The mission of American Humane, as a network of individuals and organizations, is 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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Exploring Practice, Philosophical and Political Complexities with the Implementation of Family Group Decision Making
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For more than a decade, American Humane has been publishing literature on family group decision making (FGDM) as an approach that provides inclusive and culturally respectful processes when critical safety and permanency decisions are being made about children. Required with all FGDM approaches is sufficient planning and preparation time to assemble the largest support network available of family members, friends and other informal supports, community members, and representatives from the service provider network to ensure the most thorough decisions.

As the implementation of FGDM continues to increase throughout the world community, it is critical to expand the literature to support thoughtful and reflective growth. This volume of Protecting Children, Exploring Practice, Philosophical and Political Complexities with the Implementation of Family Group Decision Making, encompasses a number of articles that will likely challenge practitioners, policymakers, administrators, and others to think about FGDM differently and more broadly. While the articles represent only the individual views of the authors, each requires an openness of communities to reflect on whether their implementation of FGDM is consistent with the ethos of this approach.

In her article, Professor Dorothy Roberts “explores a community-based approach to child welfare theory, policy, and practice, and its relationship to racial disproportionality, and concludes with examining the important role that FGDM can continue to play in a community-based approach.” This article is based on the 2005 keynote address that Dr. Roberts delivered to the FGDM Conference delegates in Long Beach, California. This is followed by an article by Michael Doolan, who also kindly revised his 2006 keynote to the FGDM Conference delegates in San Antonio, Texas, for this publication. In his article, Doolan suggests that families have a right to participate in decision making about matters that concern them and it is at the point where individual and family liberties and freedom of choice are in jeopardy that the state must make its greatest effort to ensure real participation and involvement. He challenges the reader in his article with the notion that children's and families' rights are important, but what may be more important is the duty of the state and its agents toward children and families.

In the article, Seen but Not Heard? Children and Young People’s Participation in Family Group Decision Making: Concepts and Practice Issues, Paul Nixon writes the first comprehensive article published in the United States that links the rationale and barriers and the levels and types of participation of children with the practice of family group decision making. He challenges readers to question whether FGDM will successfully involve children or simply marginalize them like many other approaches. Staff of American Humane’s National Center on FGDM contribute a closely related article.
entitled Using Family Group Conferencing to Achieve Permanency for Youth. This article encourages communities to explore family group conferencing as a strategy to create permanency, defined as lifelong connections, for the increasing number of young people in foster care and those emancipating from the child welfare system without permanent connections.

Lastly, in a very thought-provoking article, Jeanette Schmid, Chris Harris, Inshirah Hassabu and Lisa Barnwell – all FGC coordinators in the Family Group Conferencing Project of Toronto at the time the article was written – delve into using family group conferencing in the context of death and dying. This article considers loss and bereavement, identifies the possible benefits of family group conferencing in this context, and explores some of the issues to which FGC coordinators attend.

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 five quality, thought-provoking articles. In addition, I sincerely appreciate the external reviewers, Marie Connolly and Kate Morris, for their comprehensive suggestions to improve 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.


**Toward a Community-Based Approach to Racial Disproportionality**

Dorothy Roberts, JD

Dorothy Roberts is a Kirkland & Ellis Professor at Northwestern University School of Law, faculty fellow at the Institute for Policy Research and author of “Shattered Bonds: The Color of Child Welfare” (2002).

A recent report prepared by sociologist Robert Hill (2004) documents extremely high levels of foster care placement of African-American and Native American children in several states. For example, in Washington State, 10% of all Native American children are in foster care. Figures like this are disturbing for any community that experiences the impact of state intervention in such a large share of its families.

The community impact of state child protection, however, is virtually invisible in the legal, sociological, and social work literature on the child welfare system as well as in research on the importance of communities in child development and family functioning (Roberts, 2005). Efforts to study and eliminate racial disproportionality in the child welfare system have also failed to address this community dimension. This essay explores a community-based approach to child welfare theory, policy, and practice, and its relationship to racial disproportionality, and concludes with examining the important role that Family Group Decision Making (FGDM) can continue to play in a community-based approach.

Community-based child welfare research and practice

It is now commonly recognized that communities affect children's development, well-being, and life chances. The traditional African adage, “It takes a village to raise a child,” popularized by Hillary Clinton's best-selling book, has become well-known in child welfare discourse (Clinton, 1996). A growing branch of social science research studies community-level social dynamics on children and families, and neighborhood effects, including the impact of neighborhood characteristics such as poverty, joblessness, and residential stability (Sampson 2002; Sampson, Morenoff & Gannon-Rowley, 2002). Noting that child-related problems tend to “come bundled together at the neighborhood level” (Sampson, 2001), a significant segment of these studies examines how neighborhood social composition and processes influence the well-being of children and adolescents. The latest research seeks to discover and understand the mechanisms by which living in a disadvantaged neighborhood creates health and behavior problems for children.

Inspired in part by the social science research linking communities and children's welfare, social work theorists and practitioners have increasingly adopted community-based approaches to child welfare decision making and service delivery (Weil, 1996). They have also emphasized a research agenda that identifies interventions that are most effective at improving neighborhoods'
support for families, increasing neighborhood efficacy, and helping families deal with the neighborhoods’ negative influences. The community approach to social work is still far from mainstream child welfare practice, but community-based initiatives are appearing in pilot projects scattered across the country and in theories about the future direction of social work in the United States.

Some of these initiatives integrate communities into traditional case work that investigates child maltreatment and provides services to individual clients. These programs typically draw on the strengths of families and communities, try to respect cultural norms, and engage in partnerships with neighborhood organizations that support families. They may acknowledge a responsibility to be accountable to communities, for example, by consulting with neighborhood leaders and stakeholders in setting policy and designing services for families. As one advocate of this approach describes it, “community social work is all about engaging with people to work through their troubles in a collaborative fashion. Community social work draws on and contributes to the resources of the community in dealing with problems” (Wharf, 2002).

Other community-based programs operate as an alternative or supplement to child welfare agencies by building the capacity of communities to provide healthier environments for children to grow up in (Weil, 1996). Not only is social work with families made more effective by taking communities into account, but also the communities themselves are made the organizing principle of child welfare efforts. Recognizing that reforming child welfare and other service systems is inadequate to reverse the devastating consequences of neighborhood disadvantage, community-building initiatives seek to transform the social fabric of poor communities themselves by improving schools, increasing safety, creating jobs, mobilizing civic engagement, and otherwise expanding the resources available to families.

The community impact of disproportionality

Social scientists have examined the mechanisms that link community characteristics to family functioning and child development while social work theorists and practitioners have begun to adopt community-based approaches to their work in poor neighborhoods. They have not considered, however, the sociopolitical impact of the concentration of child welfare supervision in these neighborhoods.

Although researchers and state child welfare departments are investigating the extent of and reasons for racial disproportionality in child protective services (Courtney et al., 1998), they have not studied its community impact. There is evidence that many poor minority neighborhoods have extremely high rates of child welfare agency involvement, especially placement of children in foster care. For example, in 1997, one out of 10 children in Central Harlem had been
placed in foster care (Katz, 2000). In Chicago, most child protection cases are clustered in a few zip code areas, which are almost exclusively African-American (Roberts, 2002).

Thus, racial differences in rates of foster care placement affect not only children’s chances of becoming wards of the state but also their chances of growing up in neighborhoods where state supervision of children is prevalent. The spatial concentration of child welfare agency involvement in African-American neighborhoods is what makes the child welfare system a different institution for White and Black children in America.

The book *Shattered Bonds: The Color of Child Welfare* argues that intense levels of punitive state supervision of children and their families have negative consequences for family and community networks that are supposed to prepare children for civic life and self-governance (Roberts, 2002). Investigation of parents by caseworkers often results in years of agency regulation of families and placement of children in foster care. When child welfare agency involvement is heavily concentrated in a neighborhood, its effects are felt by the community as a whole. This kind of intense, coercive state supervision is antithetical to the relationship between the state and families contemplated by our constitutional democratic order – the same relationship we expect for White communities in America. Although child welfare agencies provide needed services to poor, minority communities, we must find less detrimental alternatives to our current reliance on coercive family supervision and foster care placement.

The individualized focus of child welfare research and practice

In the early twentieth century, progressives like Jane Addams conceived of their child welfare crusade as a social reform movement that addressed a wide range of children’s problems. Rescuing children from maltreatment by removing them from their homes was part of a broader campaign to remedy the social ills, including poverty, that harmed children. To be sure, the early reformers judged poor immigrant families by elitist standards and excluded Black children altogether. But they advocated a view of child maltreatment as an urgent social problem that should be addressed through various forms of social welfare and society-wide reforms (Gordon, 1994).

Efforts to develop a system rooted in a social vision of child welfare were defeated in the 1970s by the definition of child maltreatment as an individualized problem found in dysfunctional families. Instead of pursuing social remedies, child welfare agencies typically treat parents’ perceived deficits and depravities with coercive and therapeutic “cures” such as mandated psychological counseling and parental training classes. They intervene only after struggling families are already in crisis, providing special institutionalized services, especially placing children in foster care (Waldfogel, 1998). Although advocates are experimenting with community-based initiatives, the federal government made it clear in the 1997 Adoption and Safe Families Act (ASFA) that state child welfare services’ top priority must be child protection and not family preservation. Far from promoting social reforms, ASFA relies on a private remedy – adoption – as the preferred means for reducing the alarming size of the foster care population.

Like policy makers, judges and researchers also have a very individualized focus. Judges hold individual parents accountable for harms to children and ask whether it is better to place a child in foster care or leave him or her at home. Social scientists ask the same kinds of questions, except
they aggregate their findings to provide answers for a population of children. The current norm for child welfare practice insists on outcome-based evaluation of services or “evidence-based practice.” Researchers have developed methodologies and performance indicators designed to help caseworkers and administrators assess the impact of their services (Ward, 2002). Despite the recent interest in community-based practice, these research methods share a focus on individual children and families as the unit of analysis. But researchers cannot fully understand the child welfare system’s community-level effects by aggregating the effects of foster care placement on individuals.

The contribution of family group decision making

The community-level effects of child welfare agency involvement in neighborhoods of color suggest that solutions to racial disproportionality must be community-based. Family group decision making can play a critical role in community-based efforts to transform child welfare practice.

First, FGDM recognizes the need to intensively involve communities in the design and implementation of conferencing and service provision. Although FGDM adheres to certain basic principles, there is no precisely prescribed way of conducting it. Instead, one of the basic principles is that FGDM must adapt to the cultural context of each community. In addition, by involving families in child welfare decision making, FGDM allows caseworkers to learn about the strengths and resources that communities have to offer families. It is families themselves who best know their communities and can best strategize about how to develop and tap community assets to solve family problems.

Much of the new community-based practice involves incorporating information about communities into traditional work with individual clients. Theorists now treat communities as a critical aspect of services to individual families, but they do not acknowledge how communities are affected by agencies’ intervention in families. A common response to racial disparities in the child welfare system has been the implementation of “culturally competent” social work practice. The purpose of this approach is to make child welfare services more sensitive to the distinctive needs and customs of minority communities. Learning to be culturally competent helps caseworkers deliver services more effectively to a diverse clientele and uncover unrecognized biases in their view of minority families.

But this strategy does not necessarily acknowledge the most significant implications of the system’s racial disparities. Without recognizing and addressing the system’s institutional relationship to minority communities, teaching caseworkers to be culturally sensitive could help them regulate minority families more effectively. Social work scholars have noted that cultural sensitivity “increases client receptiveness to intervention” (Sherraden & Segal, 1996). Whether this is a good thing depends on the nature of the intervention. This remedy might also convince caseworkers, administrators, and judges that they are acting fairly while the system they are administering continues to have negative consequences for the communities in which it is concentrated.

The potential for negative consequences is why cultural competence must be accompanied by a change in child welfare decision making. Family group decision making
contributes an important insight about the role of cultural competence; changing child welfare practice to involve families in decision making, in their own cultural contexts, makes the practice culturally competent.

More fundamentally, the philosophy of FGDM can promote a deeper understanding of the connections between families and communities. As child welfare professionals, we are in the midst of an intense ideological battle that is connected to broader political debates in this country. We are witnessing a frightening move toward punitive state interventions into the most disadvantaged communities coupled with the dismantling of social programs that have historically provided a meager safety net for struggling families. Those communities are growing poorer as jobs, Medicaid, and income assistance disappear and more and more of their residents are sent to prison. As part of that trend, some child welfare policies try to fix foster care by speeding up termination of parental rights and moving more children into adoptive homes.

To a large extent, contemporary American social policy has written off the most disadvantaged families and the communities they belong to. Family group decision making is part of the resistance to these policies of shrinking supports and intensified punishment. FGDM gives voice to those families and communities: it respects what they have to say rather than imposing authoritarian requirements on them; it capitalizes on their strengths rather than scrutinizing their deficits; it aims to support them rather than tear them apart. Countering the way coercive state supervision of families contradicts a democratic relationship between communities and government, the practice of FGDM promotes the democratic ideals of voice, freedom, equality, and respect (Merkel-Holguin, 2004). It is no wonder that FGDM was originally demanded by the Maori as a means of addressing their overrepresentation in New Zealand’s child welfare system.

A community approach to child welfare theory, policy, and practice makes clear the devastating impact caused by a child welfare system that relies on coercion and punishment imposed disproportionately on communities of color. It also reveals how FGDM, along with other reforms focused on supporting families and strengthening neighborhoods, can help transform the child welfare system into one that really promotes the welfare of children.

