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...to prevent cruelty, abuse, neglect, and exploitation of children and animals and to assure that their interests and well-being are fully, effectively, and humanely guaranteed by an aware and caring society.

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About our content reviewers

Paul Adams, PhD, MSW, is a professor of social work at the University of Hawai‘i at Mānoa. He has researched and written on restorative justice in child welfare settings and on neighborhood-based approaches to preventing child maltreatment. He recently edited a special issue of the Journal of Sociology and Social Welfare based on the work of John Braithwaite on Restorative Justice and Responsive Regulation. Dr. Adams earned degrees at University College, Oxford and the University of Sussex in England, and received his doctorate from the University of California, Berkeley. He has taught at the University of Texas at Austin, the University of Iowa, Portland State University, and Case Western Reserve University (where he served as Associate Dean for Academic Affairs in the Mandel School).

Joan Pennell, PhD, MSW, is a professor and Head, Department of Social Work, at North Carolina State University. She is the principal investigator of the North Carolina Family-Centered Meetings Project and previously directed the North Carolina Family Group Conferencing Project. In Canada, she served as a principal investigator for a Newfoundland and Labrador demonstration of family group conferencing in situations of child maltreatment and domestic violence. Earlier, she helped to found the first shelter for abused women and their children in Newfoundland and has co-facilitated support groups for abused women of European and Aboriginal descent. She served on the National Crime Prevention Council (Canada), chaired its Youth Justice Committee, and promoted social development strategies for crime prevention. She co-authored Community Research as Empowerment (Oxford University Press), Family Group Conferencing: Evaluation Guidelines (American Humane Association), and Widening the Circle: The Practice and Evaluation of Family Group Conferencing with Children, Youths, and Their Families (NASW Press).

Gale Burford, PhD, MSW, has experience as a foster and group home parent; a social work practitioner; and a supervisor, manager, and senior administrator in services for troubled children, young people, and their families. After completing his MSW, he worked with young people and their families in Montreal in a variety of positions until taking an appointment teaching social work at Memorial University of Newfoundland in 1981. Dr. Burford is now a professor of social work and Director of the Staff Training and Development project for the Vermont Child Welfare Training Partnership. He has experience consulting, training, and conducting research in the United States, United Kingdom, Canada, and New Zealand. He co-managed and co-investigated the Newfoundland and Labrador FGDM Project in which family conferences were used in situations involving family violence. Dr. Burford and co-author Joe Hudson edited Family Group Conferencing: New Directions in Community Centered Child and Family Practice, published by Aldine de Gruyter.
processes. They clearly articulate a rationale for first using a case planning conference, which is a crisis-oriented conferencing process, followed by the family group conference, which is used for comprehensive planning and driven by the family group.

The final article, written by Wendy Unger and Christina Fatzinger, both practice improvement specialists with the University of Pittsburgh’s Pennsylvania Child Welfare Training Program, shares a historical perspective of FGDM expansion in Pennsylvania, including cross-system implementation, the impact on traditional practice, and some preliminary evaluation findings. Their case example highlights strategies that other states, counties, and tribes can employ to build support for FGDM and expand it to public systems, beyond child welfare.

As guest editor of this volume and on behalf of American Humane, I wish to thank the authors, whose dedication, skill, and expertise resulted in four quality, thought-provoking articles; and the external reviewers, Paul Adams, Gale Burford, and Joan Pennell, for their comprehensive suggestions to enhance the clarity and content of each article. The FGDM community, as well as those interested in learning more about FGDM, will benefit from the authors’ and external reviewers’ tireless dedication to producing this volume of Protecting Children.

About our guest editor
Lisa Merkel-Holguin, MSW, is the Director of Practice and System Improvements in Child Welfare at the American Humane Association and has been the Director of American Humane’s National Center on Family Group Decision Making since 1999. For almost 20 years, through direct services, training, evaluation, and writing, she has worked to improve the outcomes for vulnerable children and their families. She has provided training, technical assistance, and consultation to over 100 national and international audiences. Ms. Merkel-Holguin also is a proficient and prolific writer, authoring more than 30 chapters, books, and articles on children’s issues.
A note from the
National Center on Family Group Decision Making

Because of the multitude of family involvement models being implemented in the United States, the National Center on Family Group Decision Making at the American Humane Association is partnering with the global FGDM community to create clarity about the term "family group decision making." The purpose of this effort is not to create FGDM as an exclusive approach, but to advance a common definition that can guide people's understanding and appropriate classification of FGDM.

In 2006, American Humane, with the support and guidance of its FGDM colleagues, will finalize a document, FGDM in Child Welfare: Purpose, Beliefs, and Principles, to assist communities in guiding their work and assessing issues of model fidelity in the implementation of FGDM processes in a child welfare context. The document will assist communities in measuring their approach against a standard set of principles and practices for models under the term “family group decision making.” We invite all individuals engaged in implementing FGDM to participate in the development of the document. If you are interested, please contact Lisa Merkel-Holguin at lisa@americanhumane.org.

Thank you for your commitment to children, families, and communities.

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Statutory Social Work and Family Group Conferences: Exploring the Connections

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This article explores why the social work profession has been slow to embrace the concept of family-centered decision making in statutory child welfare services. It proposes that an uncertain mandate for the practice is compounded by worker concerns about safety and the difficult context within which statutory social work is practiced. The article discusses what responsibilities agencies and professionals have in addressing barriers to user participation in child welfare services.

Statutory child care and protection social work is carried out in the most intimate and sensitive parts of family life. It is fraught with anxiety, uncertainty, misleading or incomplete information, and secrecy. It challenges adult behavior and adult concepts of child ownership and, because it involves workers in the exercise of coercive social control powers, it either evokes strong reactions and sometimes negative stances towards workers or results in client apathy and helplessness. Generally, the power to make decisions in statutory child welfare agencies is exercised through bureaucratically designed decision-making constructs that have professionals in the dominant role (for example, child protection case conferences, adoption and fostering panels, and team meetings). Family involvement is sought, but is generally confined to the nuclear or immediate family. The family remains on the periphery of what is a professional process (Crow & Marsh, 1997) and their participation is not regarded as essential, especially when they are angry and challenging.

The family group conference

An alternative approach, which began in New Zealand in 1989 and has spread to many parts of the developed world, is known as the family group conference. This decision construct recognizes that agencies and professionals have powers of coercion, but holds that the exercise of such powers can be confined to those situations where a genuine
search for consensus with families proves impossible. With the family group conference decision construct, professionals are positioned differently, but no less importantly. Key to an understanding of this concept is an examination of what “family group” means and what is meant by “conference.”

New Zealand’s Children, Young Persons and Their Families Act 1989 recognized the various cultural constructions of what constitutes “family” by using the generic term “family group,” so that families themselves are entitled to proclaim what family means for them rather than have this essential component of personal identity be defined by agencies and professionals. The significance of the term “family group conference” can be lost in the translation of the concept to other countries and systems of welfare. In New Zealand, the family group conference is a conference of the family group with other entitled members, where elsewhere it seems often conceptualized as a group conference of the family.

For all cultures, however, “family group” is conceived of in broader terms than the nuclear family. A family group is the network of persons and relationships in which nuclear households are nested, from which they derive their identity, and which is generally their first source of support. Further, the concept of a family group is not confined to kin relationships; rather, it extends to those relationships of psychological significance to nuclear households, and those that bring people unrelated by blood or marriage into the meaning of “family group.”

The principles of the Children, Young Persons and Their Families Act require that a child’s family group be the partners with whom social workers engage to achieve appropriate decisions about a child and the first resource in the search for a suitable placement for a child who cannot live with his or her parents. The family group conference was established as the decision-making method. It was designed to be flexible and capable of adapting to cultural mores. It was established in such a way that other legal and professional processes were required to respect its place in the legal scheme and to support the powerful positioning of the family group in child welfare decision making. The Act emphasizes that court proceedings, civil or criminal, are a last resort and encourages community-based solutions whereby family groups take a leading role in formulating decisions about their own children. Courts are not empowered to make decisions on the disposition of a case unless a family group conference has been held and has either not resolved the matter or has decided to involve the court.

Thus, the Act envisages that, before the state exercises its powers of compulsion, there will be dialogue between the two parties with a legitimate interest in a child’s care or protection—the child’s family group and the professional and agency system acting for the state—and that this dialogue will occur in a safe and structured process that addresses the power imbalances that have previously characterized relationships between the two. The objective is a consensus between the two parties that leads to safer and more enduring
child protection plans than if either acted unilaterally.

The process can be summarized as follows:

- A family group is assembled, with the help of a case-independent professional (known in New Zealand as a coordinator), when a social worker, following inquiry, believes decisions are required to ensure a child's safety and ongoing well-being.

- The family group enters into a conference with the referring agency and other entitled professionals and officials, which is facilitated by the coordinator, and in which there is a full disclosure of agency concerns.

- The family group is encouraged to make use of private time to apply their own knowledge and perspectives to the concerns the agency has revealed and propose a plan to address those concerns with the assurance that, if the concerns are addressed, it will be the family group's plan that takes precedence over any other possible plan.

- Referring professionals and other entitled members of the conference are obligated to agree to the plan if concerns are addressed.

- Once a plan is agreed upon, the agency responsible for the referring professional must accept and implement the plan (unless it is clearly impractical or contrary to law, the chances of which being significantly diminished by the involvement of the agency's own professionals in agreeing to the final plan).

