or practical arrangements
- The FGC Practitioner identifies and addresses issues of ethnicity, gender and culture and responds positively to any particular needs a family may identify
- The FGC is conducted in the language spoken/chosen by the family
- The FGCP must provide good quality, accessible information about the child’s welfare and protection needs
- The role of the FGC practitioner is to share information and knowledge with the family – but NOT to present a plan and seek family agreement to it. The family acts as the primary planning group
- The family is provided with private decision-making and planning time, without FGCP being present
- Families consider what resources they need to fulfil their plan. These resources will come from both the agency of the FGCP and from within the family network
- The reviewing process is made clear and timescales specified
Roles and Responsibilities

The Role of the Family
• Learn about the FGC process and seek clarifications if necessary
• Attend the FGC gatherings organised by the Practitioner
• Develop the plan together with the other family members
• Document the plan and ask for support if necessary
• Carry out the plan together with the Practitioner
• Monitor the plan and make revisions, if needed

The Role of the FGC Practitioner
• Identify question/concerns to be addressed by the family
• Meet with child and caregivers to identify who is in the family
• Explore the wider family – meet with them
• Address issues of race, gender and culture, language, disability in the family
• Work with the child to ensure his/her voice will be heard
• Encourage and support the members of the family to attend
• Arrange venue and convene the meeting
• Chair the information giving stage and the agreement stage of the meeting
• State bottom line (i.e.: what will happen if the family does not make a plan or plan is not agreed)
• Support the family to have private family time
• Help clarify the family plan
• Support the family to provide feedback to the plan
• Provide information about any support available to the family
• Agree the plan or specify reasons for not agreeing and next steps
• Ensure implementation and monitoring as appropriate
• Arrange a review conference, if necessary

The Role of Other Professionals
• Carry out any necessary assessments
• Provide information
• Provide information about services/support they can provide to implement the FGC plan developed by the family
• Be a part of agreeing and monitoring arrangements
• Implement their part of the plan
When Can FGCs be Used in Sri Lanka?

FGCs can be effectively employed in many instances where there are concerns about safety, protection and wellbeing of children.

1. When children are affected by parental alcoholism
2. Care and protection of children with disabilities
3. Inadequate care received by children whose parents working overseas
4. When children are affected by breakdown of relationships within the family – such as separation of parents
5. When children are affected by harmful cultural practices
6. Domestic violence
7. Early marriage of children
8. Gender based violence
9. Child neglect by parents and guardians
10. Children and young people who are misbehaving/offending (Children who are in conflict with the law)
11. After a disclosure of abuse, to ensure wellbeing of the child/children
12. Arranging guardianship for children after a natural disaster
13. Children running away from the family home
14. Underage relationships & young persons then eloping
15. Child labour

Mentioned in the table below, as found in the 2010 research carried out by Save the Children, are the key categories of situations where FGCs were used in the five districts of Sri Lanka where FGC is currently practiced.

<table>
<thead>
<tr>
<th>Situations in which FGCs were employed (Number of FGCs Conducted by District)</th>
<th>Galle</th>
<th>Matara</th>
<th>Hambantota</th>
<th>Puttalam</th>
<th>Kurunegala</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1). Protection and safety issues</td>
<td>31</td>
<td>46</td>
<td>13</td>
<td>9</td>
<td>43</td>
<td>142</td>
</tr>
<tr>
<td>(2). Education – children not attending school, school dropouts , irregular attendance, etc</td>
<td>21</td>
<td>37</td>
<td>10</td>
<td>1</td>
<td>36</td>
<td>105</td>
</tr>
<tr>
<td>(3). Breakdown of inter and intra familial relationships</td>
<td>17</td>
<td>12</td>
<td>5</td>
<td>2</td>
<td>6</td>
<td>42</td>
</tr>
<tr>
<td>(4). Social reintegration of children living in institutions</td>
<td>15</td>
<td>4</td>
<td>6</td>
<td>1</td>
<td>12</td>
<td>38</td>
</tr>
<tr>
<td>(5). Issues related to guardianship of children</td>
<td>6</td>
<td>11</td>
<td>11</td>
<td>2</td>
<td>10</td>
<td>40</td>
</tr>
<tr>
<td>(6). Children in conflict with the law</td>
<td>7</td>
<td>3</td>
<td>5</td>
<td>0</td>
<td>2</td>
<td>17</td>
</tr>
<tr>
<td>(7). Other</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>5</td>
<td>08</td>
</tr>
</tbody>
</table>
Selecting and Organising a Venue for the FGC

The FGCP, in partnership with the family, identifies a venue that is perceived as neutral and non-threatening by all participants. Issues to consider in selecting a venue include:

- Accessibility to transportation
- Availability of toilets and other basic facilities
- Size and space of the venue
- Accessibility by individuals with disability

Locations such as libraries, community rooms, and religious places (temples and churches) are frequently used for FGCs. Family homes and public child welfare agencies generally do not make good venues, because they may not be perceived as neutral, comfortable, or welcoming to all participants.

