

STANDARD FOR INVOLVING FAMILIES THROUGH FAMILY GROUP DECISION MAKING MEETINGS

PURPOSE

The purpose of this standard is to provide direction and guidance to the Child and Family Services (CFS) program regarding involving families through family group decision making meetings. This standard is intended to achieve statewide consistency in the development and application of CFS core services and shall be implemented in the context of all applicable laws, rules and policies. The standard will also provide a measurement for program accountability.

INTRODUCTION

CFS implements Family Group Decision Making (FGDM), a family-centered approach to decision making, in an effort to enhance the involvement of children and families in decision making and in the development of their case plans.

The purpose of FGDM meetings is to develop protection and care plans for a children building on the strengths and resources of family members, agency staff, and other FGDM meeting participants. FGDM has positive outcomes because families know a great deal about themselves and are able to create family-specific solutions. Families are also more likely to accomplish tasks related to solutions they create.

TERMS

Facilitator/Coordinator

A facilitator/coordinator is a neutral and objective individual who assists the family and CFS social worker/clinician in planning, convening, and guiding the process of the FGDM meeting. The facilitator/coordinator does not participate in making decisions, making recommendations, or offering opinions. The facilitator/coordinator must have completed training in FGDM. He or she may be a Department staff person, a contracted service provider, or a volunteer such as a student intern.

Family

For the purposes of FGDM meetings, “family” includes anyone the family identifies as a family member or “like family” to them.

Family Group Decision Making (FGDM)

Family Group Decision Making is a family-centered approach that engages families, relatives, and friends to develop a protection and care plan to ensure the safety and

permanency for children. Families are empowered by child welfare agencies and the court to make decisions and develop plans in culturally appropriate ways.

IMPLEMENTING THE STANDARD

When to Use FGDM Meetings

FGDM meetings can be convened anytime in the life of a case there are important issues requiring input and planning from both family members and professionals.

Points in a case to consider FGDM include:

- Developing a safety plan to prevent a child from coming into foster care;
- Developing a family service plan;
- Developing a transition plan to prepare and plan for significant changes, transitions, or events;
- Developing a permanency plan; and
- Selecting a permanent home for a child.

Family Members Select Participants for FGDM Meetings

Parents or relative caregivers may be reluctant to include members of their family and community in a meeting to discuss issues they consider personal and private. Their reluctance may be due to any number of reasons such as a desire for privacy, embarrassment, self-protection, safety concerns, damaged relationships, or prior history of abuse. When parents or caregivers are reluctant to hold a FGDM meeting, or to have certain individuals attend, the CFS social worker/clinician and the facilitator/coordinator must seek to understand the source of the reluctance and how those issues might be resolved to give the meeting the biggest chance for success.

The family and their CFS social worker/clinician develop a list of meeting invitees. While the list of invitees must be respected, the CFS social worker/clinician and FGDM facilitator/coordinator must ensure the circle of support for the child and family is adequate.

The family and their CFS social worker provide the invitee list to the facilitator/coordinator. The facilitator/coordinator will personally contact each person on the list and invite them to attend the meeting. Family members may choose to personally invite any of the individuals on the list. In that case, the only requirement is the facilitator/coordinator must be informed who has been invited, who is expected to attend, and each participant's relationship to the child and parents. FGDM meetings are a voluntary process where each participant ultimately decides on their individual level of participation.

Care should be exercised with the number of professionals invited to the meeting. It is important for the family not to feel overwhelmed. The number of professionals should not outnumber family members. A professional's primary role at the meeting is to

provide relevant information about why the child came into care, how the child is doing, and the agency's critical concerns regarding the child. Professionals also have a role in describing possible resource options for the family to consider.

Overall Process of FGDM Meetings

(1) Consideration of a FGDM meeting – In consultation between the CFS social worker/clinician and their supervisor, discussion of the following questions will help in determining when it is appropriate to approach a family about having a FGDM meeting.