Other than in New Zealand, where law mandates the approach, statutory social work seems to be having difficulty coming to terms with the notion of family-led decision making in child welfare. The family group conference has its enthusiasts and its detractors, and one's view of this concept may have much to do with how one feels about post-modernist conceptualization.

In orthodox practice, the social worker is the holder of expert knowledge and specialist skills and occupies the central position in interactions with clients. The worker applies recognized diagnostic and treatment models, which are based on positivist research (Reid, 1996, and Trotter, 1999, as cited in O'Donoghue, 2003). "This [modernist] movement promotes certain methods as the methods that ought to be applied to all clients with certain problems, because of the effectiveness of the method with people who have these certain problems" (O'Donoghue, 2003, p. 36). Where modernism is characterized by truth, objectivity, and expertise, post-modernism holds that there are many different perspectives or truths, that knowledge is shaped by the context in which it exists, and that rather than objective and scientific methods, there is subjectivity and uncertainty. Post-modernism views people as the creators of understanding, as the interpreters of meaning, and as capable of self-agency (Anna, 2000, and Parton & Byrne, 2000, as cited in O'Donoghue, 2003). Post-modern ideas in social work emerged from solution-focused narrative therapy and strengths-based practice, and they promote notions of collaboration, partnership, self-agency, and active user participation in social
work practice. Thus, clients are experts on themselves; their strengths are the starting point for helping services, and the clients themselves have the resources needed to solve their own problems (O’Donoghue, 2003).

Child welfare and child protection practice in New Zealand embraced modernist perspectives from the early years of the 20th century. The search for a known, objective, and scientific method has a long history in New Zealand, with the evidence to support reliable methods emanating mostly from the United Kingdom and North America—a curious circumstance in a country that was, by the middle of the last century, exhibiting increased cultural diversity. The state child welfare agency sought to substitute a professional for an amateur method and became focused on preventive and reformative aims (Somerville, 1982). The reformers favored a child welfare system run by professionals who had training and a scientific knowledge of their subject. A trenchant analysis of this period claimed that this preoccupation with professional methods played its part in increasing the power of the state over the lives of its citizens, and it contributed to the regulation of the young country’s social and institutional life. The quest for a professional system based on objective scientific knowledge did more to threaten the children of the day than any system of punishment—because the system was geared to breaking connections with the children's past and changing the way children thought and behaved. “Social efficiency appeared a more substantial motive for reform in this period than kindness to children” (Somerville, 1982, p. 107).

During the 1980s, New Zealand underwent a major financial crisis and was forced to abandon its commitment to the welfare state. The economic changes that occurred were accompanied by an articulation of civil rights through the feminist movement, as well as what can only be described as a political and cultural revolution amongst the country’s indigenous Maori, which was based on the mandate of the Treaty of Waitangi (signed in 1840 by the then independent tribes of New Zealand and representatives of the British Crown, establishing the country as a British colony). While given less prominence overall, children’s rights also began to be asserted in a new way, perhaps as a result of the focus on children during the 1979 International Year of the Child, and almost certainly because of an increase in child legal advocacy. Arguably, the renaissance that was to have the most impact on child welfare services was that relating to Maori. Maori were acquiring increasing political visibility, the government was moving to redress their land-loss grievances, and state organizations were being confronted with their histories of institutional racism. This was fertile ground on which Maori were able to assert a claim to greater control over the decision-making practices relating to their children in need of care or protection or who were involved with the criminal justice system.

The Children, Young Persons and Their Families Act, heavily influenced not only by the findings and recommendations presented in the “Puao-te-Ata-tu” report (Department of Social Welfare [DSW], 1986) on social welfare from a Maori perspective, but also by indigenous practice models that were
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developing during the 1980s, confronts the notion that there is a best, known, scientific, and objective method of delivering child welfare services. Instead, the Act emphasizes the importance of family and cultural identity in handling matters relating to the care of children, and significantly proclaims the ideal that child welfare is essentially a private rather than a state concern in all but the most extreme cases. Through this law, while maintaining its mandate to protect children and ensure their care and well-being, the state proclaims itself the defender of kinship networks and of the family's responsibility to care for its most vulnerable members, rather than the substitute parent (Cockburn, 1994). The family group conference is the central process of this law.

The family group conference as a partnering mechanism

The family group conference, and the principles and values underpinning that process, arise undoubtedly from post-modernist concepts. The family group conference is the mechanism that enables the formal state and professional systems to interact in an equal and respectful way with informal family and community systems. The model shifts activity from assessment and intervention, based on a professional view of the best interests of the child, to exchange and action as partnering activities (Lupton & Nixon, 1999). It recognizes that informal systems have knowledge and strengths that are usually unavailable to the state and professional systems, and that people need to own the solution to their own issues.

There is a growing body of promising research and evaluation evidence about the family group conference approach to decision making. There is no evidence that children are any worse off under this approach. Partnership practice achieves far higher levels of participation by parents and children than are achieved by standard professionally managed decision-making forums, and there are far greater levels of satisfaction and agreement about plans for children. All this is linked in the studies to better outcomes for children (Marsh & Crow, 1998; Smith & Hennessey, 1998; Thoburn, Lewis, & Shemmings, 1995; Department of Health [DH], 1995; DH, 1991). Families provide the most enduring relationships for children, and the importance of the maintenance and promotion of links is well documented (Bullock, Little, & Millham, 1993; DH, 1991; Millham, Bullock, Hoise, & Hack, 1986; Rowe, Hundleby, & Garnett, 1989). The use of family group conferences is linked to increased use of kinship care as a placement option for children who cannot live with their parents, and kinship care is itself strongly connected to better outcomes for children (Broad, Hayes, & Rushforth, 2001; Doolan, Nixon, & Lawrence, 2004; Flynn, 2000; Laws & Broad, 2000).

Family group conferences in a professional system

It seems strange that, in the face of a growing body of knowledge about the effectiveness of the family group conference approach to decision making and problem resolution in child welfare, it still faces official and professional opposition. The roots of this may lie in the rather uncertain mandate for
family group conferences, the anxieties and
mindsets of the professional community, and
the context within which statutory social work
is carried out.

Issues of mandate

Social workers seemingly
will not mainstream the family
group conference practice
unless there is an explicit
mandate for them to do so. If
family involvement and family
participation objectives remain
only principles to guide
practice, they will not
significantly challenge
dominant professional practice
paradigms. For example,
although the New Zealand law and the U.K.
Children Act 1989 have strikingly similar
objectives and principles, they differ in one
major respect: the former provides a
mechanism to ensure that families are at the
center of decision-making processes that
affect them, and the latter does not (Lupton &
Nixon, 1999). Where there is no prescribed
provision for a partnering mechanism, the
methodology vacuum is filled by structures
designed by bureaucrats.

There have been concerted efforts in the
United Kingdom, The Netherlands,
Scandinavia, the United States, and elsewhere
to promote family group conferences as “good
practice.” However, the professionals and
managers then control the gateway to the
process. If they are skeptical about the value of
the family group conference, if they will not
commit the time and resources required to
involve families and build family groups, if
they believe that child protection decisions
should be taken only by trained professionals,
then a family group conference will not
happen. U.K. child welfare guidance (DH,
2000) supports agencies in
these positions. The guidance
is clear that, while the family
group conference method of
decision making may be used
for matters that do not
constitute grounds for referral
to a child protection
conference, it may not be used
as a substitute for the child
protection conference where
those grounds exist. An
interesting paradox has
emerged about official approaches in the two
countries. In New Zealand, family groups
participate in a family group conference when
the child protection issues are serious and the
risks are high. In the United Kingdom, those
same circumstances render a family ineligible
for a family group conference.

Thus, mandates may be important if
family group conferencing is to thrive and
develop. There would appear to be three types
of mandate—law, procedure, and practice—and
each of these differs in relation to how
eligibility is managed.

Under legislative mandates, the principles
of empowerment and partnership practice are
enshrined in law, and there is procedural law
to ensure that those principles guide practice.
The law conveys rights and obligations,
powers, and entitlements. Any action is
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subject to judicial review. The law prescribes eligibility.

With procedural mandates, the principles of empowerment and partnership are contained in guidance, and there is procedural requirement to act in certain ways. There are review mechanisms, and failure to follow the procedures or apply the principles can be challenged. Agencies prescribe eligibility.

In the absence of either legislative or procedural mandates, a mandate can be sought by an appeal to inclusive, family-centered practice. Here, the principles of empowerment and partnership practice are introduced to the staff, which is encouraged to work within a refocused practice paradigm. Professionals establish eligibility and control the gateway to this different decision-making approach. There is no appeal against a failure to apply the principles in day-to-day practice.

The practice approach faces significant barriers. It takes years to make small inroads, and it relies on enthusiasts maintaining their drive in the face of seemingly insurmountable odds (Hampshire County Council, 2000). Of the three approaches to mandate, it is probably the most susceptible to reverses in support and right to resources when anything goes wrong. After 12 years or more of pursuing a practice mandate in the United Kingdom, Europe, Scandinavia, and the United States, no enthusiast would claim family group conferencing to be other than a marginal process. Procedural mandates, such as those being developed in several U.K. councils, will be stronger. But as the nature of child welfare and child protection work requires both multi-
disciplinary and multi-agency engagement, achieving such a mandate across all the disciplines and agencies will not be easy, and considerable resources will need to be allocated to maintain and monitor any such agreement. Statutory mandates are likely to have the most pervasive and enduring effect, although they are not without their own risks of ideological drift and agency capture (Connolly, 2005).