As a FGC may take anywhere between 2 to 8 hours, the FGCP may organise light refreshments for the participants.
Who Can Attend a FGC?

FGC is based on the idea that care and protection of children is the responsibility of the broader family network. Therefore, all family members have a right to attend a FGC unless they are excluded for safety reasons.

The FGCP should first consult with the parent(s) and child/children to seek their agreement to contact individuals within their family network and sharing basic and specific information about the reason to organize a FGC. (Expansive information sharing should be left to family members within the context of the family group conference).

The individuals ordinarily considered to attend a FGC include:

- The child or young person whose wellbeing is in focus
- The parent, guardian, and/or caregiver of the child/young person
- Members of the child or young person’s extended family
- Any person identified by the family as having a significant stake in the outcome for the child/young person. This person may be a family friend, neighbour, teacher, principal of the school, a religious leader in the community, etc.
- Any person who has supplemental information that conference attendees need to make decisions (e.g., alcohol counselor, teacher, mental health professional)

Preparing the Adult Participants for a FGC

*Adults in the families need:*

- A clear and concrete statement about the concerns, in respectful language
- Factual information
- No jargon
- Clear statement about any ‘bottom line’ and the minimum that professionals might require
- Clear statement about what is not acceptable in the plan
- Clear and understandable explanation of resources that may be available
- Clear statement about any limitations around resources
- Knowledge of roles and responsibilities of all individuals involved in the FGC process
Preparing Children for a FGC

Why should Children Have a Say:
During a research undertaken at the University of Wales, Swansea, by Thomas & O’Kane (1998), children told researchers that they should have a say in a discussion that directly affects them because:

- It’s our life
- It’s fairer
- It leads to better decisions
- You find out what is going on anyway
- You learn from it
- It can make things better

Adults told researchers that children should have a say because:

- It is their right
- It means that they accept decisions
- It makes everyone better informed
- Children can learn from taking part
- It is “empowering”
- It makes for better relationships between adults and children
- It leads to shared responsibility

When communicating with children, FGCP should consider:

- Age and understanding of children/young people
- Literacy levels
- Disabilities
- Language of choice
When preparing children for FGCs:

1. Explain the purpose and what is going to happen
2. Anticipate the questions and provide answers
3. Allow ample time for the child to ask what he/she wants to know
4. Help them understand that their opinions will be extremely important but that it may not always turn out exactly how they would like
5. Once you feel the child understands the process, you may ask:
   - How do you think it should go?
   - What would you like to tell your family?
   - What will help for everyone feel comfortable?
   - Do you want to come?
   - Do you want someone to come with you?
   - What would you like everyone to know?
   - Give the child enough time to think about and prepare what he/she would like to say.

To ensure optimal participation of children:

- Involve children at every possible stage – including the invitations, venue, and food arrangements
- Establish ground rules with the group – emphasising the needs of the child
- Keep conversation orientated to the language and comprehension level of the child
- Pay special attention to the set-up of the room Include few toys, crayons, markers, paper, colouring sheets, stuffed animals, books to read, etc, depending on the age and development level of the child
- After the meeting, have a brief conversation with the child as to how they are feeling. Ask about his/her thoughts, opinions, and feelings
- Commend the child on his/her contribution to the process
The outcome of a FGC is very much dependent on the preparation process and in the belief, held both by professionals and family members, that families are able to make good decisions about the safety and well being of their children.

There are 3 steps to successfully completing a Family Group Conference:

**Step 1: Information Sharing**

The FGCD facilitates the information sharing phase of the meeting. Typically at this phase, the FGCP would:

- Welcome all participants and facilitate introductions
- Acknowledge any specific needs i.e. use of a translator, or cultural expectations
- Clarify the process of the meeting
- Establish ground rules and expectations
- Provide opportunity for information givers to share their information
- Ensure family members have opportunity to ask any questions
- Ensure family has the ability to prepare the plan in private family time i.e. how they want to present the plan, necessary equipment available for them (pens, paper, recorders).
- Ensure children’s role is established and they are comfortable during the private family time.