- Is the CFS social worker/clinician open and willing to consider the family's ideas?
The facts of a case may determine decisions and actions that must be taken. If a decision has already been made, or there is only one acceptable outcome, a FGDM meeting would not be appropriate. It is imperative that a meeting not be held for the purpose of justifying that decision or in an effort to get the family to agree with a decision.
- Are there safety concerns? The safety of all participants is paramount. In deciding whether to propose holding a meeting to the family, the CFS social worker/clinician and their supervisor must ensure the FGDM meeting process does not compromise the safety of any individual. A FGDM meeting will not be held if there is serious concern that any participant's safety would be at risk either before, during, or after the meeting.

(2) The CFS social worker/clinician talks with the child's parent(s) or other key family members about having a FGDM meeting – The CFS social worker/clinician will explain the purpose of the meeting, give the family a brochure that describes FGDM meetings, and explore the family's willingness and readiness to participate in the process.

The CFS social worker/clinician explores with parents whether or not they can agree with the stated purpose of a meeting. FGDM meetings are voluntary. It is critical the purpose of the meeting be described in a way that will allow participants to understand how their participation can provide an opportunity to address the safety, well-being, and permanency needs of their child(ren). A successful FGDM meeting will be one where the participants want to be there and see the purpose of the meeting as relevant to their lives.

The CFS social worker/clinician explores with parents whether or not those who can make decisions are able to attend the meeting. FGDM is a group process. It requires the presence of individuals with the ability to make decisions on behalf of a particular child. If those individuals can't or will not participate, a FGDM meeting should not be convened.

(3) CFS social worker/clinician makes the referral for a FGDM meeting and a facilitator/coordinator is assigned – The CFS social worker/clinician will use the accepted referral form when referring for FGDM. Facilitator/coordinators must be "neutral", meaning they may not have any influence or responsibility related to the case. The facilitator/coordinator cannot be the family's CFS social worker/clinician or supervise the family's CFS social worker/clinician.

(4) Time frames for referrals to contract facilitator/coordinators – When using a contractor to coordinate/facilitate a FGDM meeting, the meeting must be held within the time frames specified within the contract. The contract will provide for variable time schedules depending on the urgency or purpose of the meeting.

(5) The CFS social worker/clinician participates in the FGDM meeting, completes assigned tasks, and monitors the progress of the plan – The CFS social worker/clinician attends the FGDM meeting and represents the agency in presenting the reason for agency involvement, establishing the critical areas of concern that must be addressed in the plan, and answering questions. The plan developed during the meeting will identify individuals or agencies responsible for implementing specific components of the plan. Plan items related to the resolution of safety threats and/or conditions for the child(ren)'s return to the family home should be integrated into the FOCUS Service Plan format and monitored by the CFS social worker/clinician on an ongoing basis. There may be circumstances where the family creates plan items not related to the child(ren)'s safety or conditions for return, but the family wants these additional items included anyway. These additional items should not be included in the FOCUS service plan submitted to the court. Instead, the CFS social worker/clinician may assist the family in meeting these additional items on a voluntary, informal basis if appropriate.

If the plan is not being carried out, the CFS social worker/clinician is responsible to address concerns with those identified as responsible. Required intervention could include working with the family and other resources to meet again and revise the plan. At all times, the CFS social worker/clinician is responsible to take actions necessary to ensure the child's safety and well-being when the parents or other caregivers are unable or unwilling to take those actions themselves.

Confidentiality in FGDM Meetings

The CFS social worker/clinician and facilitator/coordinator can share information necessary to obtain benefits or services, or perform normal business processes of the Department. In order to determine what disclosure is necessary to invite participants to attend the meeting, the CFS social worker/clinician and facilitator/coordinator should ask themselves what disclosure of information is "minimally necessary" and would therefore be considered "need to know". Because FGDM meetings are voluntary, the child(ren)'s parents or legal representative should understand critical issues related to the case and their situation will be discussed during the FGDM

meeting. Case specific information will be shared with family members and others invited by the family because that information is necessary in order to proceed with participation in FGDM and develop a plan which sufficiently addresses the child(ren)'s protection and care. Each participant must understand they agree not to re-disclose information shared during the FGDM meeting, unless directed to do so as part of the FGDM meeting plan. (See Standard for Confidentiality for more information on issues related to confidentiality and disclosure of information.)