The potential for negative consequences is why cultural competence must be accompanied by a change in child welfare decision making.
References


**Duty Calls: The Response of Law, Policy and Practice to Participation Rights in Child Welfare Systems**

Mike Doolan, ONZM; MSW (Dist.); BA, Dip. Soc. Sci.; MANZASW

Mike Doolan is senior fellow at the School of Social Work and Human Services of the University of Canterbury, Christchurch, New Zealand, and has an extensive practice background in child protection, child welfare, and work with young people who offend. He has assisted with family group conference development in England and Wales, Scotland, Northern Ireland, the Republic of Ireland, The Netherlands, Denmark, Sweden, and Israel. He has published in the fields of family group conferences, kinship care, violence in society, child homicide, and youth justice.

Families have a right to participate in decision making about matters that concern them and it is at the point where individual and family liberties and freedom of choice are in jeopardy that the state must make its greatest effort to ensure real participation and involvement (Doolan, 2004). It is hard to imagine anything more intrusive into the life of a family than a child protection investigation. However, even if it is agreed that a right exists, that in itself provides no assurance that the right will be allowed. A person may have a right to be free of violent attack. However, his or her right will only be realized if everyone else, acting independently, resists any impulse to attack. Each person has a moral and legal duty not to hit others, so it is that duty and not the other person’s right that determines whether he or she is safe from attack. The notion that children and families have rights is important, but what may be more important is the duty of the state and its agents toward children and families.

**Past mistakes**

There is a caution here. Many bad things have been done in the name of duty.

For a major part of the 20th century, the government of New Zealand had assimilationist policies in relation to the Maori people. Although not eugenic in philosophy, these policies were undoubtedly racist. The social policy was underpinned by a white worldview and placed little worth on the customs, beliefs, and values of the Maori. Despite official policy, Maori culture flourished and traditional models of care for Maori remained relatively intact (Dalley, 1998; Department of Social Welfare, 1988). New Zealand’s population almost doubled in the 20 years following World War II, and this period also saw the beginnings of mass movements of Maori populations from traditional tribal areas and rural farmlands to cities. The work of statutory children’s services expanded at an enormous rate in the 20 years following the war and for the first time, Maori children rapidly began to feature in a disproportionate number of cases (Dalley, 1998). A system of professional practice that had been designed to respond to the needs of settler families and their children – a system based on studies of what were regarded as the progressive systems operating in the United Kingdom and the United States from the early years of the 20th century...
– was applied to this new intake of families. There was no adjustment of method that recognized the change in clientele. As a consequence, professionals doing their duty presided over the alienation of thousands of Maori children from their families, communities, and hereditary rights, “in their interests and for their own good.” New Zealand still bears the scars of that practice today.

In Australia, mixed race Aboriginal children were forcibly removed from Aboriginal communities until as recently as the 1970s, as a result of government policies based on the belief that their ancestry could and should be bred out of them (vividly portrayed in the film “Rabbit-Proof Fence”). Professionals clearly supported this policy and worked with authorities in tracking down mixed race children and placing them with white families many hundreds of miles from their origins. These children are now the famous “lost generation,” still struggling with their dispossession in their middle and older years.

Almost 60 years ago, in that period of massive social dislocation at the end of World War II, British social work professionals were involved in the dispatch of thousands of children to the former British dominions of Canada, Australia, and New Zealand. “In their best interests,” these children were told their parents were dead or missing and that they needed to take this chance to create a new life for themselves with a loving family in a new country. Now in their 60s and 70s, these former child migrants have discovered that much of what they were told was artifice and deception. While many have reunited with their families in their latter years, the anger and the bitterness remain. There is little doubt that social workers of the time thought they were doing the right thing and were unintentional partners with their agencies in a child maltreatment scandal which haunts all four countries today.

It is likely that stories similar to the above characterize the histories of indigenous peoples in North America. All of these stories show how dangerous we professionals can be when we assume control over what is in the best interests of children and families.

The current system

What are we doing today that successive generations will look on with horror and disbelief? It could be said that those of us working within statutory agencies for child welfare and child protection are collaborating with systems that may be harming some children. Burgeoning workloads; frantic, stressed staff; and more and more children coming into public care all currently characterize statutory social work with children. As one source notes:

Most child protection services have become demoralized, investigation driven bureaucracies which trawl through escalating numbers of low income families to find a small number of cases in which statutory intervention is necessary and justifiable, leaving enormous damage in their wake. (Scott, 2006, p. 1)

There is a fair argument that we in Western English-speaking countries have got it wrong in the way we have let our child welfare systems develop.
let our child welfare systems develop. Our current systems have been shaped by our histories and have emerged out of the child rescue policies of the late 19th century; the growth of the child protection focus and the introduction of mandatory reporting regimes from the 1960s onwards, deriving initially from what was labelled as the “battered baby syndrome”; and the application of laws and procedures specifically developed to respond to everything from physical abuse to a wide range of other issues in families which were brought to the notice of authorities (Scott, 2006). To this, we might add the impact of political ideology. Systems that derive from political and community beliefs that strongly accent personal responsibility and freedom will view inequality as a necessary consequence, allow for only residual responses to need, and cast social workers as social enforcers (Hardiker, Exton, & Barker, 1991). Within the child welfare system itself, professional debate about child protection dominates practice (Bullock, Little, Millham, & Mount, 1995; Doolan, Nixon & Lawrence, 2004; Lupton & Nixon, 1999; Thorpe, 1994). An all-encompassing notion of child welfare has, in the course of a century, become a much narrower child protection orientation, with risk replacing need as the rationale for intervention.

Western English-speaking systems, by and large, are risk-oriented and residual, characterized by legalistic, bureaucratic, and adversarial processes. Their resources are concentrated on high-risk cases (Connolly, 2004). They are underpinned by beliefs that agencies know best, and that professionals are expert and should occupy a central place in decision making about families. They lean toward pathology and deficit perspectives and act as though it is possible to achieve compliance through compulsion (Doolan, 2006). They are witnesses to residualism in child welfare policy, which directs resources to tertiary level responses (Hardiker, Exton, & Barker, 1991).

The child welfare orientation of the countries of Western continental Europe and Scandinavia has developed along quite different lines. In these parts of the world, which have seen some of the lowest rates of child abuse and child death from maltreatment over a number of years, child welfare systems have developed with what can be called a family support orientation. These systems are needs-oriented and view risk in the context of deprivation and social exclusion. Their methods are flexible, solution-focused, and collaborative. They focus on maintaining family unity and the coordination of state and community resources toward that end (Connolly, 2004). They are underpinned by the beliefs that active client participation is necessary for resolution, that clients are experts on themselves, that children and families are nested in broader familial systems, and that the family group is a system with kinship bonds and cultural contextuality that the state should defend (Doolan, 2006).

This analysis goes some way toward explaining why it has been so difficult to introduce notions of family-led decision making into child welfare systems that have a child protection orientation. The dominance of child protection ideology, with its emphasis on forensic investigation and risk management (Bullock et al., 1995; Connolly, 2004), has shaped practice contexts in ways that diminish the potential for social workers to work flexibly and collaboratively with families, particularly in responding to needs (Doolan et al., 2004). These systems hurt not only the clients, but also the workers (Scott, 2006).
Now it begins to become clear where our duty may lie. We professionals have always conceived of our duty as to strive for the participation and involvement of children and families in statutory processes that are about them, but our systems can be antithetical to this goal. While the intention is good, we are still collaborating with systems that are harmful to some children and their families. It is to the systems themselves that we need to direct our energy. At the larger level, this effort calls for engagement with governments and policymakers. At the smaller level, it calls for challenges to agency practices. While change at both levels is essential, one is not totally dependent on the other. There is considerable capacity for transformation in agency practices while we advocate for a response by law and policy.

**Change at the national level**

There is opportunity for a reconceptualization of child welfare in our societies. Scott (2006), for example, argues for a public health model approach to child welfare and child protection, whereby both the prevention of and response to child maltreatment is incorporated into strategies that are fundamentally focused on reducing social disadvantage. It is thinking like this that we need to develop for debate with our policymakers. In suggesting how such a system might look, she says:

We can go much further than the use of universal health and education services as vehicles of child abuse prevention. Why not see these services as the GP’s of the child protection system and build their capacity to assess child abuse risk as part of their comprehensive service and manage the majority of cases currently being referred to statutory child protection services? These services are usually known to the family already, they have a good understanding of the child’s circumstances, they are better connected with other local services, and they have a greater capacity to reduce the risk factors for child abuse and neglect than statutory child protection services. Yet in many jurisdictions we give these services no choice, and, under threat of criminal penalties, make them refer cases of suspected child abuse and neglect to child protection authorities, often resulting in the family becoming alienated from the services that can help them most. (p. 13)

While there are cogent arguments that all mainstream social welfare provision is exclusionary of some communities, in particular, black and ethnic minority communities (Graham, 2002), there are some established alternatives to our risk-focused child welfare systems. The results being achieved by countries with a different approach to child welfare are astonishing. They have almost eliminated the physical chastisement of children and they are amongst an elite group of developed countries with extremely low rates of child abuse. They have the lowest rates of child homicide in the developed world. All The English-speaking countries of the Western world are featured in that group of nations with high rates of reported child abuse and the highest child homicide rates (United Nations Children’s Fund, 2003). It is time we began to direct our energies, research, writings, and advocacy toward achieving a review and redesign of what may be inherently harmful systems of child welfare – systems that are unjust to clients and workers alike.

**Change at the agency level**

Agencies have considerable capacity to change the ways they respond, even in systems geared to a child protection orientation. The growth of differential response methodologies (Connolly,
Public child welfare agencies have the gift of determining the method of much of their decision making. They are not generally bound by prescriptive rules around care arrangements, for example. Values clarification processes aimed at addressing the harmful beliefs that shape our systems is a good start.

A strategic approach to creating a new practice environment will see results through a different lens. Success will be measured in terms of:

- increased child and family group participation;
- a decrease in legal proceedings and the contest and conflict that often accompany them;
- a reduction of the number of children in public care;
- children who cannot live with their parents being in the care of their family group;
- a lower level of re-referrals for the same issues;
- improved interagency collaboration in meeting family needs; and
- the family group becoming the protective agency for its children.

Creating an enabling organizational form will require agencies to respond to research about the importance of relationships between the responsible professional and families needing help (Bullock et al., 1995; McKeown, 2000) and eschew structures that fragment the social work process and force families into transitory contacts with professionals who are more focused on task than on forming relationships. Such reform will resonate strongly with the values of social work and organizations that embrace it will create more consonant practice environments.

But in addition to program and organizational redesign, agencies have to focus on how they provide for their workers. Staff will not be able to work in an enabling way with families unless they themselves are enabled by the systems and structures within which they operate. Staff will need support to work in flexible and innovative ways with families, sharing their assessments and negotiating collaborative responses that maintain children and build safety and well-being for them within their family group. Providing opportunities for regular reflective supervision, encouraging collaborative team environments, and ensuring staff have appropriate skills-based training and procedural training linked to organizational mandate will persuade staff that the agency is serious about their needs. The encouragement of self-review and appraisal, inclusive audit, practitioner groups, and program evaluation will help staff grow and build commitment to agency strategy and values. Providing staff with evidence-based practice models and clear practice principles will build safety and security in a notoriously risky business. Above all, social workers must be encouraged to return to the core methodology of their craft: the purposeful use of self in forming relationships with their clients, from which children, families, and family groups draw the courage, energy, and commitment to make life-changing and life-enhancing decisions.

A change in rhetoric

One of the first duties we professionals might have is to change the way we talk about family group conferencing, as our rhetoric can and does erect trust barriers and diminishes our capacity to influence. In our enthusiasm for a method of decision making in statutory child welfare that we know works both for families and for agencies, we have the potential to alarm those who have
statutory powers. Enthusiastic promotion can include claims that family group conferencing is about handing over power, power sharing, professionals letting go, or the state staying out of a family’s business.

Agencies and professionals new to the family group conference process are likely to interpret statements like these in relation to their formal powers – those that derive from statute. Seen in that light, the statements can generate anxiety and resistance. What effective family group conference practice requires is professional consciousness about the impact of informal power on children and their families. That power derives from being the repositories of knowledge, the designers of systems and the determiners of process, and the purveyors of agency interpretation of what constitutes risk or need. These are much more subtle power issues, and awareness of them is more likely to develop over time, particularly as workers have encouragement and opportunity to experience a different way of working. What is interesting is that when professionals are encouraged and supported in minimizing their assumption of informal powers – by affirming the knowledge and expertise of family groups, by facilitating family group influence on the processes followed, by positioning family groups to lead decision making, and by supporting family group plans that emerge from the process – they find they are able to work with family plans, enjoy better relationships with families, and witness improved outcomes, yet use their formal powers less often. This is evidenced in evaluation studies of family group conference practice in different parts of the world (see examples in Crow & Marsh, 1997; Hamilton, 2004; Lupton & Stevens, 1997; O'Sullivan, McKinney, & Gallagher, 2001; Pennell & Burford, 1997; Rasmussen, 2002; and Smith & Hennessey, 1998. For a compilation and analysis of U.S. evaluations, see Merkel-Holguin, 2003).

The misunderstandings created by the uncritical rhetoric of FGC enthusiasts may go some way toward explaining why all sorts of other models are developing instead, or why there are so many instances of redesign of the FGC model by agencies and their professionals. Increasingly, we see agency challenge to the requirement for independent coordinators as an essential element of the model, or we see professionals all but scripting the conference process, subjecting families to all sorts of facilitated processes of self-examination and discovery. These practices allow agencies to maintain they are committed to family involvement, but clearly on agency terms. We give impetus to these developments when we convey the message that to embrace the family group conference means a yielding of power and responsibility.