The family members attending the FGC have a wealth of information about their family. However, it is the responsibility of the FGCP to create a framework for their discussions by providing the family with the following information:

- Reason a FGC has been convened and what the FGCP hope the family could achieve
- Sharing of any concerns for the child/young person in focus and why these concerns are held
- Outcome of any assessments undertaken
- Opinion based on professional observation and assessment
- Any legal duties or responsibilities
- What further services the family can continue to expect to receive
**Step 2: Private Family Time**

At this phase the FGCP withdraws, leaving the family to plan in private. The family has two tasks:

1. To develop and agree on a plan that meets the needs of the child/young person and addresses any concerns that have been raised.
2. To agree on their role in implementation, monitoring and reviewing the plan.

The FGCP needs to be available during this time should the family need any clarification or additional information. It is important, however, that the family feels the FGCP is confident that they are able to carry out the tasks. This process may take few hours.

The family is encouraged to write the plan within the private family time. If the family is uncomfortable or unable to undertake this task, the FGCP should assist the family in putting the information into a written format.

Once a plan is developed, the FGCP should ask one of the family members to present the plan.
Step 3: Agreeing the Plan

- Once a plan is made, the FGCP returns to the meeting with the family to consider the plan, and agree who has responsibility for carrying out key aspects of it (including representative from other agencies) and discuss the resources needed.
- The plan should clearly state how it will be implemented, including timelines, and who will be responsible. It is essential that there is agreement between the family and the FGCP regarding what will happen if the plan, or any parts of it, is not implemented, or if agreed resources are not provided.
- The FGCP will agree to the plan if it addresses the specific concern related to the child and does not put any child/young person at risk of significant harm.
- If the plan is not agreeable, the FGCP will engage in discussions with key family members in order to decide how best to proceed. The family should be given the option of reconvening the FGC.
- Monitoring arrangements should also be discussed and agreed at this point, and form part of the plan.
- The FGCP will then have the plan typed and will ensure that a copy of the plan is circulated to everyone who attended the meeting, within 7 days. It may also be sent to any other interested parties who were unable to attend, with the agreement of the family.
- The plan is the only record of the FGC.
Stage 4  *Implementation of the Plan*

The responsibility of this stage of the FGC process lies heavily on the members of the family who participated in the FGC and agreed to implement the collectively made plan.

**Role of the Family Members:**
- Understand the overall plan of action
- Understand their own role and responsibilities in the plan, including the timelines
- Act on the agreed on tasks
- Keep communication channels open with all participants of the FGC
- Ask for support, from other family members and from the FGCP, if needed
- Support other members of the family to implement the plan

In implementing the plan, the families have to operate within the same dysfunctions and challenges, within and outside the family, that created the concerning circumstances for the child. Also, there may be personal, capacity and attitudinal limitations in the individuals of the family that may have added to the concern related to child. Therefore families need and expect support from professionals to successfully implement the agreed plan.

**Role of the FGC Practitioner:**
- Provide the promised support - financial, material or technical – in a timely manner
- Regularly monitor the implantation process
- Indentify any deviations in the plan, changes in circumstances or commitment of family members
- Support families to address the unanticipated challenges swiftly
- Provide general motivation and support to family members

**Who Monitors the Family Plan?**
A part of every family plan includes the identification of monitors, who evaluate whether the planned actions are implemented by the persons responsible. Most often the FGC Practitioner and a family member (identified by the family during the FGC) work collaboratively to monitor the implementation of the plan. While two individuals typically have the primary monitoring responsibilities, everyone who participates in the plan development and implementation have an obligation to identify deviations and struggles in the plan that compromise child’s safety and wellbeing.
A review of the family plan provides a formal opportunity for the family to review progress together with the FGCP and to ensure the plans ongoing relevance to the initial concern about the child/young person. Reviews, facilitated by the FGCP will generally occur 3 months after the initial FGC. However, the timescale for when the review occurs is decided case-by-case, in discussion with the family.

What to Consider in a Review
• Have the key actions in the family plan been completed? (If not and are still relevant, what is needed to complete the actions?)
• Are there any outstanding issues for the child’s welfare?
• Are there any new issues that have emerged since the plan was made, that need to be considered?
• Are any new actions required to meet the needs of the child? What are these actions and who will complete them.