Concerns about safety

Almost invariably, professional hesitation about embracing family-centered decision making revolves around concerns about child safety that seem to be rooted in pervasive belief systems about the dysfunctionality of families. How can we be sure this process is safe? Can families in which abuse has occurred be relied on to protect children in the future? How can notions of partnership and family strengths be reconciled with patterns of intergenerational violence and abuse?

Blame for abuse tends to be generalized across whole family systems, leading to the professional conclusion that working in partnership with a family is not possible because the family is abusive or dangerous (Lupton & Nixon, 1999). Yet research is clear that working within children’s familial and social networks is pivotal to achieving good outcomes for children (DH, 1995; McKeown, 2000). The quality of relationships is of central importance in the helping process (DH, 1995; McKeown, 2000) and yet traditional statutory child welfare practice, dominated conceptually and physically by professionals, seems to
alienate families, who exhibit low levels of involvement with such practice (Crow & Marsh 1997).

In examining the safety potential of family-centered decision-making practice, consideration must be given to the fact that professional intervention is not without its own risk of causing significant harm to children (Berridge & Cleaver, 1987; DH, 1985; Fisher, Marsh, Phillips, & Sainsbury, 1986; Millham et al., 1986; Packman, Randall, & Jacques, 1986). Professionals take huge risks when they intervene in families without seeking wider family involvement. The risks multiply when they remove children from their families. When professionals discount the importance of familial ties and experiences for children when responding to situations of abuse, neglect, or care insecurity, they generally fail to access the strengths likely to be present in wider family and friend networks. When they procure a child's safety by sacrificing the child's familial and community connections, they act in ways that confound nature. Family remains of central importance to even the most abused children, possibly explaining why children return to their family as soon as possible after agencies close their cases (Bullock, Little, & Millham, 1993). Policy makers and professionals need to examine safety against the backdrop of the failures of the current professional decision model. It is a sobering reflection on the statutory social work paradigm that a key motivation for family members who undertake kinship care is their awareness of the poor outcomes achieved for children in the public care system, and that some kin caregivers feel the need for advocates to help them defend children from their social workers (Doolan et al., 2004).

Fears about loss of power and control may be at the root of institutional and professional concerns about child safety. The achievements of traditional child welfare and child protection practice are not particularly inspiring, but advocates of any new practice paradigm will find that orthodox approaches are defended fiercely. One could argue that a family-inclusive approach to decision making in child welfare only need be as good as the orthodox model for it to be the method of choice. In one U.K. study, however, social workers assessed the plans emerging from family group conferences as being better than would have been achieved in the orthodox approach in two-thirds of the cases, and as good in the other third. Significantly, no plan was rated worse. The same study found that re-abuse rates for children who were involved in a family group conference were 6% compared to 16-25% for others (Crow & Marsh, 1997). Another study reported that 78% of professionals considered family group conference plans successful after 18 months to 2 years (Lupton & Stevens, 1997)—a result that orthodox practice might envy.
Most abuse that children endure occurs within their caregiving family. It is also known that abuse perpetrators, particularly sexual predators, can be covert and work to maintain a shred of secrecy around their behavior. Family-centered decision making can address issues such as these effectively. Informal knowledge within the wider family system, when combined with professional knowledge and understanding, seems more able to get to the core of household pathology, and the lifting of the veil of secrecy is, in itself, a strong protective factor. There are indications that, when family members become aware of safety issues for children, they themselves move strongly to protect children from further abusive experiences (Berrick, Barth, & Needell, as cited in O'Brien, 2000; Ryburn, as cited in Worrall, 2001).

There are occasions of immediate threat to the life or safety of a child when social workers need to use their statutory powers quickly and decidedly, even in systems that place high value on family preservation approaches. However, where partnership practice is the norm, the collaborative approach that follows eases the tension between the role of the social worker and the role of the wider family. As consensus is sought about the future care of the child. Seeing family groups as multi-faceted with lines of strength and support rather than problems and deficits is not minimizing the risk, but placing it in context (Lupton & Nixon, 1999).

The practice context

Professional debate about child protection dominates child welfare practice (Doolan et al., 2004; Lupton & Nixon, 1999; Thorpe, 1994). There is a discourse around child protection that is quite seductive, appealing as it does to child rescue ideology and satisfying agency concerns that they are addressing their accountabilities for keeping children safe. The work of child protection, with its emphasis on forensic investigation, risk management, and professional assessment, has become both defensive and reactive and is driven by a procedural prescription that causes social workers to lose sight of the needs of children in their preoccupation with assessing risk (DH, 1995).

The dominance of child protection ideology has shaped practice contexts in ways that diminish the potential for social workers to work flexibly and collaboratively with families (Doolan et al., 2004). The prevailing orthodox approaches to child protection in Western countries rely heavily on the decisions of trained professionals working in inter-agency committees. These models are selective, legalistic, bureaucratic, and adversarial, with the available resources focused on high-risk cases (Connolly, 2004).

In contrast, the practice paradigm underpinning family group conferences views professionals as essential information providers who ensure that families have the best possible, most comprehensive information on which to base their decisions. Such practice is more closely allied to child welfare systems that have a family support orientation that places value on flexibility, collaboration, and solution seeking, with resources available for support and early intervention (Connolly, 2004).
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Research has shown how difficult it is for social workers to operate effectively within two different and competing systems: the professional system with its organizational, procedural, and political dimensions, and each family system with priorities, processes, and aspirations unique to it (Bell, 1999, cited in Doolan et al., 2004). Attempts to blend family group conferences into agency practice without a concomitant examination of the organizational and professional adjustments that will be required to support such practice will almost certainly result in family group conferences remaining marginalized within a dominant, somewhat antithetical system.

The real problem with child protection "speak" is that it encourages the notion that two perfectly legitimate societal objectives—protecting children and supporting families—are somehow mutually exclusive (Whittaker & Maluccio, 2002). This becomes a practice reality when there is almost a total lack of guidance about addressing issues of need, and child protection guidelines with their risk focus become the proxy guidelines for child and family welfare.

Despite legislative imperatives in New Zealand and the United Kingdom that kinship care be the first resort when children cannot live with their parents, its usage, once child protection agencies become involved, is relatively low. In New Zealand, fewer than 50% of children in the care of the state are placed within their kin networks (Department of Child, Youth and Family Services, 2000). In the United Kingdom, 80% of placements are with strangers (DH, 2000). This may, in fact, be one of the major manifestations of the impact of the child protection discourse on statutory social work practice. Professionals' worries about safety, their lack of faith in the capacity of families to protect children, and the lack of institutional support for family care may be the root of what is a quite spectacular failure of legislative and policy intent. If kinship care is relegated, then a question is raised about how well family participation in decision making is being achieved, as research indicates that there is a strong link between the two (Doolan et al., 2004). Unless policy makers and professionals have a fundamental belief that people are worth listening to and must be involved in a central way in the decisions that affect their lives, families will be discounted as effective agents of change, no matter how good their ideas are or what they have to offer.

State child welfare agencies are swamped with work. The pressure on them and on social workers is relentless and unforgiving. Cutting corners for daily survival can become the norm, particularly where there is no effective workload management system in place. When workloads are burgeoning and resources constrained, family empowerment ideology can be captured by social policy initiatives aimed at reducing dependency—in particular, the economic dependency—of people supported by the state (Cheyne, O’Brien, & Belgrave, 1997). If the state's support of family responsibility becomes a means of reducing cost to the state, then the resources to bring extended family groups together and to underpin their plans will be restricted and will have to run a justification test, which
undermines the family’s role. There are no studies showing that families having family group conferences make unreasonable resource demands. Rather, the weight of evaluation data suggests the opposite. Yet families are denied resources because they are family. Studies of kinship care show a persistent official attitude that families should not be paid to look after a relative, even if by doing so they relieve the state of the much greater monetary commitment that would be required if the child were taken into public care (Doolan et al., 2004).

The phenomenon of child death by abuse has come into full public awareness during recent times, and social workers bear the brunt of criticism from a perplexed and naive public. Such events create a crisis for statutory social work, as living with uncertainty and balancing risks constitute the daily activity of the task. As a result of child death inquiries, there has been, inevitably, an intensification of agency prescription of social work activity with social workers increasingly directed towards controlling and conservative practices, preventing opportunities for creative and collaborative responses to particular family situations. That, and other managerial prescription of the statutory social work process (Doolan et al., 2004; O’Brien, 2001), weakens the very core of social work endeavor. The evidence of this may lie in the continued use of stranger care, the growing numbers of children coming into public care, and the difficulty of achieving family reunification in a conservative legal system. All of those factors point to the growth of risk-averse practice and the development of defensive paradigms, which can undermine professional commitment to work collaboratively. State agencies today may be falling as environments conducive to best professional performance; rather, they are environments that feature high levels of anxiety and the fear of making a mistake. Sustaining a radical approach to decision making in such environments will present a major challenge.

Conclusion

Social work and family group conferencing share common ethical and conceptual foundations. But tensions can develop between them because of the context in which social work is practiced in statutory services, and because of the mindsets that develop in statutory agency professionals.

The family group conference method of child welfare and child protection decision making does not diminish professional power or responsibility. Rather, it enables that power to be used more sparingly because of the high value placed on consensus and collaborative effort with family groups. Professional activity is important to the success of the process. Family groups need competent professionals who know how to gather, interpret, and collate information from a variety of professional and non-professional sources, as well as how to present that information to conferences in a clear, sensitive, jargon-free manner. Families need professionals who are knowledgeable about child welfare, who know about services and how to access them, who can help them access resources as they implement their plans, and who are capable of working alongside families in the families’ cultural
Families and professionals working together can avoid the dichotomy of either child protection or family preservation and instead focus on strengthening the capacity of family systems to protect.