What we have underemphasized is that in matters of child safety and well-being, the state has a wholly legitimate interest. Indeed, in statutory child welfare systems, it will be the state that initiates the referral for a family group conference, so how can it not be involved and be a party to what happens subsequently? When the family group conference emerged in New Zealand, it was as a replacement for
other sorts of conferences, such as child protection conferences and youth aid conferences. All these were conferences of professionals with other professionals. The family group conference is not a meeting of the family group. Rather, it is a meeting of the family group with those officials who have a legitimate interest in the matter to be decided and who have initiated the conference in order to achieve a resolution with the family group.

So, the state is involved. However, when the state (or indeed any non-state agency intervening in the life of a family) accepts the family group conference approach to decision making, it consents to accept some core values that distinguish the approach from traditional professional processes. These values translate into practices that are visible and able to be assessed. When assessing how fundamentally empowering family inclusive approaches are, look for the following:

- **Is there a case-independent coordinator or convenor of the process?** It is clear the state has an interest; it has initiated the referral. Family groups have an interest; a household within their family network is being challenged by the state. Neither of these interests should coordinate or convene the conference if there is to be open dialogue on a level playing field between the interested parties. This commitment recognizes the oppressiveness of professional systems and places value on fairness and equity and addressing power imbalances.

- **Is there time and are there resources for searching out and assembling as broad a family group as possible?** This process cannot be effective unless the affected family unit is surrounded and supported by its kin network, including important child and family friends. A conference of officials with only the family household where the concerns exist cannot be described as a family group conference. This commitment recognizes that households are nested in family systems and have a right to their mobilization and support.

- **Do family groups have private time?** Families have information and knowledge which belongs to them and which is not readily accessible by professionals. If ultimate decisions are to be safe, this information needs to be employed and stand alongside all the other information provided by the referring agency and other information providers at the conference. Private time is not an option provided by professionals but a right that is exercised by the family group. This commitment recognizes the unique family and cultural processes of each family group that are inevitably changed and even submerged in the presence of outsiders, and evidences respect for family groups and their privacy as well as trust in their processes.

- **Are family plans given priority?** Officials and professionals at a family group conference have an obligation to support a family group’s proposals unless they clearly place the child at risk of significant harm or are impracticable. In entering this process, family groups must have the assurance that, unless there is cause, it will be their plan that will be adopted in preference to all the other plans that might be possible. This commitment recognizes that real empowerment derives from ownership and trust.
Does the referring agency implement the plan in accordance with the decision of a family group conference? Once a family group conference has reached consensus, the statutory agency is required “to give effect to that decision, recommendation or plan by the provision of such services and resources, and the taking of such action and steps, as are necessary and appropriate in the circumstances of the particular case” (CYP&F Act of 1989, § 34(1)). This commitment signals trust in family groups and trust in the process from which the plan has emerged.

In none of the above do professionals or agencies abrogate their powers and responsibilities. They ensure the family group is as informed as possible about the issues. They provide space, by getting out of the way, for family groups to work through the information they have been given and enhance it with their own knowledge and memories. They have the ability, with cause, to prevent a plan that does not address the concerns that generated the referral. And agencies can safely resource and implement plans which have been reached by agreement with their own professional staff. What is different is that professionals and agencies have agreed to follow the lead of the family group in responding to the concerns that have emerged, meaning they do not have to exercise their powers of coercion in other than the small minority of cases where consensus cannot be reached. In those latter circumstances, professionals and agencies are free to exercise their powers according to their mandates.

References


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Seen but Not Heard?
Children and Young People’s Participation in Family Group Decision Making: Concepts and Practice Issues

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“This would be a better world for children if parents had to eat spinach”
– Groucho Marx

Introduction

Questions about children and young people’s participation, or lack of it, in decision making have received increasing attention in child welfare activity in recent years (Coad & Lewis, 2004). Attitudes and beliefs about children’s involvement, our understanding about their rights as citizens to have their say, and central dilemmas about the extent to which children might be autonomous individuals are under increasing scrutiny. Ideas about these highly contested areas are invariably shaped by political, economic, cultural, legal, and social context. These wider forces have a profound effect on assumptions, expectations, and the “rules” that govern relationships between adults and children.

A key to understanding the relationship between adults and children is how adults think about the role of children in society. We may see children as naive and vulnerable subjects and the property of parents (and if not parents, the state), who should protect them in a benign and paternalistic way. Conversely, we may see children as people in their own right and citizens with their own choices, whose rights must be asserted or upheld. Many of us may find ourselves between these two ideological positions.

The classical discourse of children’s needs versus children’s rights is perhaps too simplistic and polemic. Indeed one may not be achieved without also attending to the other. Societies can give children the legal right to participate, but without removing some of the social, economic, and cultural barriers to children’s involvement in decision making, this legal right may be worth little in day-to-day practice.

For adults working with children and young people, questions about children’s rights and needs go straight to the heart of how we understand our relationship with them. Should these adults enable children to exercise their rights and choices, or do they feel ultimately important decisions about
children must be determined by adults around them? Whether we are child-care professionals or adult caregivers, practice will be shaped by our own values, experiences, and traditions. Who then should define the best outcomes for children? Would children describe these outcomes in the same way adults do? Do adults necessarily know what is best for children, especially when those same adults will not be the consumers of whatever decision is made? (Ryburn, 1991).

More recently, debates and tensions have also emerged focusing on the relationship between “troubled” and “troublesome” children. Specifically, national policies in the United Kingdom and other countries have increasingly criminalized some groups of children (Prior & Paris, 2005) with a commensurate reduction in rights, while attempting to address holistically the needs of other groups of children and young people with an emphasis on participatory practices (Edwards, Barnes, Plewis, & Morris, 2006). These current debates raise important questions for those engaged in promoting and developing children’s participation.

This article explores the rationale behind involving children and describes various types and levels of participation. It also identifies some of the barriers to children’s participation and considers whether family group decision making (FGDM) will successfully involve children or simply marginalize them like many other approaches. It concludes by examining how children might be at the center of decisions and what can be done to enhance their participation, because, as the quote from Marx implies, children have been subject to what adults think is good for them for a long time.

Children’s rights

The legal mandate for children’s participation in countries throughout the world has been criticized as weak and ineffectual (Freeman, 2000). While children’s involvement has started to occupy a position in case law and some professional procedures, children’s rights are rarely high on the political agenda. This situation may reflect children’s lack of economic power or absence of any right to vote. Governments can make decisions over the lives and liberties of citizens who are children, about which those same citizens have no say.

A notable exception was the U.N. Convention on the Rights of the Child (UNICEF, 1989), which, as international law, set out to assert the rights of children. Article 12.1 states:

“Parties shall assure to the child who is capable of forming his or her own views the right to express those views freely in all matters affecting the child, the views of the child being given due weight in accordance with the age and maturity of the child.” (p. 4)

The U.N. Convention clearly places responsibility for the care of children with parents or legal guardians, but, to a degree, challenges traditional concepts of adult power, advancing the idea of children at least having a say (Dalrymple, 2002). This idea does assume, however, that adults and parents will promote the rights of young people to participate.
The Convention requires that children have “freedom of expression, to seek, receive, and impart information and ideas” (UNICEF, 1989, article 13, p. 4) and demands that children have a “right to active participation in the community” (UNICEF, article 23, p. 7), although this does not extend as far as the right to vote. While the U.N. Convention sought to set an agenda on children’s rights, it provided no robust mechanism to ensure these rights were implemented or upheld by governments. This may be the central weakness of the Convention.

Western democracies have, in recent years, been widely influenced by a “new right” political ideology. This ideology has promulgated the denial of the link between poverty and inequality and its devastating impact on families and children in particular. Social inequality and its link to parenting problems and the impact on child health and development is profound (Preston, 2005). Poverty impacts children the hardest and is the biggest risk factor in children’s lives (Gulbenkien Foundation, 1995; Moore, 2000; Oppenheim & Harker, 1996), with its effects continuing to damage children’s health and well-being well into adulthood (Gregg, Harkness, & Machin, 1999).

“[Poverty is] inexorably correlated with premature delivery, post natal infant and childhood mortality, malnutrition and ill-health, childhood neglect, educational failure, truancy, delinquency, school age pregnancy and the birth of babies who are victims of premature delivery, post natal, infant and childhood mortality.” (Gulbenkien Foundation, 1995, p. 113)

The impact of inequality, racism, patriarchy, and poverty all have profound and life-changing or life-threatening effects on children. International law promoting children’s rights through a legal framework has limitations if it is not backed up by wider social and economic policies that ensure the well-being of families and children. Children and young people growing up in poverty with limited access to health care, education, leisure activities, and housing are hardly achieving their “rights to active participation in the community” (UNICEF, 1989, article 23).

Fighting for children’s rights cannot be simply achieved though a legal framework that overlooks the economic, social, cultural, and political barriers to children’s involvement. As King and Trowell (1992) argue, ensuring children’s well-being requires much more than upholding their rights in law:

“To reduce the complexities to rights and their infringement may be the only way that the legal process can give the impression of dealing effectively with such conflicts. The suspicion remains however that the rights rhetoric is covering up vast areas of human experience which the law is ill equipped to tackle.” (p. 113)

**Levels and types of participation**

There is little consensus, not only in social work, but also in other services working with children, such as education, health, or community services, about what children’s and young people’s participation should look like. Participation holds different meanings for different groups (Adams, 2003) and a lack of shared understanding and agreed definitions make it harder to put into practice.

A simple way to describe participation may include two levels:

1) **Individual:** Children are centrally involved in the referral, assessment, decision making, service delivery, review, and evaluation of the services that are delivered to them.
2) Collective: Children are involved collectively to have a wider impact on services or organizations. This involvement can include advocacy, lobbying, pressure groups, self-help or services, and the design of information, services, and policy. It can also include planning the use of resources and budgets, staff selection, training, quality assurance, supervision, inspection, research development, and evaluation.

Children’s involvement may help them get what they want and need from services. The nature and type of services provided to children would be improved through their participation. Policy shaped by children and young people would likely be more relevant to children’s needs and their involvement could make agencies and practitioners more open and accountable to children.

Attempts have been made to describe different levels of citizen participation in a hierarchy, such as Arnstein’s ladder (1969). Recently, emerging practices in the United Kingdom have enabled new classifications to be developed, based on function or intended outcomes (see, for example, Shier, 2001; Spicer & Evans, 2006). This development is reflected internationally in the analysis of the impact of such frameworks as the U.N. Convention on the Rights of the Child (Lansdown, 2006).

A hierarchical structure or ladder of participation may not best describe the complex interplay of different factors that can work together to enhance or diminish children’s involvement. It may be more useful to describe different types rather than different levels of participation. The following list of examples of different types of participation is not an exhaustive list but gives some idea of how participation may work in practice.

- Informing: Providing information in a way that is useful and enabling to children and young people.
- Consulting: Where there is a pre-set agenda defined by one of the parties involved (e.g., new policies, service reorganization), and children are asked their views and opinions.
- Partnership: A range of activities that involve and collaborate with partners and are characterized by respect for one another, rights to information, shared accountability, competence, and value accorded to each individual input. Each partner has something to contribute, decisions are made jointly, and goals are shared.
- Delegating control: Devolving the responsibility and power for decision making and the control of resources, services, and money.

These types of participation are not mutually exclusive; they interrelate and often rely on one another as overlapping requirements. For example, it is hard to make decisions unless you have good-quality information.

Receiving good-quality information is a recurring theme of studies into what children want from agencies or practitioners, but despite this, information provided by services is often inadequate to children’s needs (Beecher, Cash, & Graham, 2001; Sinclair & Franklin, 2001). Ensuring good consultation processes take place is important, but the common complaint is that consultation does not lead to change (Morgan, 2005).

The growth of interest in involvement has demonstrated that professional practice aspires toward partnerships...
with citizens, but the parameters of this are set by agencies and professionals:

“Emerging professional principles for partnership practice promote user choice without clarifying how professionally led consumerism empowers users, and argues that statutory mandates can form the basis for partnerships without addressing the criticism that this is not partnership but participation in a pre-set agenda.”
(Braye & Preston-Shoot, 1995, p. 102)

The delegation of power to service users is even less common and often limited to narrow areas of influence. This reflects either unwillingness or difficulties professionals or agencies have in handing over the control of resources. The common concern is that delegated power to children will not be used wisely or efficiently because children lack knowledge and experience.

It is notable that the language to date has described children’s participation rather than partnerships with children or delegated power for children. This language is underpinned by assumptions that there should be limits on children’s control in any decision-making process. Indeed, it appears that the right level of children’s participation is nearly always determined by adults – professionals, organizations, and parents – rather than by the children themselves. There are complex and contested understandings of adult responsibilities, child responsibilities, and the function of participation. These debates are encouraging new and extended understandings to emerge (see for example the Children’s and Young People’s Participation Learning Network at http://www.uwe.ac.uk/solar/ChildParticipationNetwork/Home.htm), and the role of children in FGDM will further contribute to these developments.

**Barriers**

Some of the prevailing practice ideologies in relation to children are similar to those constructed on “top-down” medical models of organizing care or treatment for people who are “vulnerable.” This paternalistic model is based on the assumption that adults know what is best for children, especially if those adults are trained professionals, and those children are classified as “at risk,” “dependent,” or even “dangerous.” These assumptions have the effect of undermining concepts of children’s strengths, abilities, and rights (Nixon, 2002). Running alongside these approaches are concepts of “risky children,” who present a threat to social cohesion and stability and generate punitive responses aimed at containment and rehabilitation into socially acceptable behaviors.