The Stages of a Review
The stages of a review are similar to that of a FGC: (1) Information sharing – structured facilitation by the FGCP; (2) Private Family Time; (3) Compiling and agreeing the Family Plan; (4) Planning further informal reviews – FGCP assists families to identify how they can continue to review and update the family plan themselves.

Closure
At the onset of the process, the family needs to be informed of the service provided by the FGCP is on short-term basis only. It is a key outcome of a FGC that families are able to autonomously continue to exercise such planning and decision making for their children after FGC service has closed. A decision to close a case is jointly made between the FGCP and the family.

A case referred or identified for a FGC may close when:
• The referral or the initial concern has been assessed as baseless/invalid
• The family withdraws or do not provide consent for the FGC to proceed
• A decision was made that it would not be in the best interest of the child to proceed (e.g. due to safety issues)
• The FGC has been completed and no review to occur (concern addressed)
• The FGC and review have been completed (concern addressed)

The FGCP must complete the following tasks prior to closing a case:
• Meet with the family and child (if appropriate) and explain the reasons for the closure of the case, and ensure continuation of any tasks initiated
• Ensure all contact notes and forms completed and placed in a file dedicated for the child/children, for future reference
# FGC Referral Form

<table>
<thead>
<tr>
<th>Children’s Names</th>
<th>Date of Birth</th>
<th>Address</th>
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**Reason for FGC Referral (e.g. school concerned about attendance)**

**Other Useful Information**
*(e.g. significant family events which may have led to the present situation)*

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<tr>
<th>Date</th>
<th>FGC Practitioner</th>
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## FGC Family Plan

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<th>FGC No</th>
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<th>Who came</th>
<th>Relationship to child</th>
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<th>Relationship to child</th>
<th>Who didn’t come but gave information</th>
<th>Relationship to child</th>
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The Plan for our Child(ren)
What is to be done? By whom? By when and/or how often?
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<th>Signature</th>
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This plan is endorsed and agreed by

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<tr>
<th>Name</th>
<th>Position</th>
<th>Department/Organisation</th>
<th>Signature</th>
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cc All present
All who sent information
File
Feedback Form for Adult Participants

1. How are you related to the Child? (E.g. Parent, Sister, Brother, Aunt, Uncle, Cousin, Grandparent, Family Friend, Neighbour etc)

2. Who invited you to this meeting?

3. Did you have enough information about the meeting beforehand?

4. Was it at a suitable place? Yes/No 4. Was it at a suitable time? Yes/No

5. Do you think you were given enough information to make a family plan? Yes Don’t know No

6. Was the information you were given easy to understand? Yes Don’t know No

7. What did you think about not having professionals in the private family time? Put (X) where appropriate
   - It was helpful being left to talk on our own
   - It was sometimes difficult being left to talk on our own
   - There were lots of problems being left to talk on our own

8. Did you feel that people listened to your views? Put (X) where appropriate
   - No – not at all
   - A little bit
   - Quite a bit
   - Yes – very well

9. Are you satisfied with the plan? Put (X) where appropriate
   - Yes
   - In between
   - No

10. Is there anyone you think should not have been there? If so, who and why?

11. Is there anyone else you think should have been there? If so, who and why?

12. Compared to other official welfare meetings I have been involved, the FGC is......
   - Better
   - The same
   - Worse
   - I have not been involved in other official welfare meetings

13. How do you feel about the FGC overall?
   - Not very good
   - OK
   - Quite good
   - Very Good

14. Any other comments you wish to make?
Feedback Form for Children

How did you feel about family being asked to make a plan?
- Great
- OK
- Not sure
- Unhappy about it

Was the information given at the meeting easy to understand?
- Yes
- Sometimes
- No

Where you able to have your say in the meeting?
- Yes, lots
- Quite a bit
- A little bit
- No, not at all

Did you help choose who came?
- A lot
- Mostly
- A bit
- No

Did you have enough information about the meeting beforehand?
- Yes
- No
- Partly but would have liked more information about

Did people listen to you?
- Yes, lots
- Quite a bit
- A little bit
- No, not at all

Was there anyone there who helped you speak up?
- Yes Who? 
- No

Is there anyone you think should have been at the meeting?
- Yes Who?
- No

Is there anyone you think should not have been at the meeting?
- Yes Who?
- No

How do you feel about the FSC overall?
- Very good
- Quite good
- Not bad
- Bad

Anything else you would like us to know?
References


Texas Department of Family and Protective Services (2006), *Family Group Decision Making: Final Evaluation*. Texas Department of Family and Protective Services- USA