The managerial prescription of social work needs to be examined. Social workers will not be able to work in creative and enabling ways with families unless they themselves are enabled by the systems and structures within which they operate. Establishing an effective mandate for changing decision-making practice will be a first step in this process, but will be insufficient without accompanying systems and structural reform. Enabling systems will reflect notions of the family as a system, the importance of preserving kinship ties, cultural appropriateness, and the need to coordinate and channel community and state resources to support families (Connolly & McKenzie, 1999). Agencies will respond to the research about the importance of the relationship between the responsible professional and families needing help and eschew structures that compartmentalize or segment the social work process, forcing families into transitory contacts with professionals who are more focused on task than on a purposeful use of self to motivate change. Such reforms will resonate strongly with the values of social work, and organizations that embrace them will create more consonant practice environments. A commitment to ethical participatory practice within a framework of quality professional supervision is the alternative to the agency prescriptive approaches that currently dominate.
Finally, the social work profession itself must take responsibility to ensure that these values are also explicit in practice. How can children enter public care, be placed with strangers, even be adopted with dispensation of parental consent, without involving their extended families as their right? Social workers have an ethical obligation to challenge power and structures that work against the interests of their clients. They need to consider how they use their positions of privilege to ensure there is user participation in the design and operation of systems that affect them.

The challenge for child welfare in this new century is the search for policies, services, and social work practices that resolve both the chronic ambivalence between child protection and family preservation and the dichotomy that exists between orthodox professional and family-inclusive practice paradigms. These ambivalences need to be addressed at the political organizational, and practice levels of the child welfare system if confidence in the system is to be built and maintained over the next generation, and if ideological oscillations between contrasting approaches are to be minimized.

References


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The Business of Engaging Fathers (and Other Male Relatives) in the FGC Process

Jeanette Schmid, MEd, BSW

Ms. Schmid has been a conference coordinator in the Toronto Family Group Conferencing Project since its inception in 1998. She has practiced across a variety of fields, including developmental delay, trauma, pre-school education, crime prevention and rehabilitation, and child welfare. Her 25 years of experience includes work in South Africa, Switzerland, and Canada. Ms. Schmid has diplomas in remedial education and public policy development and administration, and she is enrolled in a doctoral program in social work.

Family group conferencing (FGC) invites maternal and paternal family groups to partner with service providers to make decisions about their children (Gunderson cited in Mirsky, 2003; Merkel-Holguin, 2003). Involving fathers and other male relatives in family group conferences, however, can be challenging. The attitude of service providers toward fathers involved in the child welfare system is a significant factor affecting the conference coordinator’s engagement of fathers and other male relatives. This article explores how fathers are traditionally viewed by service providers, identifies some of the factors that inhibit the inclusion of fathers and male relatives in the FGC process, and suggests possible methods of increasing attendance by men at family group conferences.

The place of fathers in child welfare practice

The invisibility of fathers

Child welfare literature examining the Anglo-American experience suggests that fathers tend to be overlooked or ignored by child welfare practitioners (D’Cruz, 2001; Lazar, Sagi, & Fraser, 1991; O’Donnell, 2001). Fathers often are not “seen” by workers engaging with families (Featherstone, 2003; Franck, 2001; Lazar et al., 1991). Thus, fathers are rendered “invisible” by a variety of biases, assumptions, and practices, including the following:

- While some agencies consciously attempt to include fathers, most fathers are marginalized. The avoidance is both emotional and physical, and it occurs consistently throughout the child welfare process (Daniel & Taylor, 1998; O’Hagan, 1997).

- Because mothers typically are the focus of child welfare interventions and are held responsible for their children’s welfare, fathers’ invisibility increases (Franck, 2001; Merkel-Holguin, 2003; Swift, 1995; Sonenstein, Malm, & Billing, 2002).

- Mothers may offer their own interpretation of the father’s role in the child’s life and effectively act as “gatekeepers”—their views frequently are taken as fact and not investigated further (Sonenstein et al., 2002).
While a significant number of fathers whose children are engaged with child welfare services do not live with their children (Featherstone, 2003), children are understood to be “fatherless” regardless of the fathers’ physical location or emotional involvement with their children (Daniel & Taylor, 1999; Hamer, 1997).

Fathers are assumed absent (O’Hagan, 1997). Workers approach families with the intention of engaging mothers and they direct their discussions at the mothers, regardless of who is present.

In reconstituted families, the male partner frequently is overlooked and not perceived to be participating in parenting activities (O’Hagan, 1997).

Fathers are often viewed by workers as being transient, and the male figures in the home as being interchangeable (Marshall, English, & Stewart, 2001).

In cases where fathers are nominally included as discharge resources, they do not receive an equal share of the workers’ attention (O’Donnell, 2001).

A father has to prove paternity to become visible (Sonenstein et al., 2002) and must demonstrate his connection to the child, whereas the mother’s connection is taken for granted (Franck, 2001).

In cases where fathers are involved, there is more contact with single-father families than with multiple-father families. Fathers in the latter situation are rarely engaged in permanency planning for their children (O’Donnell, 2001).

Fathers as a liability

Workers’ perception of fathers as a liability or as irrelevant also inhibits fathers’ involvement. According to Franck (2001), workers interpret engaging birthmothers as more profitable than engaging fathers. That perspective is shaped by the traditional mainstream view that fathers are not as important as mothers to child development (O’Donnell, 2001). When men are absent, they are viewed as irresponsible and neglectful (Featherstone, 2003; O’Hagan, 1997). But when men are present, they are seen as insufficiently involved, getting in the way, abusing the limited household resources, and ultimately not making a meaningful contribution (Daniel & Taylor, 1999; Scourfield, 2003). Men who are part of families involved with child welfare are often described as being uncooperative and recalcitrant, unable to cope, childlike, difficult to work with, unable to take responsibility, lacking either practical or emotional commitment to family life, and as “naturally” more reluctant to be involved with professionals (Featherstone, 2003; Lazar et al., 1991; O’Hagan, 1997; Scourfield, 2001, 2003).

Workers’ views of men as a liability to the family persist despite evidence which suggests that men are much more involved than
workers perceive them to be and that father involvement benefits children (National Child Welfare Resource Centre, n.d.; Perloff & Buckner, 1996; Sonenstein et al., 2002).

Fathers as a threat

The viewpoint that fathers are threats to women, children, and workers is another factor that affects how workers relate to fathers (Featherstone, 2003; Scourfield, 2001, 2003). The prevailing stereotype of a father involved with the child welfare system is that he is, at the very least, detrimental, if not abusive, toward his children (Marshall et al., 2001). Descriptions of fathers in child welfare literature frequently classify them as sexual or violent perpetrators (Greif & Bailey, 1990). While men are responsible for about 50% of physical abuse and for the majority of sexual abuse (Daniel & Taylor, 1999), the stereotype of the abusive father is inaccurate. For example, only a small percentage of sexual abuse is, in fact, committed by fathers and stepfathers (Featherstone, 2003). Sexually abusive men are frequently perceived as “beyond clienthood” and are thus denied service in the child protection context (Scourfield, 2003).

Fathers from minority groups representing the underclass are viewed as dangerous (Scourfield, 2001). Both social workers and foster parents share that view, with the latter frequently being reluctant to involve men whom they perceive as abusers (O’Hagan, 1997). Since, typically, fathers served by child welfare systems are poor and members of minority groups, that perception and reluctance are of particular concern (Leashore, 1997; Rasheed, 1998).

Workers further stereotype men by baselessly anticipating violence. For example, practitioners frequently fear that men will be violent even if they do not have a violent history (Featherstone, 2003), and they assume that men unknown to them are a threat (O’Hagan, 1997). In situations of domestic violence, it is common for workers to actively and automatically avoid men. Workers, expecting physically abusive male partners to leave the home (enabling them to direct services to the mother and children), can struggle to engage the men in a productive relationship. When services are unavailable for abusive men, the risks for children and partners remain (Daniel & Taylor, 1999).

The systematic reinforcing of stereotypes

The child welfare systems and structures reinforce the perception of fathers as useless, absent, or dangerous (Lazar et al., 1991).

First, the marginalization of fathers occurs as workers focus substantially less on fathers, regardless of the workers’ caseloads or experience (Franck, 2001). Workers’ availability only during normal work hours also is a significant barrier to engaging employed fathers (Daniel & Taylor, 1991; Featherstone, 2003; Lazar et al., 1991). While workers find themselves unable to accommodate working fathers, workers nevertheless engage with mothers regardless of whether they are stay-at-home mothers or employed outside the home (Franck, 2001; O’Donnell, 2001). Thus, workers’ lack of engagement with fathers is not a function of it being easier to work with women (Franck, 2001).
Additionally, many services (such as access and parenting programs) are geared to female caregivers and are unavailable to men (Featherstone, 2003). O’Hagan (1997) documented that sometimes fathers are not invited to participate in certain activities, such as medical visits and case conferences. The range of supports (for example, housing and financial assistance) that are offered to custodial parents are not offered to non-custodial parents (Merkel-Holguin, 2003; Sonenstein et al., 2002). Ignoring fathers disregards their knowledge, which is often important for understanding their children’s issues and needs (O’Connell, 2001).