Preparing for FGDM Meetings

Research has shown that the success of a FGDM meeting is highly dependent on the thoroughness of preparation efforts. Meeting preparation is the responsibility of the facilitator/coordinator with cooperation from the CFS social worker/clinician, supervisor, other professionals, and family members. The following must be addressed and completed by the facilitator/coordinator during the meeting preparation phase:

Purpose – Make sure the purpose is clearly defined and agreed upon by all participants. The purpose should be stated clearly and simply, without jargon. It should be phrased in such a way as to allow many possibilities for planning and decision making.

Invitations – Make sure the people who can make decisions and commitments are on the list of invitees, extend the invitations, and when indicated, send written notices and/or make telephone reminders.

Location and time – Agree on a location and time conducive to the attendance of as many participants as possible. There are considerable advantages to holding the meeting at a neutral location chosen by the family and the meeting coordinator and not at the CFS office building.

Emotional supports – Participant identified resources for emotional support must be available both during and after the meeting.

Roles – All participants must understand their particular role and what is expected of them and other participants.

Views of the child – If children are not attending the meeting, plans must be made to ensure their views are heard and considered.

Interpreters – Arrangements must be made for language and cultural interpreters, as necessary. Interpreters must be neutral to the family and their situation. Family members must not be used as interpreters.

Special needs – Arrangements must be made for any participant requiring assistance with mobility, language, literacy, or other special needs.

Guests – Anticipate the family's service needs and, with the family's permission, invite people who are not already involved in the case to attend part of the meeting to speak about possible services or resources.

Food – Snacks and beverages should be provided to help set a tone of hospitality and comfort. In some situations, meals may be provided.

Family traditions – The meeting should be started, ended, and conducted in ways that honor and conform to the family's culture. For example, some families may wish to begin and end the meeting with a prayer or song.

Travel/transportation – Ensure barriers of distance or lack of transportation do not inhibit the involvement of people crucial to the meeting's success. Assisting with transportation or arranging participation by telephone may be necessary for individuals who would be required to travel long distances to attend the meeting. Participation by phone would be appropriate for those incarcerated or who otherwise might not be able to attend in person.

Childcare – Assist meeting participants in arranging care for their child(ren). Providing or reimbursing for childcare may be considered.

Safety – Efforts must be made to ensure both the physical and emotional safety of all participants. When there is a history of violence or a concern for potential violence, special arrangements must be made to ensure safety. If safety cannot be ensured or risk sufficiently minimized, a decision should be made not to convene the meeting.

Although the purpose of FGDM meetings is planning and decision making, meetings are also opportunities for frank discussion and expression of emotions, such as grief, shock, loss, anger, and fear. Because of this, planning and arranging to create a safe setting for all participants is required. The following guidelines should direct the planning and implementation of all FGDM meetings:

(1) The referral process for FGDM meetings must include the question of whether there are any court-sanctioned protective orders between family members. Do not sponsor a meeting that violates a protection order or when a current criminal investigation prohibits contact between potential participants. This may mean that an alleged perpetrator may not attend or make contact through a FGDM meeting.