The power invested in professionals through legislation or organizations may lead them to believe they are expected to know what is best for others. This belief will shape their interventions and transactions with children. Children, by contrast, are cast as “dependent” or “troublesome,” which can lead to the objectification of children, rather than being seen as people in their own right.

While there is an increasing rhetoric within social work about listening to children, the paradox is that children’s social workers often fail to do this. Young people often say that social workers do not listen (Morgan, 2005, 2006). Social work organizations subscribe to the principle of listening to children, but a lack of time, resources, skill, or will results in adults making decisions for children.

Mainstream social work practice seeks to fit children into decision-making models that are designed for the participation of adults, in a format that is
physically and conceptually dominated by them. The increasing procedural regulation and managerial annexation of practice means that relationships between social workers and children are governed by factors beyond their control. Studies (e.g., Oliver, Knight, & Candappa, 2006) show the barriers to achieving good outcomes for children are an overreliance on bureaucratic procedures and professional resistance to children's participation.

There are still many stigmatizing and devaluing assumptions made that can restrict children's participation. The most marginalized of children experience particular barriers to using services and participating in their design and delivery. Responses to these children vary, and evidence suggests that generic strategies for engagement will fail to recognize the specific experiences and needs of these children (Lewis, Parsons, & Robertson, 2006; Morris & Barnes, in press). Disabled children, for example, may not be considered as able or “bona fide” participants because of negative assumptions about disability, or because of the inability of professionals to engage or work effectively with disabled children.

Research into traditional practice shows children are often bystanders with adults conducting business over their heads. Mittler (1992), for example, found that all the children she interviewed who had attended meetings had difficulty expressing their views, and Farnfield found in his study (1997) that children want “to feel their presence was acknowledged by the conference and their views had been put over without interpretation or distortion by the professionals” (p. 4).

Selwyn (1996) analyzed reports by social workers on children’s placement wishes and found that none of them incorporated the children's actual words; their wishes were in the third person and detached from the child. Thoburn, Lewis, and Shemmings (1995) found children were trying to guess “right” answers to social workers’ questions. Children coming into contact with social workers do not know the criteria social workers use to make decisions, or how they can influence them. They do know, however, that social workers have the power to fundamentally change their lives and, through the courts, even restrict their liberty.

**Will FGDM improve children's participation?**

The development of FGDM grew from pressure to ensure families had a say about the care of their children. Historically, courts and managers were in the habit of separating the needs of children and adult family members, particularly when there was a perceived conflict of interest between the two. By contrast, FGDM asserts the importance of the connections between children’s and their families’ wishes and needs.

FGDM recognizes that the participation of a child is bound up with the participation of his or her family.

FGDM recognizes that the participation of a child is bound up with the participation of his or her family. The emphasis is on being child-focused and family-centered (Burford & Hudson, 2000). Collective decision making and shared responsibilities are emphasized rather than the voices of particular individuals. While these two goals may not necessarily lead to different outcomes, they do represent different positions on a conceptual continuum of
children’s rights. At one point, children have a right to determine their own outcome individually; at another, families in their widest sense are given the right to make decisions with children. As such, FGDM has the potential to both enhance and diminish children’s voices, dependent on how children and adults work together.

**Contemporary practice**

Children’s participation in FGDM is still developing in theory and practice. Despite early concerns that the voice of children would be overwhelmed by the adult voices, the evidence to date suggests that children and young people do attend these meetings and can participate extensively once they are there (Crow, 2000; Lupton & Stevens, 1997; Merkel-Holguin, Nixon, & Burford, 2003). However, other studies such as Sieppert and Unrau (2003) found mixed evidence and that sometimes children’s perspectives and contributions were overlooked. Heino (2003) reported that children routinely remained “invisible” during the family group conference process while Rasmussen (2003) indicated that children and young people felt increasingly vulnerable.

The numbers of children attending family conferences vary significantly in different locations. An Internet survey on FGDM and related practices, involving 225 respondents from 17 different countries (Nixon, Burford, & Quinn, 2005), found that most agencies sought to ensure children’s participation, but for a significant minority (35%), it was more common for children to not attend their FGDM (see Table 1).

Notably, the survey showed that policy and procedure in the area of child involvement is mostly “invisible.” A distinct lack of strong organizational mandate was evident in many of the FGDM services. This void leads to varying practices driven by the interests and biases of different stakeholders and a reliance on the individual motivations and attitudes of managers, coordinators, and practitioners to involve children and young people. Family can have an influence on policy, but to a lesser extent.

In the FGDM literature, there is little discussion about whether children’s involvement should be driven by agencies, service providers, family members, or the children themselves. What the Internet survey showed is that

<table>
<thead>
<tr>
<th>How many of the conferences do children or young people attend? (N=225)</th>
<th>Count</th>
<th>Percentage of those who responded</th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 75% of Conferences</td>
<td>90</td>
<td>47%</td>
</tr>
<tr>
<td>Between 50% and 74% of conferences</td>
<td>34</td>
<td>18%</td>
</tr>
<tr>
<td>Between 25% and 49% of conferences</td>
<td>35</td>
<td>18%</td>
</tr>
<tr>
<td>Less than 25% of conferences</td>
<td>32</td>
<td>17%</td>
</tr>
<tr>
<td>No response</td>
<td>34</td>
<td>-</td>
</tr>
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involving children in FGDM is routinely set by the agency or practitioner rather than the child (Nixon et al., 2005). In a number of cases, families were asked to decide about children's participation but children themselves were rarely asked.

It appears that agency or practitioner control may restrict children's participation in FGDM. For example, the Internet survey showed some agencies supporting children's attendance but setting clear rules and expectations about how children should behave at the conference. The most common factor that influenced participation was the child's age and "understanding." It was widely reported that children over 12 years old would be invited to attend. This age restriction appeared somewhat arbitrary, varying in different parts of the world. There is no definitive research to support or accepted best practice to assume that children under 12 could not participate. Indeed, many children of different ages do attend their FGDM conferences.

Research suggests that coordinators tend to work with adults when deciding who should attend conferences (Beecher et al., 2001) and the main reasons for excluding children were adult fears about what children might hear or protecting children from emotional harm. These concerns about child safety in FGDM also were illuminated in the Internet survey, with respondents indicating children were not involved because they were seen as at risk in the process. In both sets of research, it was often not clear if children had been asked their views.

**Involving children in FGDM**

The remainder of this article considers how we might improve or change our practice to better facilitate children and young people's involvement in FGDM.

Table 2 presents practice guidance points developed from a research review of the literature on working with children and young people.

<table>
<thead>
<tr>
<th>Children's participation – what helps?</th>
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</thead>
<tbody>
<tr>
<td>• Give information</td>
</tr>
<tr>
<td>• Consult—have a continuous dialogue</td>
</tr>
<tr>
<td>• Prepare</td>
</tr>
<tr>
<td>• Take account of child’s agenda</td>
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<tr>
<td>• Consider child's needs</td>
</tr>
<tr>
<td>• Facilitate independent support</td>
</tr>
<tr>
<td>• Treat children with respect</td>
</tr>
<tr>
<td>• Give feedback</td>
</tr>
</tbody>
</table>

*(Sinclair & Franklin, 2001)*

**Sharing information and listening to children**

Good-quality information assists good decision making. Children need information to help them make choices, but studies suggest information is largely geared to adult needs (Beecher et al., 2001) and in social work, there are few clear methods of communication in place to consult children (Morgan, 2005).

In a U.K. study on children's participation in FGDM, Beecher, Cash, and Graham (2001) examined 16 local authorities' practice and found that most authorities had procedures for professionals and information leaflets for families, but made little or no reference to children's participation. Only one authority had leaflets specifically for
children. Most of the information was written for an adult audience and depended on the skills of the coordinator to interpret these for the child (Beecher et al., 2001).

Direct work with children calls for flexible methods of communication, excellent listening skills, and imaginative ways of involving children in the process. These things require time. Getting children involved in FGDM requires skill and effort. Communication is vital, and the importance of language and listening cannot be overstated. Being open and honest with children will communicate respect and a willingness to get them genuinely involved. Caution should be exercised in raising unrealistic or false expectations of FGDM.

Practice standards developed by children should illuminate organizational expectations that staff spend time listening to and preparing children so they feel engaged and safe. Consultation with children in the United Kingdom highlighted that they felt that having a number of contacts with the coordinator prior to the meeting was an important or beneficial activity. As one child put it, “It would help me to understand about family group conferences if the coordinator made several short visits before the meeting” (child quoted in Clarkson & Frank, 2000).

**Innovative ways to involve children**

Children could be more involved in setting the reasons for the conference and agreeing on the goals of the meeting. However, in most cases, the agenda is usually set by the professionals. Giving coordinators enough time to get children involved in and prepared for the FGDM is essential. With sufficient time and a range of strategies, coordinators can find out what children want from the conference and how they will best participate and have their say.

Children can also be empowered through innovation, using for example “spider-gram” charts (depicting family networks), giving children headings like “your wishes,” “your worries,” and “what’s most important” and asking them to fill in words or statements relating to those topics; involving them in drawing, role play, and drama; designing invitations; or using video for their conference. It is important to remember each child is unique, and starting with them and their needs acknowledges this. Practitioners should consider using specialist support or materials or involving family members to assist in preparation.

**Using support people or advocates**

The use of family members as support people to help vulnerable family participants have their say in FGDM is now established practice in many countries. A number of communities in the United Kingdom have begun implementing the use of advocates as an alternative to family members serving as support people in FGDM processes (Dalrymple, 2002). Traditionally, throughout child welfare decision making, advocates are used for the most vulnerable whose voices may not be heard.

In FGDM, children may have advocates within their family system and community network. The use of external or professional advocates in FGDM is a highly contested innovation that may, at least potentially, undermine the family decision making ethos of FGDM.

In practice, it is the responsibility of coordinators to discover who the child deems important to include in the family group conference and who, if needed, can support the child. Either this level of support may not be needed or someone in the family will naturally take this role. Coordinators may observe who the child
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instinctively gravitates toward, and this person could be a good support person for the child.

U.K. studies suggest that most support people were friends or family members. When children could not attend, coordinators usually arranged for a family member to express the child’s views at the meeting (Beecher et al., 2001). However, they noted that family members found that it can be a difficult balance speaking for the child and for themselves. They found voluntary or professional advocates were used much less frequently. At the same time, some projects have employed the routine use of advocates for children.

The use of any support person in the FGDM process, whether a family member or an external or professional advocate, needs careful thought and consideration. The role of the support person or advocate should be negotiated and clear. For example, is the advocate providing emotional support, providing practical support, or putting forward views on the child’s behalf, or a combination of all these functions? Independent of their role, coordinators should ensure advocates do not take over or speak for the child when the child can speak for himself.

A U.K. study using FGDM in schools (Crow, 2000) examined 37 conferences and found that in 19 cases the coordinator had named people chosen as advocates for the child. These advocates ranged from parents and godparents to taxi escorts, childminders, day-care providers, special needs support teachers, and peers. In four of these cases, the coordinator commented that the advocate had not played a significant part in the conference.

Throughout the United Kingdom, it appears that coordinators are putting varied emphasis on the use of support persons and advocates. Children interviewed described what they wanted a support person or advocate to do or say:

“It helps if someone stays with me during the meeting.”

“I would like someone there who will tell my family the difficult things I need to say about them.” (children quoted in Clarkson & Frank, 2000)

Having a say at conference?

“I was able to say what I needed to say, more or less. But being a teenager with a lot of adults, you don’t really get a word in sometimes, do you?” (young person quoted in Jackson, 1998)

The question about involving children at the conference is perhaps not whether they should be involved, but how we best achieve their participation. This is a key practice challenge for coordinators. There may be resistance from family or professionals, or the child may be reluctant to be present.

Studies suggest that children are positive about being at the family group conference (Crow, 2000; Crow, Marsh, & Holton, 2004; Lupton & Stevens, 1997). There are many ways children can be involved and they know how they can influence proceedings:

“For the first time in my life there was a meeting about me, where I knew everybody.” (child quoted in Rosen, 1994)

“It’s better than planning meetings, I don’t know why, it just is.” (child quoted in Lupton, Barnard, & Swall-Yarrington, 1995)

Crow (2000) undertook a U.K. study with 30 young people, the youngest being 6 years old and the oldest being 14. She found children were generally happy with FGDM, with over half saying it was
“good” or “very good,” nearly 40% saying it was “OK,” just over 5% having a mixed reaction, and only one young person reporting a negative reaction. The Family Rights Group, a national voluntary organization in the United Kingdom that promotes best practice from a family-centered perspective, takes the view that children must be involved: “A child of any age can be present at their FGC [family group conference] and indeed it is usual practice to have babies and children of all ages attend their own FGC” (Ashley, 2006, p. 137).

Good information sharing in jargon-free, child- and family-friendly language helps children participate in the family group conference. The coordinator must check on the child’s understanding. There is a tendency for adults to dominate the proceedings, asking questions and providing assessment materials, resulting in business being conducted over the heads of children. Indeed, children have reported that they find the information sharing part of the meeting to be the hardest because they perceived or implied from what the professionals said that they were to blame for the problems facing them or their family (Lupton & Stevens, 1997). In a separate study, children reported they wanted information to be balanced and relevant. They said:

“It is important to have someone saying some positive things about me at the meeting, instead of it all being negative.”

“It would help if people talked to me, not about me.”