The legal system also fails to focus on fathers. Frequently, court documents do not mention men, and men are often omitted from court orders (O’Hagan, 1997). Neither is meaningful effort made to track down fathers (Franck, 2001). Men have a more difficult time securing access (Rasheed, 1998), and having a female in the home is often needed before custody is considered (Greif & Bailey, 1990). Practices such as “primary caretaker preference” in custody placement decisions in the United States favor mothers and discriminate against fathers (Sonenstein et al., 2002). Fathers are held financially accountable, but little is done to help them with that responsibility (Leashore, 1981, 1997, cited in O’Donnell, 2001).

As a consequence of the above-mentioned attitudes and practices, fathers are generally left out of child welfare interventions, which means they must overcome a series of barriers if they want to be involved with their children (Franck, 2001; National Child Welfare Resource Centre for Family Centered Practice, 2001; O’Donnell, 2001). Rasheed (1998) and Leashore (1997) maintain that fathers in minority groups face added barriers, making it even more difficult to involve and engage them. These fathers often are unsupported and thus more vulnerable, setting up a vicious cycle in which they begin to conform to the previously described stereotypes.

If fathers are excluded, children are denied the opportunity to have safe, constructive relationships with them.

Why Involve fathers?
Experts in fatherhood issues contend that many fathers and male relatives want and have a relationship with their children and that their involvement has positive outcomes for the children and mothers. Fathers care about and contribute to their children’s well-being—in terms of economic help, social support, and child development—even if they are not living with their children. If fathers are excluded, children are denied the opportunity to have safe, constructive relationships with them. According to Merkel-Holguin (2003), when fathers are overlooked, so typically are paternal relatives, which denies children a connection to those relatives and limits the range of informal supports and resources that could be available to the children.
Male involvement in decision making, however, should not be at the expense of female involvement. Typically, child welfare practices discriminate against women (in that they are held solely responsible for the welfare of their children) and men (by ignoring them and invalidating their actual and potential contributions). Intentionally engaging fathers, male partners, and paternal relatives in the child welfare intervention likely leads to decreased risk for vulnerable children and potentially offers a greater circle of support.

FGC and the Involvement of fathers

The preparation phase

An underpinning philosophy of FGC is that all family members related to the children have the right to participate in making decisions about the children’s safety and well-being. In comparison to traditional child welfare processes, FGC has demonstrated increased success in involving fathers and paternal relatives (Gunderson & Holland as cited by Mirsky, 2003). Based on the limited data, however, maternal relatives are disproportionately represented at family group conferences in comparison to paternal relatives (Gunderson as cited by Mirsky, 2003).

Given the tendency to not involve men in child welfare interventions, conference coordinators will likely have to make a conscious effort to move beyond focusing on female members of the family group and actively reach out to men in the family circle. While some male relatives may be resistant to the process, the coordinators’ engagement skills, strategies, and adherence to conferencing philosophies will help the men increase their visibility.

When both parents reside together, it may be easier to invite the father. Men involved with child welfare systems quickly recognize if they have been viewed negatively and reduced to a label such as “the abuser” or “layabout.” When coordinators approach fathers with respect and without judgment, there is a greater likelihood that they will gain access to the paternal side of the family, thereby increasing the visibility of fathers and paternal relatives in the process. Other male relatives, such as grandfathers and uncles, seem to be more approachable, perhaps because they have a different investment in the process and because they likely have not been labeled in the same way as the father. Even when the father has been abusive or has appeared to be uninvolved in the home, the coordinator needs to remember that he has a right to participate and can add value to the process.

To provide visibility for men, coordinators need to ask questions at the beginning of the conference preparation process that identify men in the family group. In my experience as a coordinator, the child welfare worker often would not know the father or would not have had contact with him. That occurs particularly when there are multiple fathers within one family context, which complicates the situation. Depending on the particular legal context, coordinators may consider searching databases or placing advertisements to find fathers when there has been no contact between father and child.

Some of the challenges regarding the involvement of fathers and paternal relatives that a coordinator may encounter in the conference preparation process include:
• The mother objecting to the involvement of the father and refusing to offer contact information.

• The mother misinterpreting that inviting the father to participate in a family group conference equates to his becoming the caregiver. To dispel this notion, the coordinator can explore the mother's concerns about the father's participation in the conference.

• The need to address safety issues for the family group conference. To address the mother's concerns about the father's reconnection with the family, the coordinator can incorporate appropriate mechanisms into the family group conference agenda and facilitation. A safety plan is necessary if there has been domestic violence (Pennell & Burford, 2000)¹.

  In the Toronto project, our experience as coordinators suggests that children generally would like their fathers to be invited. Even when children did not have regular contact with their fathers, they desired to know them and have a relationship with them.

• Discussing with children the individuals whom they would like invited to the conference. While this conversation may result in the father and his relatives being identified and invited, the coordinator must be careful not to set up the children for disappointment if those invitees do not attend. When the mother knows that her children will be contacted during the preparation process, it may shift her perspective on the father's and paternal family group's possible attendance at the family group conference.

• Reviewing how cultural norms impact male involvement in FGC processes. In my experience, there are cultural groups in which the women choose to be in the foreground. They believe that they carry the responsibility for their children while the "baby fathers" play a less significant role. In those cases, the man is literally kept out of the discussion by being restricted to another room when the coordinator is in the home. With exploration, it may become apparent that the father, boyfriend, brothers, uncles, and cousins often have regular contact with the children. In those circumstances, the coordinator might ask the mother to consider the value to herself and her children of inviting the men to the conference. When cultural influences result in men having a greater voice in the family, however, efforts must be made to amplify the voices of the women.

• Meeting with male relatives to discuss their participation in the conference, and not assuming that the women speak for them. Mothers may not always inform their partners about the conference. But, whenever possible, the coordinator should attempt to make direct contact with the male relatives. That way, the information presented to all participants is consistent, and the likelihood of the men's participation increases.
Coordinator Tip: During the preparation stage, draw a family tree to get a full picture of the family composition before extending invitations. Remember to inquire about half- and step-siblings.

- The father directing the coordinator away from himself to the mother. Fathers often believe that the “system” has disadvantaged them and that the mothers’ word will be taken over theirs. Fathers sometimes do not see the benefit of their involvement and may be scared off by the “touchy-feely” parts of the conference, such as (in the Toronto model) introducing themselves and sharing a hope for the day. During coordination, I clarify that each person determines how he or she wants to participate in the conference, including personal comfort level and desire to speak with the service providers present.

- Engaging child protection workers about the involvement of fathers. Because of the various biases against male involvement, sometimes child protection workers recommend to the coordinator that fathers be excluded. If the worker articulates safety concerns, the coordinator should strive to find a way to have a safe meeting with the father so that he is represented in the family group conference. It may, for example, be appropriate for a coordinator to be partnered with another coordinator when meeting the father. It is also possible to meet him in a public place, such as a coffee shop, library, or office, where personal safety is less of an issue.

Experienced coordinators develop an understanding that family members, particularly men, may be verbally aggressive and explosive when recounting their experience with child welfare. In most cases, such men have no intention of hurting anyone; they simply want to express their frustrations. When coordinators are comfortable with that “noise,” they can hear the individuals out and reach a calmer stage of discussion.

When it becomes evident that a father has had minimal or no contact with his child and that his future involvement is improbable, the coordinator explores with the mother and others in the family network whether it would be beneficial to contact the paternal family members. In our experience, maternal relatives often have some contact with the paternal family members and are open to their involvement in the conference.

Coordinators recognize that fathers and other male relatives can potentially play a very important role in their children’s lives, even if they are living out of the home or have undesirable aspects to their character. For example, a father that murdered his partner still had a strong relationship with his son. The son wanted to continue his relationship with his father, within the parameters of it being a safe relationship. In another situation, a brother in prison wrote a very moving letter to his family, encouraging his relatives to offer support to his sibling in a way that had not been offered to him, and expressing his intention to mend his ways and become a mentor for his younger brother. Family
members later spoke about the letter as creating a touchstone for the conference. This young man would never have been “seen” in a traditional child welfare process.

I have noticed that women sometimes do not mention their boyfriends because they do not have the formal status of father or husband. In some cases, the “spouse in the house” rules may lead to mothers denying a relationship with the man, or insisting that he lives outside of the home. This might also occur where men are illegal immigrants—an issue they do not want addressed at the conference. Nonetheless, those partners often play a significant role in supporting the women and caring for the children. While one of the principles of FGC is to widen the circle, it is imperative for the coordinator to frankly discuss the implications of those men participating and possibly exposing their “secret.” This will allow the parties to decide whether or not they want to risk participating.

**The conference**

Father and paternal relative inclusion transcends from the preparation phase to the actual family group conference. As a guide of the FGC process, the coordinator needs to model respectful and open communication, setting the tone for other service providers. Coordinators need to ensure that the service providers’ conference presentations do not reinforce stereotypical practices and that they speak to the involvement and the protective capacities the men offer to the family.

Families may inadvertently buy into the notion that men are disqualified from involvement in the care-giving plan. At one conference, the family plan was to place the child in the care of a paternal aunt. The coordinator was aware that the father lived with his aunt and inquired how the family had decided that the aunt would be the formal caregiver. It became clear that the family group believed that the aunt would have a greater chance of being accepted by child welfare as the guardian and thus had put her name forward, even though they expected that the father would play an active role in his child’s life.

As a result of this discussion, they amended their recommendation, asking that both the father and his aunt be considered the formal caregivers.