(2) Make certain the referral process for FGDM meetings includes the question of whether there is a history of violence by or between family members. The issues of

conflict and historical/potential violence must be addressed by the CFS social worker/clinician, the supervisor or facilitator/coordinator with family members prior to deciding to convene the meeting. To assess potential volatility and plan for a safe meeting, the CFS social worker/clinician or the facilitator/coordinator should ask questions such as:

- Tell me about your family. How does everyone get along?
- Do you have any worries about having a meeting? What are they?
- What do I need to know to help make the meeting go smoothly?
- What happens when people in your family disagree about something?
- How do your family members act when they are worried?
- How do your family members deal with anger?
- Do you have any concerns that people may get upset at the meeting? What might happen if they do?
- Is there anyone who does not get along with anyone in particular? Who are they?
- What is the conflict about? What happens?
- Has anyone in your family ever hit or hurt anyone else? What happened?
- Is there a history of violence in your family? Has anyone been arrested for violence toward others?
- What ground rules would you recommend we set for the meeting in order for everyone to be safe and feel comfortable?
- What else can we do to help make sure everyone is safe and feels comfortable?

(3) When there is a history of violence or concern for potential violence, the following should be considered:

- Include making a safety plan for all family members in the purpose of the meeting;
- Arrange for security/law enforcement to be present in the building and available to protect participants;
- Select a safe, neutral location for the meeting;
- Identify support family members who may feel threatened or likely to become agitated;
- Use a co-facilitator;
- Define specific ground rules (behavior guidelines) at the start of the meeting. These ground rules must be explained and agreed to by all participants to ensure that everyone is safe and able to participate. Consequences for violation of the ground rules (i.e. adjournment of the meeting) must also be explained.
- Ask select individuals to participate through pre-meeting interviews, written statements, or conference calls instead of attending the FGDM meeting;
- Arrange for a private check-in after the meeting with participants that are identified as vulnerable;

- Arrange for vulnerable family members or those in conflict with one another to arrive at and leave the meeting separately and at different times;
- Arrange for vulnerable family members and participants to leave the meeting escorted by staff or security personnel;
- Arrange for the CFS social worker/clinician to make a follow up face-to-face visit with vulnerable family members within 24 hours of the meeting; and/or
- Decide to not convene the meeting.

Roles at FGDM Meetings

Each participant at a FGDM meeting is a valued partner working toward child and family safety, permanency, and well being. Each participant also has a distinct role and function as defined below.

Family members contribute knowledge and wisdom about family resources, strengths, concerns, history, relationships, culture, as well as the unique care and concern for their child(ren) which only family members have. The family's role at the FGDM meeting is to lead the development of a plan for the safety, permanency, and well-being of their children that is acceptable to them, CFS, and the court when there is court involvement.

Children are the focus of the FGDM meeting and should be involved in the meeting or otherwise in the planning process whenever possible and appropriate. The following questions will help family members, the CFS social worker/clinician, and facilitator/coordinator decide if and how the child should participate in the meeting:

- What is the age and developmental level of the child?
- Does the child want to participate? If so, is the child comfortable attending the meeting or do they want to give input in another way?
- What special issues should be considered related to the child's participation (cognitive, behavioral, and emotional)?
- Are family members comfortable with the child attending the meeting?
- Is there potential for the meeting to be helpful or harmful to the child?
- What supports or preparation should be in arranged to address the child's emotional needs before, during and after the meeting?

If it is decided that a child will not attend the entire meeting or any portion of the meeting, the following options should be considered for providing a means to include the child's views and input:

- Audio/video tapes of the child;
- Designating a spokesperson for the child;
- Participation of the child by telephone;
- Letters written by the child; and/or
- The child participating in only selected portions of the meeting (i.e. snack

time).

Having a picture of the child or designating an empty chair to represent the child can be helpful to remind participants that the meeting is about the safety, well-being, and permanency of the family's child.

Friends and other support persons also contribute information about the family and may contribute or identify possible resources. Their role at a FGDM meeting is to help develop and resource a plan for the child.

The Family's CFS Social Worker/Clinician contributes knowledge about agency and community resources and relays both the strengths they see in the family and the critical concerns that must be addressed in the family's plan. The CFS social worker/clinician may be called upon to answer questions about agency interventions or provide other information. Most importantly, the CFS social worker/clinician must approve the plan in terms of meeting the child(ren)'s needs for safety, permanency, and well-being, and with their supervisor, authorize agency resources to carry out the plan where needed.