“Less talk about the past and more about the future.” (Children quoted in Clarkson & Frank, 2000)

“The information sharing went on for long, there was no need to read my school report!” (Children quoted in Lupton et al., 1995)

Children can be involved in the beginning of the family group conference, welcoming and introducing members of their family and professionals, whom they often know best. Children could chair their own conference, if they were given the help, support, and encouragement to do so. However, for more vulnerable children, the conference may be daunting, and therefore, coordinators may wish to have a venue that has two rooms that support the child’s moving in and out of the family group conference as needed. Canvassing coordinator views, Beecher et al. (2001) identified a number of concerns regarding children’s participation. These included children feeling inhibited to speak up in front of family; lacking confidence to get their views across; being worried, to a lesser extent, about repercussions from the meeting; and lacking an understanding about the discussions.

Practitioners need to think creatively about giving children choices to express themselves in different ways at the conference. Practitioners need to think creatively about giving children choices to express themselves in different ways at the conference. Letters, videos, audiotapes, and drawings are some of the ways that children can elevate their voice even if they do not wish to be present.

Initial concerns about private family time, where children would be without the “protection” of professionals, were
that they would be overlooked and even abused in this part of the conference. Studies suggest that children participate best in this part of the conference (Crow, 2000; Lupton & Stevens, 1997), as they know how to influence their family and how different members behave. Furthermore, the informality and flexibility of the process creates an environment in which children can participate more naturally. For children, participating in private family time means being left alone with people they know: “We were left alone for most of the time, the family, so that was alright. Because it was people I knew, and they knew me, it was easier for me to talk in front of them” (child quoted in Jackson, 1998).

It was also easier for other family members to participate in the discussions and say what they need to say: “I was surprised how people talked and what they said” (child quoted in Crow, 2000).

It is important that the plans developed in family group conferences are jargon-free and clearly written, with explicit responsibilities and timeframes, and that they are agreed to by the professionals and family members. This is particularly important to children, as the family group conference plan can represent to them a plan for their future and an opportunity to hear a consistent message from social workers and family members: “The coordinator needs to check I understand the plan” (child quoted in Clarkson & Frank, 2000).

Beecher et al. (2001) found that overall, children were seen as actively involved in developing and agreeing to the plan and older children often write the plan or part of it. If present, children may also serve in the role of plan recorder. If not present, a decision should be made at the family group conference as to who will discuss the plan with the children.

“In my experience, children and young people relish the opportunity for getting involved in FGCs [family group conferences]. They often have concerns but with the right support on the day their worries can be alleviated. FGCs are without doubt the most empowering process that involve young people.” (coordinator quoted in Beecher et al., 2001)

**Monitoring and review**

Arrangements for monitoring and reviewing plans need to involve children. No person is in a better position than the child is to provide feedback on how things are working, and therefore, the child must be actively engaged in the follow-up assessment. An identified problem in the FGDM literature (Lupton & Stevens, 1997; Merkel-Holguin et al., 2003) as well as in the wider literature on child welfare services (U.K. Department of Health, 1995) is the issue of plan follow-through. There are concerns with FGDM and with social work services in general that after the initial crisis is resolved, the family group conference is held, and the plan is developed, interest in the child lessens and resources are not leveraged or taper off.

FGDM participants worry about aspects of the plan not being implemented. This worry then raises the requirement of ongoing monitoring and implementation of plans and ensuring families and children in particular are kept involved throughout the work.

If we are to fully understand the impact of FGDM on children’s lives, the children must be key partners and participants in evaluation. Evaluations that centrally focus on children’s experiences of FGDM are, at present, few and far between. How then should we measure effectiveness? Would children ask the same questions and focus on the same issues as adults or would they want something completely different?
Involving children in service development

If we are committed to improving children and young people's participation in planning for their own futures, it is logical to also engage their expertise and knowledge in helping design and improve services for all children using these services. Policy and service development has traditionally been the domain of expert professionals. However, children are experts on childhood and the effect of the services they receive. They provide a unique perspective.

Could children be centrally involved in the development of policy and services? If this is to happen, a wide range of methods will be needed to ensure they have an impact on services, including involvement in consultation processes, service user policy forums and leading policy development groups, and representation on citizen panels and advocacy groups. Promoting and supporting involvement takes time, commitment, and resources, but the results could be profound.

Practice and research shows that generally children's participation in service design is marginal. For example, meetings between children and staff in residential care tend to be used for staff to give information to children rather than children having a say about how the service could be improved (Morgan, 2005). Distinct and radical change in behavior is needed if children are to have an influence. Even when government inspections have actively sought children's views, they have subsequently not been acted on (Morgan).

The design of information for children is one area that children could lead. Information would become child-friendly, understandable, and useful. Training for professionals, coordinators, and managers designed and delivered by children would ensure practice is more child-focused. Staff selection by children would mean child-care organizations would employ staff who can communicate with children and who are child-focused. There is considerable evidence of this activity now taking place, for example, in the United Kingdom. However, the questions emerging from these developments focus on the impact of this “surface activity” on the wider experiences and engagement of children, and what links, if any, exist to developing notions of inclusion and citizenship.

The development of advocacy and political pressure for children's rights could promote children's participation. Giving children the control of resources and budgets for particular children's services would ensure resources were used in child-friendly and child-focused ways. This change would require adults to be open to adapting to different ways of managing budgets and allocating resources.

The integration of children's participation into regular planning cycles and other decision-making forums would need to ensure there is enough time to get feedback on what has been achieved. Agencies may need to start small from their strengths in this area and build on what is already being achieved. It would be important to evaluate the process so it can be adapted and improved. Reviews of evaluations of children's participation indicate not only the useful practices that can be developed, but also that significant barriers to learning and change exist (Coad & Lewis, 2007).

Some questions to consider are:

- Do children want to play an active role in developing FGDM services?
- How can children design their FGDM?
• How can children be best supported to participate, and how is diversity of experience represented?
• How could children select and train staff and FGDM coordinators?
• How might children manage budgets or oversee the use of resources?
• Are we prepared to institutionalize the changes?
• Are we ready to involve children from the start?

Where to next?

“Grown-ups never understand anything for themselves, and it is tiresome for children to be always and forever explaining things to them.”
–Antoine de Saint-Exupery

There seem to be significant gaps in adults’ understanding of what children want and need. A first step perhaps is for adults to be more effective at listening to children. However, our skills and services in this area are still underdeveloped. Despite our limitations, or perhaps because of them, it is important to involve children more at every stage of planning and decision making. International law may set a framework and mandate for children’s participation, but political organizations, statutory and voluntary agencies, families, and communities have to implement these good intentions. Therefore, in the context of FGDM, much will rely on the actions of these key groups and their determination and commitment to involve children.

Ensuring children are seen and heard requires a change in behavior and a willingness to involve them from the outset. Paradoxically, initiatives to involve children so far have been almost exclusively professionally led. Consequently, the agenda is pre-set by professionals. A common feature of these initiatives is that while there are, in some areas, greater attempts to involve children, children may feel they have a greater ability to influence the process, but may find they are still unable to influence the outcome. In this way, children may be having their “participation” managed.

Adult assumptions about childhood and how children should experience the world are having a defining effect on how children are growing up:

“Our ideals about a good childhood have changed little in a century. Children should be protected, dependent, healthy and happy. In the last quarter of the 20th century, many children no longer wanted to be kept in this cocoon…. We perhaps need to go further in rethinking what childhood might be like. The first step should be to listen to what children say.” (Cunningham, 2006, p. 7)

If this article was written by children, for example, it would undoubtedly raise different questions and expectations, focus on different topics, and describe different barriers and solutions to children’s participation. What we understand as good practice now will develop and change. The better we get at listening to children and doing something about their wishes, the better our services for children and the outcomes for them will be.
Suggestions for improving children's participation

- Review funding commitments to support children's consultation and involvement.
- Establish the purpose and function of participatory practices.
- Develop standards and procedures that require children's participation.
- Examine our own attitudes and values about children's involvement—any participative strategy will have limited impact without attitudinal change.
- Map and understand the diverse experiences of children, avoid false homogeny.
- Design and deliver, with children, training on improving practice and children's rights.
- Promote new methods of participation, including the use of information technology.
- Produce a good practice guide for staff.
- Delegate budgets and resources to children's groups.
- Involve children in the design of research and evaluate the experiences of children.
- Develop political forums for children to have collective action and lobby politicians; address issues of diversity and representation within this.
- Involve children in the selection and appraisal of staff.
- Develop a policy and organizational framework for children's involvement.
- Prepare for a struggle and expect resistance.

References


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Using Family Group Conferencing to Achieve Permanency for Youth

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As the number of youth, aged 12 to 18, living in foster care increases and the number emancipating from the child welfare system without permanent connections expands (Adoption and Foster Care Analysis and Reporting System (AFCARS), 2004), it is critical to review new strategies for achieving the highest degree of permanency for young people. This article will discuss family group decision making, particularly the family group conferencing process, as an effective approach to creating permanency for youth in foster care.

Adolescence

Many youth experience adolescence as a chaotic period filled with self-doubt and self-discovery. Adolescents no longer want to be treated like children, yet have not fully acquired the skills necessary to achieve self-sufficiency. Adolescence can be just as challenging a period for family members and other care providers as it is for youth (Charles & Nelson, 2000).

According to Erik Erikson, adolescence is a period of identity versus role confusion. In this period, there is a focus shift from “what is done to us” to “what we do.” It is the critical stage when a youth begins to create an individual philosophy of life, fed by life experiences and current relationships. Although youth launch into a greater degree of independent thinking and personal autonomy, it is also essential that they have healthy, stable, and meaningful relationships that will support their successful passage from adolescence into adulthood (Harder, 2002). It is through having a lifetime family, informal but substantive connections with other caring adults, and supportive communities that youth are able to move into healthy and productive adulthood.

Youth in foster care

Given that the adolescent stage can be a tumultuous experience for any young person, imagine the increased complexity and vulnerability for those living in foster care. According to 2004 AFCARS data, almost 40% (118,996) of children entering foster care were between the ages of 11 and 18; and of the 280,000 children exiting out-of-home care, approximately 22% (61,513) were between the ages of 16 and 21. Whether they are ready for the responsibilities of adulthood, it is estimated that more than 20,000 youth age out of foster care at their 18th birthday (AFCARS, 2004). Another essential demographic to identify is that children and youth of color are disproportionately represented in the foster care system, making up
approximately 60% of the entire foster care population. While not exhaustive, cumulatively the following studies illuminate the significant issues that young people in foster care experience, and demonstrate why new approaches to working with youth are essential to achieving positive outcomes.

Westat, Inc. conducted a national project in which 810 former foster youth in eight states were surveyed. The survey found that 46% still lacked a high school diploma. On top of this, two and a half to four years after exiting care, 25% of the youth had been homeless for one night or more. Just under half (49%) of the youth were working, and only 38% had maintained employment for over one year. Only one in six could fully support himself. Thirty-eight percent of the youth had been diagnosed with emotional disturbances, and 9% experienced physical health problems. Despite these circumstances, 42%, including three-fifths of the young women, had already had a child (Cook, 1991).

More recently, a study released by the University of Wisconsin’s Institute for Research on Poverty (Courtney and Piliavin, 1998) found that 12 to 18 months after exiting care, 12% of sampled youth had been homeless and 22% had lived in four or more places, often temporarily at one friend’s house or another. The study found that 37% of the youth still lacked a high school degree, 39% were not employed, and 19% had not held a job since exiting foster care.

Of the 100 former foster youth surveyed in Clark County, Nevada, 18% had slept on the streets since leaving care and 19% had slept in homeless shelters. As in other studies, Clark County former foster youth also reported frequent troubles with the law, with 41% having spent time in jail since leaving care (Reilly, 2003).

Courtney and Dworsky (2005) found that transitioning youth, who chose to remain under the care and supervision of the child welfare system beyond the age of 18, experienced better outcomes than those who chose to, or were forced to, leave care. Youth who had left care were 50% more likely to be unemployed and out of school than those who stayed in. Youth who left at 18 were half as likely as those still in care to be enrolled in school or a training program. About 14% of those who left reported finding themselves homeless. Of the young people who left care, 11.5% reported sometimes or often not having enough to eat, compared with less than 4% of those who stayed in care.

In a recent study on the transition of foster care youth to emancipated adults (Garcia, Sivak, & Tibrewal, 2003), a pervasive sense of uncertainty was found among youth, highlighting the need to devote serious attention to promoting and planning their lifelong connections.

A historical and prevalent drawback for older youth in care has been that “children often languished in foster care for years, drifting from placement to placement, or remained in the uncertain limbo of the foster care system, until they reached the age of maturity, at which time they ‘aged-out’ of the system with little support or emotional connections” (Charles & Nelson, 2000, p. 7).

Historically, age 18 has been legally and culturally defined in the United States as the beginning of adulthood. Once young people reach this age, they are allowed to vote and enlist in the military, and many leave home for college or move out on their own. The Children’s Action Alliance (2005, p. 8), however, reminds us that, “while eighteen may be the age of majority, nationwide families are experiencing a trend towards longer term responsibility for young adults older than age 18, including continued
financial dependency and remaining at or returning to the parents’ home.”

Beckman (2004) reported on a national survey conducted by Lake, Snell, Perry and Associates which indicated that Americans believe that on average, young adults are not ready to be completely on their own until age 23. A third of survey respondents did not consider them ready to be completely on their own until age 25 or older. These beliefs have been backed by scientific research that has found that structurally, the brain is still growing and maturing during adolescence. Some scientists say that brain growth matures at age 20; others consider 25 the age at which brain maturation peaks.