**Actively involving men in the FGC process increases the circle of support and the potential benefits to the children.**

**Who we are as conference coordinators**

Although there has not been a formal study of the gender composition of coordinators, it appears that the corps of international child welfare FGC coordinators is dominated by women. That composition reflects the similar male-female split in child welfare workers in general. The prevalence of women in the field impacts how men are engaged, though the precise nature of that influence is debated (Scourfield, 2003). FGC coordinators need to be conscious of how this gendered environment may determine their attitudes and practices regarding male members of the family group. Just as coordinator teams should represent diversity in terms of culture, age, and educational
background, teams should also strive for gender balance. (This article does not explore the issues around sexual orientation, which adds further complexity to work with fathers and men in the family circle, and thus also deserves the attention of coordinators.)

Conclusion

The FGC model prescribes an inclusive process—one that invites and engages all who are connected to the child and broader family system. As noted, children frequently want to know their fathers, and many fathers have or want relationships with their children and can make a positive contribution to their children’s lives. In view of that, fathers and paternal relatives—like mothers and maternal relatives—need to be part of the decision-making process. Including fathers and male relatives in the FGC process creates the potential for children to have constructive relationships with fathers, male relatives, and paternal extended family systems. With their inclusion, additional resources and connections are introduced, which increases the support for the caregivers and the children. The men are affirmed for the role they have already played, and they are encouraged to continue doing so. Coordinators thus must be careful that they do not follow the dominant child welfare thinking, which relegates fathers to the sidelines. Rather, they need to actively involve men in the FGC process. Ultimately, their inclusion benefits all in the circle.

The author thanks the current team of coordinators at the Toronto Family Group Conferencing Project, who contributed their ideas and observations to this article.

References


**Note**

1. When there has been domestic violence, the coordinator needs to engage a broad range of strategies to ensure that both the preparation phase and conference are safe, and that a safety plan for after the conference has been addressed. Those issues are outside the scope of this paper. Resources regarding coordination in the context of domestic violence can be accessed from the American Humane Association.
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One Family’s Journey: A Case Study Utilizing Complementary Conferencing Processes

Betty Christenson, MS, LISW, and Scott Maloney, BS

Ms. Christenson and Mr. Maloney are members of the Family Group Decision Making (FGDM) team that is a unique collaborative between Olmsted County Child and Family Services and Family Service Rochester in southeastern Minnesota. The Olmsted County FGDM team consists of six staff members who are cross-trained in a wide variety of family involvement processes, such as family group conferencing, case planning conferences, mediation, circles, wraparound, and victim/offender conferencing.

According to results of an international survey on family group conferencing (FGC) and related practices, there are more than 50 different names for conferencing processes (Nixon, Burford, Quinn, & Edelbaum, 2005). Some communities, while struggling with tight budgets and time restraints, are shifting to processes that significantly minimize the majority of preparation activities and private family time—two cornerstone elements of the FGC model. Often times, these new processes have begun to compete with, rather than complement, family group conferences (Merkel-Holguin & Wilmot, 2005).

Using a case example, this article demonstrates how Olmsted County Social Services uses complementary conferencing processes—the case planning conference (CPC), which is a crisis-oriented conferencing process, and the family group conference, used for comprehensive planning and driven by the family group.

The CPC process originated from an appreciation of the benefits of joining with families to work through case-related information within a shortened time period and to develop next steps in advancing the family’s progress toward safety and case closure. The CPC, which supports quick action by the agency and can be done with little or no preparation, infuses family and community involvement at critical points in the family’s journey through the child protection system. It enhances safety planning at critical agency decision-making points, such as when a child is at risk of maltreatment and/or placement outside of the family home. In addition to immediate safety planning, CPCs result in engaging kin and relatives in plans for safeguarding children, identifying family as care options and kinship resources, defining community and agency resources to address potential risks or harm to the children, and building a constructive working relationship or partnership with the family.

In comparison to a family group conference, the CPC: (a) typically engages a smaller network of family members because the decisions often occur during crisis points
in the case; (b) does not employ coordinators who engage in thorough identification and preparation of the family group and service providers; (c) is largely attended by relevant service providers and family members who are empowered to make the immediate decisions; (d) while still facilitated by family group conference staff, the CPC facilitator calls for an agenda of items for discussion and summarizes salient points on a white board or note paper, which are typed into a laptop computer by the co-facilitator, resulting in a summary document of the results of the meeting which include the immediate next steps of action for the family and service providers; (e) consists of introductions, agenda building, information sharing, notes, and the development of action steps; (f) takes less time, averaging 60-90 minutes in duration; (g) does not provide the family group with private time; (h) focuses on immediate next steps for one or two pressing issues; and (i) is typically initiated by the social worker and is more service provider driven than the family group conference.

The CPC frequently results in a referral for a family group conference, where the members of the broader family group are engaged as leaders in decision making. Research shows that in comparison to traditionally developed case plans, family group conference plans are more comprehensive and more likely to be implemented because of the knowledge and investment of the family group and service providers working in partnership (Merkel-Holguín, Nixon, & Burford, 2003).

Through a case example, we will illustrate that when families participate in both a CPC and a family group conference, they receive the most comprehensive planning available. In this case, the CPC offered an immediate safety plan and the family group conference resulted in a more detailed ongoing plan that leveraged commitment and knowledge of the family group. The CPC did not compromise nor compete with the family group conference, it complemented it.

**Family scenario**
(Note: This family has given the authors permission to present their names and situation in detail.)

*Olmsted County Social Services in Rochester, Minnesota, began a preliminary assessment when it was reported to child protective services that a mother, Tabatha, tested positive for methamphetamines following the birth of her child, Dakota. The child also tested positive for methamphetamines. Tabatha admitted to methamphetamine use, while the father, Matt, stated he had maintained sobriety for 6 months. Matt also stated he had been attending Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) three times a week to support his sobriety. Tabatha and Matt were residing with Tabatha’s parents at the time.*
## Building Safety and Strengthening Families Practice Framework

### Danger/Harm

Hospital reported new mom tested positive for meth, infant also positive for meth. Mom reports a history of drug use, last use day prior to birth.

### Risk Statement

Child may be accidentally hurt or fail to thrive without attention to her needs when her caretaker is under the influence of drugs.

### Complicating Factors

- History of drug use by both parents back to adolescence
- Absence of information (from AHSW) in regard to the detail around described “concerns” re: maternal grandparents
- Operating assumption by family is that the baby will go home
- Decision around immediate care of baby needs to be made today

### GENOGRAM/ECOMAP

- Mom has admitted to the meth use, offered to move out if necessary
- Both mom and dad are distraught
- Conflict appears present between dad and maternal grandmother
- Dad got visibly angry and left the hospital room today
- Dad has a formal diagnosis of bipolar and reports taking medication

### Safety

### Strengths/Protective Factors

- Dad reports sobriety of 6 months and describes utilizing his support system (AA, NA) 3 times per week basis for the assumed 6-month period
- Maternal grandparents have said they would provide financial and physical care up to 24 hours/day if needed
- Maternal grandparents and parents have offered daily UA’s, they would be willing to come to the office

### NEXT STEPS

**Immediate Progress**

1. Assessors to visit the home
2. Baby care items and schedules of feeding/responding discussed with parents and include public health input
3. Create a crisis case plan to be put in place for the next two days including needs for time-out, questions re: baby care and distress to be discussed with parents
4. Convene a case plan meeting as soon as possible with extended family and supports

### Purpose/Focus of Meeting

1. Next steps for assessors

Partnering: Action with family in their position: willingness, confidence, capacity (Lohrbach, 2000)

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To better explain the case presented, we have included the Building Safety and Strengthening Families Practice Framework, which is utilized throughout Olmsted County Child Protection (Lohrbach & Sawyer, 2004). This framework is also used in CPCs as a means of sharing information. Pertinent family information is illustrated in Figure 1 in a framework that was completed with the family portrayed in this case scenario. It highlights such elements as danger/harm, family strengths, protective factors, complicating factors and risks to the child.
Prior to using CPCs, in a situation like this, Olmsted County would have taken custody of Dakota and placed her in emergency foster care. In the weeks following the placement, the assessment process would have continued and an ongoing child protection case manager would have been assigned. Because of the baby's age, concurrent permanency laws would have mandated that Dakota be in foster care for only up to 6 months. Matt and Tabatha would have worked with the agency to develop both a plan for reunification and a plan for alternative permanency. Because CPCs can involve the family group earlier in the case planning process, we see families' hopefulness, engagement, and efforts increase as they believe in the possibilities of children being returned to their care. These front-end processes can also alleviate family member frustrations that may cause reunification efforts to fail.

In this case, an emergency CPC was convened at the hospital within 24 hours of Tabatha giving birth and prior to her being released from the hospital. Matt, Tabatha, Matt's mother and stepfather, Tabatha's parents, two child protection assessors, a child protection supervisor, the yet-to-be-assigned child protection ongoing case manager, and a social worker from the hospital were present at the CPC. Two coordinators from the Family Group Decision Making (FGDM) team were present; with one serving as lead facilitator and the other using a laptop to capture in document form what the facilitator was writing on easel paper. All parties left the CPC with a document that clearly defined the plan as developed. It was decided at this CPC that Dakota could go home with Matt and Tabatha after the initial safety plan was developed.