Multidisciplinary Team members, as defined in the Child Protective Act, contribute knowledge and legal expectations about safety, permanency, and child well-being. They may be asked to provide information related to the child protection system, the law, or answer questions about critical concerns and interventions.

Service providers, internal or external to IDHW, provide information about services, resources, and the strengths or concerns they have identified in the family. The primary role of service providers is to provide information and options for the family to consider, rather than make recommendations.

The facilitator/coordinator uses their knowledge, experience, and skills to direct the meeting process to ensure the process is safe and fair.

Structure of FGDM Meetings

The agenda for meetings will vary somewhat according to the specific model that is used; however, most will follow the same basic format:

Welcome – The facilitator/coordinator and family members make opening remarks which may include a family tradition such as a prayer;

Introductions – Everyone introduces themselves and identifies their relationship to the child and family;

Review of purpose – The facilitator/coordinator reviews the purpose of the meeting and confirms that all participants are in agreement. Sometimes the written purpose is

revised or clarified at this point;

Ground rules – The facilitator/coordinator makes certain that everyone is in agreement with the ground rules. Ground rules usually include some version of the following and should be customized to meet the individual group’s needs

- One person talks at a time;
- Be courteous to each other at all times which includes no name-calling or hitting;
- Everyone has a right to their own opinions and feelings and should be listened to and shown respect;
- Participants do not have to agree with everything that is said;
- No information will be shared outside of the FGDM meeting **except** any threats to harm oneself or others, any information requiring a new report of child abuse or neglect, and the written plan which will be given to the immediate family and those participants with a responsibility identified in the plan.

Information Sharing – All participants are invited to identify the strengths they see in the family and their concerns for child and family. During this phase, the CFS social worker/clinician and service providers report the reasons for their involvement with the family and the circumstances that have led to the meeting. Guests may be asked at this time to share information about resources for the family to consider.

Private Family Time to Develop the Plan – In the majority of cases, private family time is used for family members and participants they identify as “like family” to meet alone and develop a plan to address the critical concerns identified earlier in the meeting. The use of private family time will be agreed upon prior to the meeting with clear expectations and assurances for participant safety. If private family time is not utilized, the facilitator/coordinator works with family members to identify their own solutions.

Presenting the Plan – The family presents the plan they have developed. The CFS social worker/clinician provides feedback to the family about their proposed plan relative to the critical concerns. The plan may require some strengthening which they can do as a group.

Approval of the Plan – Agency approval of the plan will be made at the FGDM meeting by the CFS social worker/clinician. The facilitator/coordinator will not approve, veto, or express an opinion on the plan. Plan approval will be given if the CFS social worker/clinician can answer yes to each of the following questions:

- Will the plan keep the child safe?
- Is the plan feasible?

- Is the plan in the best interest of the child?

The CFS social worker/clinician should approve the plan before the meeting is adjourned. In some cases the plan may need to be approved conditionally, pending fiscal and court approval. A supervisor should be available, in person or by phone, in the event the CFS social worker has questions or needs consultation regarding approval of the plan. Participants are advised that the approved plan will be written up and distributed, within 3 days, to the immediate family and anyone who is responsible for a portion of the plan.

From time to time, a plan may require agreement from law enforcement, CASA, the prosecutor, and/or the defense attorney. If the court has jurisdiction over the case, final approval of a service plan developed during a FGDM meeting is made by the presiding judge.

Getting feedback – Using written forms or other formats for collecting information, the facilitator/coordinator asks for written feedback from participants about their experiences in the meeting. The facilitator/coordinator will distribute and collect the evaluations. Results of the evaluations will be reviewed regularly by the agency to determine if revisions in the standard or contract are needed.

Closing – The facilitator/coordinator and/or family members make closing remarks. The family may choose to end with a family tradition such as a prayer or song.