Permanency for youth

For the purposes of this article, permanency for youth is defined as “reaching the highest degree of physical safety, emotional security, and legal permanency that can be reached within the context of a family relationship” (Frey, 2004, p. 23). And that highest degree, depending on individual circumstances, “might be achieved through reunification with their family of origin, adoption or guardianship by a family known to the youth, or adoption or guardianship by another family not yet known to them” (Frey, p. 23). In some cases, permanency will not be achieved at the legal level as the above options suggest but through connections with caring, committed adults who do not assume a legal relationship with the youth. As Lewis and Heffernan (2000, p.147) state, it is important to possess the awareness “that permanence is a relationship, not a place,” recognizing that some potential connections offer the possibility of a strong relationship, but not necessarily a physical placement. They suggest that “while the opportunity to live in a nurturing family relationship is ideal, factors related to the teen, adult, or both sometimes make this goal impossible or inappropriate. These potential permanency relationships should be evaluated on their merits as well as those that offer actual placement.”

According to Charles and Nelson (2000), the concept of permanence is not clear-cut for youth. Some youth may refuse adoption, want to live with caring families without necessarily terminating parental rights, or aspire to independent living. Foster Club (www.fosterclub.com), a website for foster youth to express themselves and connect with other foster youth as well as locate resources and information, recently posted an excerpt from the book “On Their Own” (Shirk & Stangler, 2006). Anonymously, several foster youth responded to the story of “Monica,” a youth from the book who was stepping out of the child welfare system and into independent living for the first time. Taken from the non-archived message boards of www.fosterclub.com, the following comments from current and former foster youth are unedited and help to illuminate how young people themselves view “the system,” transitioning to independent living, and permanency, as well as their feelings about connections and family.

One youth commented, “A part of me wants to leave the system so that I will at last be ‘normal,’ but my better part know that I’m not really ready to leave yet. There is still so much that I need to learn and I need support with. Maybe
I’m just afraid of the unknown.” (age 20, in foster care more than 3 years)

Another wrote, “I think that once you’re old enough and can decipher good and bad judgment. I think all youth should be involved in planning their case, not just in the decisions on whether to go home or not. I also think that they should make these decision carefully because the grass is not always greener on the other side. Who’s to say once your back at home and things aren’t going the way you planned, then what? You could already by then have forfeited a lot of the protection and the benefits that being in foster care offers.” (age 23, in foster care more than 3 years)

“I think that once you get close to eighteen you start thinking about what’s going to become of you. The only thing that comes to your mind is going back home, you think to yourself that it wasn’t that bad and that’s where you belong...I know I did.” (age 18, in foster care more than 3 years)

“I know how it feels to want to go home. No matter what your parents have done to you, they are still your parents and there is a bond. I still do not think that a foster child of any age should be allowed to decide to return to their biological family. You are in foster care for a reason! Also, everyone I know who has gone home from foster care after being released or aging out has just messed up everything that they had going for them. I aged out on May 9 and started college immediately. I had a chance to go home once and I thank God that I did not take it or I would never be where I am today...” (age 19, in foster care 1 to 3 years)

Barriers to achieving permanency for youth

Attaining children’s safety, achieving their permanency, and promoting their health and well-being are desired outcomes of child welfare systems. However, the success of actualizing these outcomes is tenuous (Garcia, et al., 2003).

One of the biggest barriers to the achievement of permanency for youth is the prevailing myth amongst child welfare service providers that older youth are not interested in forming or strengthening connections to adult support and that there are few families interested in committing to youth. Contrarily, Charles and Nelson (2000, p.8) documented that “youth have told us again and again that being an adolescent doesn’t mean they don’t want to be adopted or find a permanent family connection. These youth want the long-term stability they feel a family will bring even as adults.” Family and community ties do not end at adulthood. Such connections serve as lifelong support throughout the years, particularly through tumultuous life changes and important turning points and events.

For youth aged 11 and older, the challenges of responsive support, service provision, and achieving timely permanency often have continued to confound those charged with their care. Youth permanency has been negatively affected by inadequate resources, complex needs, poorly selected and improperly trained foster parents, caseworkers failing to address permanency issues early and frequently, fractured family relationships, and beliefs that it is almost impossible to find adoptive families for older children and that youth do not want to be adopted (California Permanency for Youth Project, 2005).

Similarly, on a national scale, Winkle, Ansell, and Newman (2004), in their review of states’ child and family service reviews and program improvement plans, identified the following resource barriers to youth permanency: a gap in youth-focused services (34 states
were rated as inadequate to nonexistent on this resource); lack of placement resources; and gaps in training for staff and foster parents (87% of the states reviewed identified the need for specialized training in assessing youth needs and understanding adolescent issues). These challenges result in youth lacking family ties and connections, meaningful relationships, and permanent families, and ultimately pose significant risks to youth in terms of delinquency, substance abuse, violence, and a decrease in school achievement and employment.

**Permanency planning for youth**

The process of identifying possible permanency resources for youth has typically occurred through general recruitment. This approach is system-driven and passive, as it focuses on submitting basic information about the child, along with the child’s picture, to adoption agencies and websites. This approach is dependent on receiving responses from interested parties, and the process repeats itself indefinitely until a permanent family is found or the youth ages out of the system.

A preferred approach, especially with this population, is *child-specific recruitment*, which strives to be a youth-driven process. While the term child-specific recruitment has many interpretations, American Humane defines this to mean an approach where the youth is proactively involved in the process of achieving permanence, starting with the diligent search and continuing with determining what level of permanence is desired by the youth and choosing who will be a part of his or her permanent support network. With this approach, permanence may be defined by the committed connections made with family, kin, and others in the youth’s network, instead of or including placement.

Permanency planning for youth should be “youth-driven, family-focused, culturally competent, continuous, and approached with the highest degree of urgency” (National Resource Center on Family Centered Practice and Permanency Planning and Casey Family Services, 2004, p. 1). Additionally, permanence should “bring physical, legal and emotional safety and security within the context of a family relationship and allow multiple relationships with a variety of caring adults” (National Resource Center on Family Centered Practice, p.1). It is shortsighted to view permanence as a single connection, a traditional family, or a straightforward relationship. Like all family dynamics, permanence is multi-faceted and specific to the development of both the young person and the “family.” What may serve one young person may not be suitable, appropriate, or wanted for the next.

Planning for lifelong permanency can and should begin in the earliest stages of out-of-home care. Ignoring the importance and timeliness of these concerns can lead to a further disservice of the young people traditionally sidelined in the child welfare system. The effects will last beyond adolescence and into adulthood, pointing to the professional responsibility of both child welfare agencies and the community at large to ensure that young people develop permanent connections.

Increasingly, based on the positive
evaluative results, family group decision making (FGDM) is being implemented as an approach to create plans in a specific, relevant, and meaningful way to achieve permanency for youth in out-of-home care. Crucial to working with adolescents through FGDM is the principal belief that every young person deserves permanent connections. Youth participation in planning and identifying people in their own networks through FGDM positions them as leaders and guides of their own futures. Through FGDM, youth and their familial and informal support networks are empowered to create plans that capitalize on their personal investment and responsibility for the young person’s future success.

The remainder of this article provides an overview of FGDM, uses a case example to illustrate the application of the family group conference (FGC) process, summarizes the research on FGC and youth, and discusses issues communities can consider in implementing this process with youth.

**Family group decision making overview**

Family group decision making (FGDM) is an innovative approach, with an increasing body of evidence for achieving child and youth safety, permanency, and well-being (Merkel-Holguín, Nixon, & Burford, 2003). FGDM is an umbrella term for a number of processes that position children, youth, and families as leaders in decision making. Through FGDM processes, children, youth, families, their support networks, and community members develop plans to resolve the issues endangering their young and adult family members, and then the public agency representatives agree to the plan’s action steps and authorize necessary resources (Merkel-Holguín, 1998; Pennell & Anderson, 2005; Wilmot, 2000). Public agency representatives, in partnership with family members, serve to monitor the plan; the family group can reconvene as needed to modify the plan. In the United States, the most common FGDM practice model implemented is the family group conference (FGC).

Family group conferencing was first legislated in New Zealand in 1989 under the Children, Young Persons, and Their Families Act. This act entitled families and other significant caring persons to have a voice in creating plans for their children and young people who came to the attention of the child welfare and youth justice system. New Zealand’s government, with this act, was acknowledging “that their practices toward children and families were not culturally appropriate” (Burford and Hudson, 2000, p. xxiii).

The overrepresentation of minority children in nonrelative or kin foster homes was one of the main issues that led to this act. This occurrence was of great concern to the Maori people, and they worked with the government to have a key role in decision making and planning for the safety and permanency of their children, through the use of family group conferencing.

**FGDM: thinking broadly**

Lohrbach (2003) describes FGDM as a partnership-based practice where information exchange, consultation, and involvement in decision making are basic to participation and to clients’ rights as social work participants and as citizens.

Burford (2004) furthers the concept, focusing on youth and families as architects of civil society and social inclusion when using FGDM. “Partnership practice that widens family members’ civic engagement requires getting beyond mere coordination and integration of services and the customizing by professionals of
plans around the identified risks and assessed needs associated with particular individuals and clients, to engaging consumers, their caregivers, and service providers at every stage, including needs assessment, program design, goal setting, implementation, governance and evaluation” (Burford, p. 80). These concepts are particularly relevant to an adolescent population, as during these formative years, concepts of ethics, community involvement, and civic responsibility and both tested and developed.

Merkel-Holguin expands the concept of social engagement, focusing in particular on youth involvement in the FGDM process. She contends that FGDM “provides the opportunity to teach young children, at a young age, the value of civic participation” (2004, p. 157). Not only does FGDM provide opportunities for youth to become involved and engaged in civil matters, but “when children and young people take part in the process, and observe the important adults in their lives positively and humanely participating in difficult deliberations, they are better prepared to become citizens contributing to civil society.”

Research on FGCs and youth

While limited, the research and evaluative results on convening family group conferences for older youth in care illustrate the effectiveness of this approach for this population of young people. These results can also be used to inform programmatic development for family group conferences.

Specifically, one study by the Northwest Institute for Children and Families looked at placement and relationship outcomes for youth (11 to 18 years old) placed in group care. They found that 81% of youth felt safe in the family group conference (FGC) process, 87% of case plans identified a recommendation for permanence, 34% of youth returned home or were placed with kin, and a majority of youth moved to less restrictive placements within six months and remained in them at 12 months (Gunderson, 2005).

Velen and Devine (2005) evaluated the permanency needs of children in Phoenix and Tucson, Arizona, who were in out-of-home care for five years or longer, and of children identified as free for adoption but without an identified adoptive family. Of these youth, their average age was 13.78, they had an average of 8.94 placements, and 62% were children of color. The results of this study appear to support FGDM as an effective method of addressing disproportionality and permanency issues, as plans were developed for all 100 children in the study, including 68 permanency plans. At the time of this report, 17 children had achieved permanency.

Illustrating the family group conference process to achieve youth permanency

Family group conferences are dependent on availability and participation of family and kin as defined by the family. Family group conferences are dependent on availability and participation of family and kin as defined by the family. What does this mean for children for whom it has somehow been determined that there are no family members or kin located or available? If the child is in placement, reunification is unlikely, and no family or kin have been
identified to participate in planning for the child’s future, it is usually determined that an FGC cannot occur, and general recruitment efforts will likely be initiated in the attempt to achieve permanence. However, this does not have to be the case.

Those who are most likely to experience the circumstances described in the last paragraph are youth who are 12 years of age and older (Garcia, et al., 2003). Often, it is more difficult to achieve permanence for youth with no identified potential kin placements. In recent years, more efforts have been made to actively involve youth in working to achieve permanence, with some child welfare service providers developing youth-centered processes to achieve permanence. Family group conferencing provides the opportunity for a youth-centered process to occur.

Family group conferencing (FGC) as the primary method of the child-specific recruitment process starts with a thorough, diligent search that includes:

- Working with youth to determine who was or is important, and with whom the youth wants to have connection. This process should occur many times, using various methods which encourage the youth to remember different times, places, and people who have played roles in the youth’s life. The more people who can be identified as potential participants in the FGC, the greater the resources for the youth.

- Accessing any known family or kin, and past or present caregivers of the youth to gain information about others who have or have had a significant role in the youth’s life. Family or kin and caregivers can act as historians for the youth, and often can assist in determining who is important to the youth.

- Reviewing all existing files, past and present, to identify relatives and other significant people from the youth’s life (this includes anyone who may have been considered unable to be a part of the youth’s life in the past).

Preparation for the family group conference begins by working with the youth and family to determine who will attend the conference, what the objectives will be, where and when it will be held, what food will be served, what traditions or ceremonies will be incorporated, and if the youth would like to have a support person at the conference to support his or her participation.

Preparing specific participants for their roles at the conference is integral to the success of the FGC. The coordinator’s preparation with the youth includes reviewing the steps of the FGC process, the youth’s role, the objectives to be discussed, the youth’s expectations and how to manage them, and how the youth would like to be supported before, during and after the FGC, and helping the youth understand that it may take more than one FGC for a permanent plan to be developed and that FGCs can continue to be held until permanence is achieved.

When preparing the family and other significant people, the coordinator reviews the steps of the FGC process, any information they may need to know about the youth’s circumstances or needs, their roles in the FGC, and the objectives for the FGC. Preparation of the service providers includes clearly defining how the FGC is being used as a primary method of child-specific recruitment, stressing the importance of providing thorough information about
the child's needs in relation to achieving permanence, the steps of FGC process, any information they may need to know prior to FGC, their roles in the FGC, and the goals for the FGC.

During the actual family group conference, it is vital that the coordinator conveys the following information to the FGC participants:

• The definition of permanence, what the youth's current status is regarding permanence, and the need for the highest level of permanence achievable for this youth;

• The possibility of more than one FGC, with the group meeting as often as necessary to develop a plan that best meets the youth's needs; and

• The importance of continuing the diligent search and FGC process through reconvening until permanence is achieved.