Key points of the plan developed in the CPC, which made it possible for Dakota to go home with her parents:

- Other adults will be present when Tabatha is taking care of Dakota
- Dakota's father, Matt, will provide 24-hour/day supervision
- Maternal grandmother will provide 24-hour/day backup supervision
- Matt, Tabatha, and maternal grandparents agree to submit to random drug tests
- Matt and Tabatha agree to, and will expect, daily random drop-in visits from social services staff
- Family members will have access to a list of appropriate contact people and phone numbers for safety purposes
- Tabatha will get a sponsor and begin AA and/or NA meetings
- Matt will continue attending his AA/NA meetings
- If Matt or Tabatha use chemicals, grandparents will:
  - Make sure Dakota is away from them and is safe
  - Contact ongoing social worker
  - In an emergency, contact the police
- A referral will be made for a family group conference

The plan stipulated that Tabatha's parents and Matt would provide around-the-clock
supervision, keeping Dakota within sight and sound. Matt and both of Tabatha's parents suggested they submit random urine samples for analysis. The next-day results from Matt's urinalysis tested positive for THC or marijuana. At that point, Tabatha's parents refused to submit to urine testing. Because of this change in follow-through, the agency decided the risk to Dakota outweighed the previously recognized protective factors, and Dakota was placed in foster care. Per the plan developed at the CPC, the agency knew that Matt's parents were also willing to care for Dakota. However, they were not included in the original plan as caregivers for Dakota because they lived in another community. After Dakota's 3-day stay in foster care, and an inspection of Matt's parents' home, Dakota was placed in their care. Matt and Tabatha remained in Rochester for a few days before moving to the community where Matt's parents live.

At that point, the ongoing child protection case manager made a referral to the FGDM team. The Olmsted County FGC referral form includes the following four questions to stimulate best practice thinking as it pertains to the case:

- **Reason:** (Why is child protective services involved?) Tabatha gave birth to a baby who had methamphetamines in her system. Tabatha tested positive for methamphetamines and the baby's father, Matt, tested positive for THC.

- **Purpose:** (What is the decision that needs to be made or the plan that needs to be developed?) A plan of care, protection, and support for Dakota needs to be developed.

- **Risk:** (What is the agency worried might happen and when is it worried that it may happen?) Dakota may be accidentally hurt or fall to thrive without attention to her needs while her caretaker(s) is under the influence of drugs.

- **Bottom Lines:** (What does the agency need to see happen in order to move towards case closure?) Dakota is to live with a caretaker who is not using chemicals and who can meet her basic, age-specific needs.

Upon receiving the FGC referral, the FGDM team assigned the coordination responsibilities to one of the facilitators who convened the CPC. This was beneficial because the coordinator had already developed rapport with the family. After a few weeks of preparation, a family group conference was held in the other community. Dakota, Matt, Tabatha, Matt's mother and stepfather, Matt's father, Matt's sister, Matt's paternal grandmother, Tabatha's maternal grandmother, two sets of great aunts and uncles, Matt's cousin, and the ongoing child protection case manager participated. Additional service providers were not present at the meeting because family members had assumed supportive roles that would have typically been fulfilled by service providers.

Key points of the plan developed in the family group conference that made it possible for Dakota to remain with her grandparents while increasing parenting time to demonstrate that Matt and Tabatha's home was safe enough for Dakota to live with them:

- Matt will find a job
- Matt and Tabatha will save money for an apartment
• Matt and Tabatha will continue attending weekly AA/NA meetings
• Family members have reviewed, and will be watchful for, behaviors that would indicate if Matt or Tabatha relapse
• The detailed family safety plan will be used in the event Matt or Tabatha relapse
• Family will continue caring for Dakota in their home
  • Matt and Tabatha will develop a checklist of steps for caring for Dakota
  • Parenting time will increase to 2 hours daily
  • The increase in parenting time will take place initially during daytime hours, and work toward increasing time during evening hours
  • Per family agreement, they will initiate overnight and weekend stays by Dakota with Matt and Tabatha, who will check-in with family during the stays
• The family will have ongoing contact with a social worker, per the established plan
• A follow-up family group conference will be scheduled within 1 month

In accordance with the plan, a follow-up family group conference was held approximately 1 month later, and the same individuals participated. Matt and Tabatha completed the majority of the plan and exceeded plan expectations in other areas during the 30 days following the initial family group conference.

Key accomplishments noted at the follow-up family group conference, which allowed Dakota to return to her parents on a full-time basis:

• Matt is employed and enjoys his job
• All stipulations for increasing time with Dakota have been followed and monitored by family
• Matt and Tabatha have paid deposits and would be moving into an apartment
• According to plan, Dakota will live with Matt and Tabatha in their apartment
• Matt and Tabatha are attending AA/NA on a weekly basis
• Between family, work, and AA/NA, both have strong networks of support
• Family is prepared to follow the safety plan should either parent relapse
• Matt and Tabatha have ongoing contact with a social worker

Matt and Tabatha achieved these accomplishments beyond the plan that was developed at the family group conference:

• Matt continues to keep his job with an employer that conducts random drug screenings of all employees
• Tabatha took a job with work hours that are compatible with Matt’s, providing both of them time with Dakota
• Tabatha obtained her driver’s license
• The family has adequate transportation
• Matt and Tabatha completed the family economic assistance program in their area and are now financially self-sufficient
Conclusion

If the agency had not conducted a CPC at the front end of this case, the extended family likely would not have been engaged until the family group conference. Dakota probably would have remained in foster care until reunification efforts took place or until alternative permanency plans were implemented. The CPC offered the extended family an opportunity to enter into a respectful partnership with service providers in which they decided to become primary caregivers for the child. It set the stage for a fuller, more robust family-driven family group conference in which families were positioned as leaders in decision making.

It is with greater humility than pride that we share this family’s journey. The honor was ours, as coordinators of these processes, to experience the wisdom and willingness to trust that was displayed by the family. We witnessed the optimism of the social worker and the innate beauty of the processes themselves, which combined and complemented each other for the benefit of Dakota and her family. We had a rare opportunity indeed, as we enjoyed the consistent confidence placed in us by our agency leaders who guide and encourage us as we navigate through our own journeys, playing our small parts in the process of system change.

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Awakening the Collective Power: The Implementation of FGDM in Pennsylvania

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Pennsylvania's first exposure to Family Group Decision Making (FGDM) occurred in 1999, when one county child welfare agency embarked on a mission to strengthen its work with families and children by truly partnering with them in the decision-making process. Many communities throughout the state have since implemented FGDM processes as child welfare initiatives, cross-system partnerships, and grassroots opportunities to strengthen services to children and families. This article provides a historical perspective of FGDM expansion in Pennsylvania, including cross-system implementation, impact on traditional practice, and preliminary evaluation findings.

History

After that first FGDM program in 1999, a second county child welfare agency implemented FGDM in 2001 to improve the way it serves children and families. Amazed with the benefits the practice offers to families, such as increased family participation in planning and increased opportunities for children to remain with their families, the county consequently became a leading advocate for funding from state government. In 2002, state funding was offered as seed money to support, replicate, and expand FGDM in other communities. Thirteen counties applied for and received those funds to begin offering FGDM processes to families.

With the expansion of FGDM, a few of the initial counties recognized the need to develop a statewide system of support to encourage counties to embrace this approach and maintain practice integrity. Their strong commitment led to the creation of the Statewide FGDM Implementation Team in 2003. Congruent with the FGDM implementation and its inclusion of all stakeholders, the team's meetings included family, community, private provider, and various state and county system representatives.

A Leadership Team was formed in 2004 to further support and guide FGDM expansion throughout Pennsylvania. Recognizing the importance of training and evaluation in supporting practice growth and sustainability, the team formed Evaluation and Training Subcommittees. Also in 2004, reflecting the
Increasing use of FGDM throughout the state, Pennsylvania proudly hosted the American Humane Association’s International FGDM Conference in Harrisburg. Today, the cross-system Leadership Team continues to meet monthly to guide best practice implementation of FGDM and to coordinate statewide training and networking meetings.

The state of the practice

Forty of Pennsylvania’s 67 counties are actively exploring meaningful ways to engage families in planning and service delivery. Twenty are currently conducting FGDM conferences, 10 are in the early stages of implementation, and 10 others recognize the importance of engaging families, but have not chosen a specific model for implementation. The 30 counties have implemented FGDM with diverse populations based on their specific demographics and the specific needs of their communities. Some of the recent expansion occurred through use of additional federal funds made available by the Pennsylvania Department of Public Welfare through Systems of Care mini-grants. The grants promoted family engagement as a practice model that supports Systems of Care initiatives. Although those programs are supported with state and federal funds, there are no government mandates requiring that child welfare agencies utilize FGDM. Progress remains steadfastly driven by the needs and commitment of individual counties, families, and communities.

FGDM in Pennsylvania is primarily based on aspects of the Family Unity Model developed in Oregon and the Family Group Conferencing process established in New Zealand. The FGDM process is a strengths-based empowerment model designed to join the wider family group, including relatives, friends, community members, and others, to collectively make decisions to resolve an identified concern. The core values and beliefs include: (a) all families have strengths and can change; (b) strengths are what ultimately resolve concerns; (c) empowering people is preferable to controlling them; and (d) family systems are better positioned to plan for their safety, permanency, and well-being than formal service systems (Grabert & Nice, 2003).

Best practice implementation of FGDM in Pennsylvania includes extensive preparation. On average, coordinators spend 25 to 40 hours per FGDM conference, meeting and talking with family members, community members, and service providers to explain FGDM and each person’s role in the process. This preparation time also provides an opportunity to address safety concerns, identify support people and additional resources, and ensure participants’ commitment to the conference purpose.