Steps Following the FGDM Meeting

Results of the FGDM meeting will be documented both in a written plan and a meeting summary. The plan will contain all action items. Timeframes, tasks and services will be behaviorally specific. A responsible party(s) will be identified for each task and/or service and for monitoring the progress of the plan.

The individual responsible for facilitating the FGDM meeting is responsible for writing and distributing the plan within 3 working days of the meeting. The plan will be distributed to the immediate family and participants who are identified in the plan as having a role or responsibility in the plan. The FGDM summary and plan will become part of the CFS case record.

In situations where FGDM is facilitated by a contracted service provider and the meeting was held to develop a case plan that will be submitted to the court for approval, the meeting will be conducted so that CFS receives the plan and summary ten (10) days prior to the Case Plan Hearing. If the schedules of participants do not allow for the full ten (10) days, the documentation must be provided to the CFS social worker no later than eight (8) days prior to the Case Plan Hearing.

Plans Not Approved at the FGDM Meeting

If the family is unable to develop a plan which the CFS social worker/clinician can approve, the plan will be developed between the parent(s) and the CFS social worker/clinician. In those cases, every effort should be made to engage the family in the planning and decision making process.

Principles of FGDM Meetings

The following table identifies the principles of family-centered practice and how each of these principles is applied in a FGDM meeting.

Principles of Partnership in Family-Centered Practice	Application in FGDM Meetings
<p>1. Everyone desires respect. All people have worth and a right to self-determination and to make their own decisions about their lives. All opinions and views should be treated with respect. True partnership is impossible without mutual respect.</p>	<p>The child's parents decide if they are willing to participate in a FGDM meeting and identify who they want to attend. FGDM meetings emphasize the strengths, knowledge, resources, and experience of all participants. A basic rule in FGDM meetings is that all participants will treat each other with respect.</p>
<p>2. Everyone needs to be heard. Seek first to understand through empathic listening motivated by the listener's desire to truly understand someone's point of view by entering their frame of reference without a personal agenda.</p>	<p>Family members and all participants are encouraged to share concerns and identify needs and resources. The role of the FGDM facilitator/coordinator is to make certain all participants have the opportunity to be heard with understanding. The CFS social worker/clinician who attends listens to family members' ideas with objectivity.</p>
<p>3. Everyone has strengths. All people have resources, past successes, abilities, talents, dreams, etc. that provide the material for solutions and future success. Identifying both strengths and concerns provides a more balanced, accurate, and hopeful picture of the present and the future.</p>	<p>The basic goal of FGDM meetings is to develop a plan based on the strengths, resources, and experience of family members and other support persons. FGDM recognizes focusing on strengths is critical to developing and implementing a successful plan.</p>
<p>4. Judgments can wait. Withholding judgment means staying open to all information, even information that doesn't fit with our preconceived notions of how things should be, allowing information to shape thinking and decisions.</p>	<p>FGDM meetings encourage all participants to share their perspectives and ideas without prejudice. The importance of considering all available information before drawing any conclusions or making a decision is emphasized.</p>

<p>5. Partners share power. Power differences can create barriers to partnership. It is the CFS social worker's responsibility to promote a relationship that supports sharing of power with the family.</p>	<p>In FGDM meetings the participants share power. Through shared power the participants become more invested in following the plan that is developed during the FGDM. Sharing power also means that the family and the agency also share the responsibility for the safety, permanency and well-being of the child.</p>
<p>6. Partnership is a process. Partnership requires openness, effort, patience, understanding, good will, and hard work. Learning to be partners is not always a smooth, conflict-free process. Sharing important goals helps partners move through difficult times and learn from mistakes.</p>	<p>FGDM meetings provide an opportunity to enhance partnership between participants. The plan developed during a FGDM meeting serves as a common ground for the ongoing working relationship of the family, the agency, and the community.</p>

Any action taken not consistent with this standard must be pre-approved by the FACS Division Administrator or designee. The action, rationale and approval must be documented in the file.