Future directions

Sheehy, et al. (2000) suggest that meaningful engagement of youth in identifying and establishing connections with family and other caring adults increases the likelihood of creating permanent relationships. Undoubtedly, family group conferencing not only engages young people in a process that rebuilds their family and social support network, but also serves as a platform to elevate youth and the broader family voice in decision making. The slogan, “nothing about me, without me” embodies the spirit of family group conferencing in that it recognizes the vital role that young people should play in charting their own permanency planning process.

As communities implement family group conferences for young people in foster care, practice dilemmas have emerged that require careful thought and deliberation by various stakeholders, especially the young people who this process is aimed at helping.

Given that in many instances, youth in foster care have been disconnected and separated from their immediate and extended family system, how does the concept of a youth-driven permanency planning process fit in with the FGC process?

How do the concepts of youth-driven practice and family-centeredness intermingle or interconnect with the FGC process? In other applications of FGC, the process is espoused as family-driven: one that is not controlled or dominated by any one family member. It is the coordinator’s responsibility to work with all family members, including children and youth, to engage them in participating. While an individual family member cannot bar the participation of others, she or he can raise concerns for the coordinator to explore with others. If safety concerns exist, then the coordinator, who is the guider and protector of the FGC process, will employ strategies to bring all voices and perspectives to the FGC with the safety and well-being of all participants being paramount. However, existing interpersonal or interfamily conflicts or an individual’s current connection with the extended family does not serve as the basis for excluding individuals from participating in an FGC.

Translate those underpinning values and practices to FGCs where youth
permanency is the purpose. Given that in many instances, youth in foster care have been disconnected and separated from their immediate and extended family system, how does the concept of a youth-driven permanency planning process fit in with the FGC process? Does the youth become the gatekeeper of the FGC, deciding who is invited, including family members, service providers, friends, and others? Or, does it remain the coordinator’s responsibility through diligent searching, exploration, and ongoing dialogue with the youth to identify the broadest network possible? The latter embodies the idea that endless possibilities, resources, and solutions exist when the broadest family group is assembled, while allowing one person to limit participation may likely undercut the purpose. Balancing the youth’s autonomy, thinking, and desires within an FGC framework is a proposition that requires open communication and substantial skill. In addition, these concepts highlight an important debate about the perceptions of young people’s rights and autonomy within the context of their families.

**Is preparation a cornerstone of youth permanency family group conferences?**
Because relationships between young people and their family members may have been strained, fragmented, or nonexistent, shortcuts in sufficient organizing and preparation of the extended family, community, and youth’s social support network will likely result in an FGC that is heavily dependent on, dominated by, and driven by service providers. While service providers have the critical role of illuminating the most vital issues for the youth and identifying resources that can be leveraged in the family’s plan, their presence or input should not supersede the youth and family’s level of involvement in planning. Family group conferencing has the potential to restructure standard case planning processes that privilege service providers as decision makers, often at the exclusion of young people and their extended family system. It debunks the myth that young people in foster care have no connections or relationships with their family and kin members. However, the equation can only be altered if active and constant diligent search strategies and family engagement processes are implemented throughout the social work process. This results in a process, like FGC, that positions family and young people in the position of primary decision makers, with service providers playing a supportive role.

*Are there any intentional or unintentional by-products from convening FGCs to achieve youth permanency?* The purpose of family group conferences – to establish a process where the family group makes decisions and creates specific case plans -- should not be overshadowed by any other benefits that can be gleaned from the process. Undoubtedly, while not the primary intention, FGCs can result in rebuilding of family relationships, restoring hope for young people and others in the family, illuminating the care and concern family members have for one another, creating family harmony, and supporting identity development and cultural formation for youth. However, the FGC process, even in the youth permanency application, should not be significantly altered to achieve these by-products. Embedding solution-focused questions and dialogue into the FGC preparation process can support FGC participants in harnessing their strengths, protective capacities, and “outside the box” thinking in crafting plans. However, in some communities, while unintended, the information sharing process has become overly facilitated and multi-faceted, becoming the “focus” of the FGC, and mirroring a therapeutic intervention rather than a decision making construct. It begs the
question of whether or not these guided, and sometimes lengthy, discussions result in control being abscended by service providers and others.

Are FGCs a moment in time, or an ongoing process? The decisions made through family group conferencing processes, and for that matter, other case planning mechanisms, are serious, life-altering, and intense, and often have a powerful and unpredictable ripple effect not only for the youth and his or her immediate family, but also for their generations to come and the broader community. Depending on a number of factors, including the quality of the preparation, the young person’s involvement in organizing the process, the family’s connectedness and harmony before the FGC, and the complexity of the issues that prompted the foster care arrangement, communities implementing FGCs to achieve youth permanency may find it necessary to organize multiple FGCs for a youth to reach this outcome. While multiple FGCs require additional resources, they honor the natural decision making process of families and do not unintentionally force family and kin into making lifetime commitments for youth without the time to seriously consider those commitments. When multiple family group conferences are organized, intensive preparation efforts between FGCs and continued diligent search processes to widen the circle may be necessary. Instituting family group conferences for young people in foster care will require revamping business as usual, and reaching far and deep to dispel the myths that have, over the past decade, paralyzed communities serving these vulnerable youth.

Conclusion

Undeniably, there are too many youth living in, or emancipating from, foster care who lack permanent connections and relationships that will support them as they transition into adulthood. The evidence that has been gathered to date, coupled with the child welfare field’s espoused philosophical shifts, indicate that now is the time for new vision and a new approach to permanency for youth in foster care. Family group decision making processes, and in particular, the family group conference process as illustrated herein, provide a potential avenue toward achieving positive outcomes for these young people and their families.

References


Introducing American Humane’s FGDM Teleconference Series

Building on the success of the annual Family Group Decision Making Conference and addressing a need identified by our FGDM colleagues, in 2005, American Humane launched various 1- and 2-day advanced training institutes throughout the United States. To complement the training institutes and annual conference, and recognizing that some FGDM coordinators and facilitators are geographically isolated, work independently in their community, or have limited resources to attend skills-based training, American Humane is debuting an FGDM Teleconference Series in August 2007. The teleconferences will be scheduled to occur throughout the year. American Humane’s FGDM team has identified the topics for the first Teleconference Series based on training and conference evaluations and informal dialogues with our FGDM colleagues.

This series is designed to: promote thought-provoking, stimulating dialogue that helps community leaders advance the practice, policy, and implementation of FGDM; create a culture of support and learning for FGDM coordinators/facilitators and other service providers; build strategic solutions (based on the experiences of many) to any roadblocks encountered with implementation; and leverage the expertise found within the FGDM network.

If you would like to suggest an important FGDM topic to discuss in a teleconference format, please contact Anita Horner at (303) 925-9449 or anitah@americanhumane.org. American Humane looks forward to partnering with our FGDM colleagues to make these events valuable and relevant to you and your community.

AMERICAN HUMANE
Family Group Decision Making
Using Family Group Conferencing in the Context of Death and Dying

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The family group conference (FGC) process brings people together in a way that is different from their usual interactions to generate an immediate resolution to a crisis. Family group conferences are often an emotionally intense and anxiety-ridden process for family members and service providers. Issues of separation and loss are a common theme in child welfare work and frequently require specific attention by FGC coordinators.

It is the authors’ experience as FGC coordinators that the emotional intensity of FGCs increases when themes of death and dying become the primary context of a conference. “Of all life experiences, death poses the most painful adaptational challenges for the family as a system and for every surviving member, with reverberations for all relationships” (Walsh & McGoldrick, 1991, p. xv). The significance of this type of crisis in families’ lives leads to particular challenges for the coordinator managing the process.

This issue has not been addressed in the conferencing or bereavement literature. In this article, we share our thoughts on what has been most helpful in integrating these circumstances in the philosophy and structure of the family group conference. This article considers different scenarios of loss and bereavement, identifies the possible benefits of conferencing in this context, and explores the issues attended to by effective coordinators.

Loss and bereavement in FGC work

In our practice, we have coordinated many FGCs in which loss and bereavement have been at the forefront of the planning discussion. These scenarios have included working with families in which a parent’s death is imminent or has recently occurred. Some of the situations have been complicated by issues unique to suicide and extreme domestic violence.

Referrals have also included circumstances in which the death of a family member was not the initial reason for referral, but such loss nevertheless fundamentally influenced the discussion. For example, a conference was held for a 15-year-old who was in his grandmother’s care. This young man’s mother had passed away when he was 6 and his father had ended contact and disappeared soon after. Due to his grandmother’s ailing health and some disturbing behaviors on his part, the placement seemed in danger of breaking down, precipitating a conference. When the family group came together, the absence of the parents resurfaced as an issue for the entire family. For the young man, his elderly grandmother’s health issues brought his earlier bereavements.
to the forefront. Thus, a plan could not be developed without the family group confronting their losses. In another situation, the impetus for the FGC came out of concerns that a mother’s mental health would limit her ability to care adequately for her daughters. However, in coming together at the FGC, the family circle was able to discuss how recent losses, including the death of the father and three other family members, were affecting the current situation.

The FGC referrals involving issues of death and dying came from both child protection and children’s mental health agencies, typically with the intent to develop plans to address the need for future caregivers for the children. In most cases, the referrals have dealt with mothers who are dying or deceased. It is possible that more referrals are made when mothers become incapacitated than when fathers are in similar situations, due to societal expectations and ideologies that mothers are the primary caregivers and occupy a distinct and pivotal position in the family (Walsh & McGoldrick, 1991).

**The benefits of conferencing in the context of death and dying**

The conferencing process has a number of positive outcomes for the family group in which a parent has died or is terminally ill. While the conference may emotionally challenge the participants, its structure often creates a supportive, communal space in which grief is jointly shared, and where comfort and sometimes forgiveness are offered.

The conferencing process may be perceived as a mourning ritual, similar to a funeral or visit to a grave, that allows family members to confront the reality of the situation and transform their responses to grief (Walsh & McGoldrick, 1991). Conferencing also facilitates a naming of the loss as well as a shared acknowledgment and experience of the reality of the loss, which enables the family circle to adapt (Walsh & McGoldrick). In this way, the conference provides a platform to deal with “unfinished business” (Rando, 1984) and becomes one small way in which the griever can manage his or her feelings (James & Friedman, 2001). Involving relatives in planning for the future promotes continued interaction with the dying person rather than avoidance by family members (Rando).

For the dying parent, conferencing facilitates enormous relief if she knows and agrees with the plan for her children after she has gone. For the dying parent, conferencing facilitates enormous relief if she knows and agrees with the plan for her children after she has gone. A parent’s participation in the decision making allows her to feel that she has ensured a positive future for her children.

Another benefit is that the death of a parent in combination with the conferencing process may allow certain secret, taboo subjects to be revealed. For example, in one conference a family told a boy that his older sister (who had passed away) had actually been his mother. This undoubtedly was not easy for the child to hear, but the family felt the conference was an appropriate time and place to finally share this news with him.

Further, the conferencing process creates opportunities for children to hold onto both sides of their family. Often when a parent dies, the child may lose touch with one set of relatives. Engaging
paternal and maternal relatives in the
decision making allows for the possibility
of connection and involvement with
everyone on an ongoing basis. The
process also lets children be informed
about what is happening around them.
The more clearly they understand,
the less likely they are to become
anxious as a result of having drawn
incorrect conclusions (Fitzgerald, 1992).
Conferencing provides a forum through
which children can be given simple,
honest information within the context of
their family’s unique cultural traditions
(Fitzgerald; Wolfelt, 1996).

The positive outcomes of conferencing
in general have been noted in the
literature, clearly including therapeutic
benefits, such as strengthening a child’s
sense of belonging (see Protecting
Children, 18(1-2) for examples). In the
context of death and dying, family
group conferencing can be seen as
therapeutically useful, though the
primary purpose remains to address a
planning question.

Setting up and facilitating a conference
in which issues of bereavement are
central present the coordinator with a
range of challenges. The FGC process
can sometimes set the stage for the
expression of compound and traumatic
losses in the family network. Because of
the complexity and emotional intensity,
FGCs with a context of death or dying
require coordinators not only to use the
usual repertoire of skills, but also to have
a particular awareness of bereavement
and how it might impact the process.

Dealing with death and bereavement in
the conferencing process

The coordinator of the family group
conference in which death or dying is
an issue must attend to several details.
He or she brings awareness to the many
ways issues of loss surface both during
preparation and during the conference,
thus paying attention to time pressures
and cultural issues, including stigma
and shame. The coordinator creates the
space for the expression of grief, while
understanding the many unique ways
of mourning. The FGC is recognized
as a historical ceremony that evokes
memories and moments from other
rituals. The coordinator may also have to
attend to the specific logistical needs that
emerge in this context. Throughout it all,
the coordinator maintains the group’s
focus on planning, despite the emotional
intensity of the process, and ensures the
voice of the deceased and the needs of
the children are appropriately addressed.

Time pressures

Because of the emotional intensity
that emerges from themes of loss, and
more directly death and dying, the
preparatory period and the actual
FGC usually take longer than with the
average conference. However, pressure
to quickly convene an FGC because of a
time sensitive crisis often accompanies
a referral that encompasses death
and dying. Coordinators should resist
the system-driven pressures to host a
conference before all participants are
ready, recognizing that preparation is
the cornerstone of the FGC process and
is even more important in the context
of bereavement. In one case, the family
group requested time to grieve before
having an FGC. Out of respect for the
family and for FGC as a family-driven
process, the coordinator remained
in contact with family members by
telephone, providing them with the
space to decide when they were ready to
proceed.