In some counties, conferences are facilitated by the coordinator, who may be a county employee or may be a contracted provider. Other counties utilize separate individuals to facilitate conferences. FGDM conferences include an opening and sharing of strengths, concerns, and resources; private family time; and family presentation of the plan, plan acceptance by the referring agency, and plan implementation. Once a plan has been accepted, families are given the
opportunity to schedule a follow-up meeting to review their plan. Follow-up meetings are generally held 3 to 6 months after the initial conference. If formal systems are involved, the referral source remains involved with the family until services are no longer necessary.

Cross-systems Implementation

FGDM started as a child welfare initiative in Pennsylvania, but it was quickly transformed into a cross-systems practice. Public and private agencies, families, and communities joined together in the collective mission of strengthening families and communities.

Other service systems were encouraged by the increased levels of family participation and family and staff satisfaction, as well as the opportunities for children to remain with their families, that the child welfare system was experiencing. As a result, these service systems, including juvenile probation, mental health, corrections, aging, faith-based communities, and providers, became interested in implementing FGDM to transform the way they engage families in the decision-making process. In addition, they recognized the importance of working with each other to identify the ways in which FGDM assists them in meeting their regulatory and legal mandates while strengthening their services to families and communities. Participating parties embraced the need for cross-systems FGDM policies, procedures, paperwork, and outcome measures to facilitate the partnership between agencies and with families. Some organizations assessed and adapted their current policies and practice using FGDM values as a baseline for family engagement. As counties develop these tools, they are shared through the Leadership Team, the Statewide FGDM Implementation Team, and its subcommittees.

Some communities across Pennsylvania exemplify the implementation of FGDM as a community practice in that they accept referrals from anyone and the identified concerns do not have to be about a child. For example, a rural county has begun using the practice with its adult prison population as they return to the community, and it is expanding the practice to the aging population. Such non-child-welfare FGDM meetings generally contain the same phases and principles as other conferences, but the meeting purpose and approach may vary depending on the mandates of the referring agency and the specific needs of the family. For example, conferences for successful community reentry for prisoners may include coordination with the court system, probation office, and halfway house staff, as well as extended family members. Participation of cross-systems partners is critical to successful FGDM expansion.

Although county implementation of FGDM differs across Pennsylvania, some common elements critical to successful implementation have emerged. They include:
(a) building the practice on positive relationships; (b) maximizing existing systems and community strengths; (c) identifying local leaders; (d) conducting extensive research; and (e) involving key stakeholders, such as families, early in the implementation process. The Pennsylvania counties' positive experiences confirm the adaptability and applicability of FGDM across multiple systems.

Shift in practice

Many Pennsylvania counties discovered that one of the most interesting aspects of FGDM is its positive impact on child and family serving systems. These positive effects include infusing FGDM values throughout child welfare systems, recognizing family resources, recognizing the importance of systems collaboration, and adapting supervisory practices.

Sometimes missed are the subtle benefits to all families served by the agency and to the agency's general practices. Once an agency embarks on the strengths-based mission, it affects all aspects of service delivery. Staff members begin thinking of what families can do, rather than what they cannot do. They critically analyze their agency documents and recognize that, without having intended to do so, they have adopted a condescending attitude rampant with systemic language and acronyms.

Staff begin to recognize the importance of including paternal and maternal kin, friends, and community members in planning for children through their initial FGDM training. They expand their concepts of available resources and reach out to family and community resources that were not formerly included as resources to children, youth, and families. This emphasis on the importance of the family group also guides agency staff to find kinship resources as an option preferable to "stranger foster care." Whether or not a family participates in a conference, they benefit from interacting with a worker who focuses on their strengths, talks with them about their concerns, and joins with them in planning.

FGDM training teaches staff how to engage and include families, agencies, schools, and other community representatives. It encourages them to think creatively about breaking down system barriers and building the bridges of collaboration.

The core values of FGDM permeate the agency's culture, impacting staff relationships with families and their relationships with each other. Supervisors take the time to identify their employees' strengths and use the language of concern when providing supervision. Anecdotal accounts from counties and preliminary statewide FGDM evaluation data indicate higher levels of staff satisfaction with
their work and with their supervisors. Research indicates that supervisory support, professional commitment to children and families, and organizational commitment to employees positively influence retention of child welfare staff (Institute for the Advancement of Social Work Research, 2005).

The shift results in systems infusing family-centered philosophies and practices into their internal operations and work with families. Staff, supervisors, and administrators may not initially anticipate or recognize the shift, but it eventually becomes the way of conducting business with families. These systemic changes also support sustainability efforts. When funding changes and programs are eliminated, the core values of FGDM remain, and child and family serving systems are better positioned to engage families in a respectful manner. While the core values of FGDM support shifts in practice, a greater level of staff and family engagement occurs through consistently holding FGDM conferences.

Evaluation

Like people in many other states and communities, Pennsylvanians continue to strive to do more with less. Initiatives and practices must demonstrate positive outcomes to ensure sustainability. To this end, during the summer of 2004, Pennsylvania embarked on the development of a statewide evaluation process for FGDM. This cross-systems effort of the Statewide FGDM Evaluation Subcommittee and Leadership Team is supported by the University of Pittsburgh's Pennsylvania Child Welfare Training Program.

A variety of evaluation methods that measure practice improvements and outcome data have been introduced. Key components include field interviews with counties to determine their FGDM practice; satisfaction surveys for family participants and non-family participants; community partner surveys; and a time-based case review component focusing on Child and Family Service Review outcomes, Balanced and Restorative Justice Principles, cost savings, and practice changes.

Preliminary data from calendar year 2005 include field interviews with 10 counties to determine current practice, satisfaction surveys from more than 1,500 family and non-family respondents in 11 counties, and over 200 community partner surveys from six counties. While outcome data continue to be collected, available data mirror existing research, which indicates that family members are satisfied with FGDM (Merkel-Holguin, Nixon, & Burford, 2003). Of the 1,500 satisfaction surveys, 97% of family and 100% of non-family respondents agree or highly agree that they would recommend FGDM to others. Both family respondents (96%) and non-family respondents (95%) also agree or highly agree that plans developed at FGDM conferences protect the children's safety. Ninety-two percent of family and 87% of non-family respondents agree or highly agree that the plans developed at FGDM conferences also address issues of community safety.

These positive preliminary satisfaction findings, as well as anecdotal evidence from across Pennsylvania, indicate that families and service providers are more satisfied with
FGDM and believe that FGDM is keeping children and communities safe. The next step for Pennsylvania’s evaluation process is to quantify existing outcome data. With additional counties continually embracing and implementing FGDM, the statewide evaluation process will be a critical component in assessing practice integrity, participant satisfaction, and cross-systems outcomes.

The future

With nearly half of Pennsylvania’s 67 counties actively implementing FGDM, it signals a significant shift in how families in the state are engaged in decision making to resolve concerns. Many counties report the infusion of strengths-based, family-centered practice across their communities and the joining together of providers, government, families, and communities through the implementation of FGDM. Counties also report the mobilization of the innate power within families and the collaborative power of systemic partnerships.

As new counties implement FGDM, communities and agencies are learning how to safely expand the approach to include more families who experience domestic violence and sexual abuse. Other counties are using the practice to provide assistance for youth transitioning into adulthood, for emergency conferencing to develop a safety plan following concerns of child abuse, and for youth truancy issues. As a cross-systems initiative, FGDM is also expanding to assist families served by other community organizations. These applications include county prison and adult probation systems for families dealing with incarceration and community reintegration, families dealing with custody disputes, and elder care services and safety planning.

Looking ahead, the future of FGDM in Pennsylvania is positive. The core beliefs and values shared by those implementing FGDM across the state are grounded in traditional social work values, including self-determination, treating people with respect, building on strengths, and engaging families. Those beliefs and values are entrenched in the philosophy of formal service systems and continue to be implemented in daily practice, regardless of funding. As a result, FGDM will be supported, sustained, and expanded through cross-systems training and evaluation, and through the relationships that develop as it continues to expand.

For more information about FGDM in Pennsylvania, visit the University of Pittsburgh’s Pennsylvania Child Welfare Training Program website at www.pacwcbt.pitt.edu/OE.htm.

References


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Paul Adams, PhD, MSW, is a professor of social work at the University of Hawaii at Manoa. He has researched and written on restorative justice in child welfare settings and on neighborhood-based approaches to preventing child maltreatment. He recently edited a special issue of the Journal of Sociology and Social Welfare based on the work of John Braithwaite on Restorative Justice and Responsive Regulation. Dr. Adams earned degrees at University College, Oxford and the University of Sussex in England, and received his doctorate from the University of California, Berkeley. He has taught at the University of Texas at Austin, the University of Iowa, Portland State University, and Case Western Reserve University (where he served as Associate Dean for Academic Affairs in the Mandel School).

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Gale Burford, PhD, MSW, has experience as a foster and group home parent; a social work practitioner; and a supervisor, manager, and senior administrator in services for troubled children, young people, and their families. After completing his MSW, he worked with young people and their families in Montreal in a variety of positions until taking an appointment teaching social work at Memorial University of Newfoundland in 1981. Dr. Burford is now a professor of social work and Director of the Staff Training and Development project for the Vermont Child Welfare Training Partnership. He has experience consulting, training, and conducting research in the United States, United Kingdom, Canada, and New Zealand. He co-managed and co-investigated the Newfoundland and Labrador FGDM Project in which family conferences were used in situations involving family violence. Dr. Burford and co-author Joe Hudson edited Family Group Conferencing: New Directions in Community-Centered Child and Family Practice, published by Aldine de Gruyter.
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