Cultural issues

A coordinator’s acceptance of referrals
in cases with a death or impending
death is usually predicated on his or
her comfort witnessing themes of loss
and bereavement, particularly as this
is a taboo subject in dominant Western culture (Walsh & McGoldrick, 1991). Further, it is critical that the coordinator approaches the family with knowledge and sensitivity about a family’s particular culture, especially their practices regarding death, grieving, and mourning. Coordinators who are grounded in FGC philosophies avoid a judgmental stance, especially when rituals and practices associated with grieving differ from their own (Walsh & McGoldrick; Wolfelt, 1996). Coordinators, who occupy a nonjudgmental “middle space” with families, are usually guided by the family group about how they uniquely address issues of death and dying, as these practices may not necessarily conform to broader and dominant cultural norms.

The family group’s unique culture will also determine whether stigma and shame are issues that feature in a conference process where a family member is dying or has passed away. For example, in one family group, it was taboo to name the mother’s illness as AIDS. While in any conference the decision about who becomes the child’s caregiver may speak to the myriad private agendas connected to personal histories of those in a family group, this complexity regarding agendas may become amplified in a situation where there is stigma associated with a death. One family found the grandmother responsible for her daughter’s suicide and thus would not consider her as the potential caregiver for her grandchild.

It is important that the coordinator allow the expression and exploration of feelings of shame, stigma, anger, and blame. While a conference often allows family members to move beyond recrimination, it may not diminish the intensity of the emotions felt by various family members, or ensure forgiveness and reconciliation. Coordinators thus need to understand the emotional context within which the family group may be working and accept the family’s current reality.

Creating space for unique expressions of loss

The coordinator must be willing to talk about death and dying directly, and needs to be prepared for a series of unpredictable responses from both family members and service providers attending the conference, as there is no one pattern for grieving. The conference process may, for some family members, provide a platform and cathartic space to further explore the implications of loss. At times, family members may wish to voice their experiences and tell their individual stories. During preparation, coordinators may help family members examine their feelings about the loss, but only to the extent that it impacts the conference. For example, in the case where a father murdered a mother, the maternal side of the family had to confront their feelings of shame and anger before considering involvement by paternal relatives.

In addition to creating room for the expression of sadness and loss, the coordinator imparts information about bereavement. However, while coordinators may play a psycho-educational role, they should avoid acting as bereavement therapists, and refer family members who request counseling to appropriate resources in their community.
Depending on different phases of grieving and the many dimensions of culture and social location that position both family members and service providers in the FGC, each family group member will experience loss and grieve in unique ways at the FGC. (Rando, 1984; Walsh & McGoldrick, 1991; Wolfelt, 1996). It is good practice to alert all participants beforehand to the various expressions of mourning that may surface in the family circle, ranging from behavioral forms of “acting out” to internalized forms such as depression. Family groups may ask FGC coordinators to invite a speaker who can outline different perspectives and approaches in understanding the bereavement process. Such a presentation may offer family members solace, as it can normalize their individual responses and can help them understand the potential connection between their current and historical losses (Walsh & McGoldrick).

The very process of meeting as a group allows family members to develop an alternative perspective about what has happened and to put in context various reactions within the family to the loss (James & Friedman, 2001). For example, in one case, the "acting out" and rebellion of teenagers who avoided their dying mother was recast or re-understood in the context of their pain and fear of losing her.

Coordinators may encounter family members who do not wish to attend the conference. Although this choice may pose an unexpected obstacle in the planning of an FGC, coordinators may explore with family members how the perceived emotional intensity is influencing their decision. Typically, parents request a conference when they are ready to face the reality of their condition and may approach the conference with a sense of empowerment, as it helps them plan for their death and the care of their children afterwards. They are usually able to talk about their dying, especially when they have had professional support in dealing with this issue. Many of the family members, however, may not wish to confront the current reality (Walsh & McGoldrick, 1991), as directly facing the expected loss may be extremely difficult. The planning process does require that the family group focus on developing concrete responses to the crisis, thus confirming the inevitability of the death. Similar dynamics occur when someone has already passed away.

In these cases, relatives may choose not to attend the FGC if they anticipate that dealing with the process will exceed their emotional resources and be too draining. Coordinators should not pressure family members to attend because this is their “last chance” with a relative who is dying. For hesitant family members, coordinators can explore whether the presence of a support person would enable their participation in an FGC.

Even when family members choose to attend, the information presented at the FGC can be emotionally overwhelming. To address this issue, the coordinator can ask the family how they want to progress with the conference. Additional breaks and the inclusion of support persons for vulnerable family members are strategies to encourage family member participation. In addition, prospective participants appreciate knowing before the FGC starts that family group members determine and evaluate their level of participation and that members may leave before the conclusion of the FGC.

Coordinators can still be creative about finding ways to include absent voices at the conference (e.g., by letter or audio recording). Phone-in participants do not benefit from the physical support of
the group. Thus it is worth coordinators’ exploring whether these individuals would benefit having someone alongside them to provide emotional support while they participate. In one case, a grandfather did not return from a trip in time to be present at the conference. He chose instead to participate by phone. Partway through the conference, he stated that he had to go out with some friends. He may have been unable to sustain his involvement in the conference as a result of being overwhelmed with the notion of losing his daughter. In such cases the coordinator offers support where appropriate, but again leaves it to the family member and the family circle to decide how much or how little to participate.

It is good practice for coordinators to remind both kin and service providers in advance about the emotional demands of the day, thus helping them plan for some quiet time after the conference.

The conference as a ceremonial, historical gathering

The family group conference may set a historic precedent, convening people who would not otherwise come together in this way. For a dying parent, this may be extremely significant. One mother noted how powerful it was for her to see everyone meeting, and appreciated that she could participate in this coming together of family. Paradoxically, she could be not only central to, but also a living participant in, a gathering that would otherwise have taken place only after her death. The death of an individual may also allow for the reunification of detached family members. In one referral, 17 people came together to offer their support to the children, though many of them had been estranged from the mother during her life.

In one referral, 17 people came together to offer their support to the children, though many of them had been estranged from the mother during her life.

Given the importance of the conference, coordinators often check in with the family group in advance to establish how, if at all, they want this event to be marked and remembered. Family group members are supported in making decisions about how to represent memories of deceased family members at the FGC. Family group members may have multiple and contrasting perspectives about the extent and manner a deceased family member should be symbolically included. For example, some family groups may include photographs, a precious belonging, an open chair, or a song played in memory, while others may prefer an absence of any reminders that could potentially evoke pain and trauma.

A deceased family member may have previously expressed how he or she wants the family group to care for the children. There may be added tension at the conference if the family members have different ideas about what the deceased relative wanted, or if they do not agree with that person’s plan. Some family members may feel that the deceased’s wishes take priority. In these instances, it is helpful for a coordinator to appreciate that following a member’s death, a newly reconstituted family system emerges (Rando, 1984). Major losses shift families fundamentally, leaving each member to discover a new reality and redefine their role in the family (Rando). The deceased member accordingly begins to occupy a very different place in the
family constellation. In one case, the relatives found it difficult to consider how non-relatives, even intimate friends of the mother, could be involved in the FGC. While they wanted to acknowledge the mother’s friends, they did not want them in “private time,” and felt planning for the children was a family matter. Thus, out of respect for how the relatives defined family, the friends attended only the first phase of the day, when they were given the opportunity to share their perspective about the development of a plan, including their own hopes of maintaining connections with the children involved. The outcome of the day was later shared in written form with all participants who were invited to the conference.

The ceremonial nature of a conference’s opening procedures may evoke other rituals around death and dying, loading the introduction phase with added meaning. The gathering may, for instance, become a reminder of the funeral. In such situations, there may be sadness and reflective silence at the beginning of the FGC. The conference opening may be used by relatives as an opportunity to express their feelings toward the dying parent or the deceased. Sometimes this time is used to deal with unresolved issues. It can be a time to pay last respects, to honor final wishes, and in the case of an imminent death, to say goodbye.

Similarly, the closing of a conference may evoke feelings about the finality of the death of a family member. As such, the family may choose to punctuate the closing of the FGC in a way that they define as sensitive to their experiences of death and dying.

**Maintaining a clear focus on planning for the children**

The prominence of the loss in family members’ lives may distract the group from focusing on the planning question at the FGC, challenging coordinators to move through the required planning process in a way that provides family members with enough space for the range in expressions of grief. Some strategies that coordinators can use include gently leading families back to the planning task; alerting invited service providers that, given the context of the FGC, it may take longer than usual and that family groups may struggle to develop a detailed plan; acknowledging that the family group may not have the emotional resources to deal with some of the planning aspects; and offering multiple conferences, in close sequence, to the family group. In one conference, the family circle developed a plan of support for a child who resided with her terminally ill mother. The circle, however, reported being “too tired” to proceed with developing a second phase of the plan which would come into effect once the mother moved into palliative care and ultimately passed away. The coordinator perceived the family to be emotionally exhausted and possibly ambivalent about a direct discussion of her expected death. They agreed to have a second conference at a later date, but chose not to set the time at the first conference. They requested this second conference once the mother had been placed in palliative care.

The coordinator’s task in managing conferences in the context of death and dying is made more complex by the interplay between very diverse expressions of mourning, child protection concerns, and sometimes other immediate contextual factors such as where and when to hold the conference. In order for coordinators to function in their roles, they cannot become overly preoccupied with the sadness in a family. Rather, the coordinator’s primary role is to ensure that a family group is prepared and
equipped to meet the immediate child protection concerns that are the impetus for the conference. In one situation, for example, the coordinator had to take into account the family group grieving the loss of the mother, while enabling them to deal with an alleged sexual assault by a neighbor against one of the children. This dual focus required that the coordinator be attentive to all the themes that could potentially impact the children’s safety and well-being.

The voices of the children need to be heard and their needs addressed in the conferencing process. This can be difficult to ensure when a family’s grief shifts into the forefront. One of the complications in coordination where loss becomes a predominant theme is that the needs of children may be overlooked because adult caregivers are overwhelmed with their own grief (Fitzgerald, 1992). It is very easy for the family group to become focused on the person who is dying or who has passed away. This dynamic may spur the coordinator to remind the family group that the conference’s primary function is to address the needs of children.

Losing a parent is likely to be one of the hardest, most painful experiences in a child’s life and children need to be supported in coming to accept the imminent passing or the death of a parent (Wolfelt, 1996). In cases that involve death and dying, it is the coordinator’s responsibility to appropriately prepare a child for the emotional intensity of a conference and to ensure he or she has a voice in the process. If children have existing therapeutic relationships with service providers, these individuals can complement the work of the coordinator in preparing for such an event.

Role of service providers

Coordinators deal with both family members and service providers in the conferencing process. The coordinator engages with the service providers on two levels: preparing them emotionally for the conference, and ensuring that the information presented is useful to the family members.

The information presented by service providers is central to any FGC. Typically, service providers have colluded in maintaining the invisibility of loss (Walsh & McGoldrick, 1991). The clear information and open communication required in conferencing makes the loss visible and facilitates the family group in labeling their shared experience of loss. When families are absorbed by their bereavement, service provider presentations can help the family refocus on the children’s needs, and may offer information about how children grieve and what supports may be needed.

In order to plan adequately, family groups may require a range of medical and legal information. It is the coordinator’s responsibility to identify the essential information providers and gather the necessary information to be presented to the family group. This preparation may include inviting an expert presenter to briefly address the appropriate topic in the FGC. In one case, a busy doctor consented to being called from the conference by phone to answer any questions after his report had been read by the coordinator. In another case, the hospice team participated in the first part of the conference. In yet another example, the hospital social worker was able to attend.

Regarding emerging legal issues such as the future custody of children, family groups may benefit from independent legal services. One family could not
afford the services of a lawyer, and felt that their planning at the conference was hampered by a lack of legal expertise.

The coordinator should also pay attention to the service provider’s emotional responses. Service providers may find that the family group’s bereavement connects with wounds in their lives. A service provider may come into the meeting feeling vulnerable, for example, if she or he has recently lost someone precious. The service provider may also be unexpectedly touched during the conferencing process. The coordinator must be prepared for such unplanned happenings.

In addition, the coordinator’s emotions may be triggered by the issues of loss, and he or she needs to make conscious use of supervision to keep in touch with his or her responses throughout the conferencing process.

Practicalities

While the previous comments focus on the emotional content of the conference, it is also incumbent on the coordinator to attend to logistical details. For example, coordinators, in concert with the family group, strive to make the FGC as accessible and comfortable as possible for the ill parent. Thus, a series of shorter meetings could substitute for a longer conference. Special medical equipment might be needed in the room as well as information about how to access health professionals in an emergency. If agreed to by the family group, hospitals or hospices could be the setting for conferences, but coordinators should explore whether those locations would be productive based on the different meanings such venues may evoke for different family members.

Conclusion

Preparing family groups and service providers for a conference in the context of bereavement can be extremely challenging, as the coordinator is dealing with an emotionally-charged environment. The coordinator must exercise extreme sensitivity to individual, family, and cultural expressions of grief while keeping the process focused on the planning question. The temptation to be drawn in as therapist is potentially greater than in other conferencing contexts. While conferencing clearly has therapeutic benefits, coordinators recognize that therapy is not the primary purpose of an FGC, but a valuable side benefit.

Conferencing is a useful process for families who are dealing with death and dying. It offers a range of benefits to the ill parent and the children and relatives who come together to plan for the children. Child welfare workers and supervisors should thus be encouraged to refer for conferencing those cases that include issues of loss and bereavement and the need to plan for a child. Inviting families to come together in this time of grief is a significant gesture and may lay the foundation for a child’s future happiness.

References


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