Pennsylvania
Family Group Decision Making

Toolkit:
A Resource to Guide and Support Best Practice Implementation

Fall 2008

PA FGDM Leadership Team
http://www.pacwcbt.pitt.edu/FGDM.htm
It is with great enthusiasm and optimism that we write this letter welcoming all of you devoted to child welfare to the practice of Family Group Decision Making (FGDM). This practice, selected by our Statewide Roundtable in June 2007, supports the inclusion of all who care for children to become active participants in decisions being made regarding the safety and care of those children.

It brings the “collective voice of children, families, and communities” into the dependency courtroom in an unprecedented manner. Additionally, it encourages and supports children safely remaining in their own homes/communities and, when placement is needed to protect a child’s safety, it encourages and supports the use of kinship resources rather than stranger care, thereby reducing any potential emotional trauma associated with placement.

For these reasons, and so many more, the Pennsylvania Statewide Roundtable selected FGDM as the primary practice focus for our Dependency Court Improvement. FGDM is being partnered with Family Finding (FF) and Family Development Credentialing (FDC), two additional practices selected by the Statewide Roundtable, and specific court enhancements, all aimed at speeding permanency for Pennsylvania’s 20,000+ abused and neglected children.

To this end, Phase One of the Pennsylvania Permanency Practice Initiative has begun. This Initiative combines the practices of FGDM, FF and FDC with specific court practices including the implementation of 3 month court reviews, local Children’s Roundtables, and a court data/case management system in fifteen counties (Allegheny, Blair, Butler, Carbon, Chester, Dauphin, Jefferson, Lackawanna, Lehigh, Montgomery, Northampton, Snyder, Venango, Washington and York). These changes are expected to significantly increase timely, safe, and lasting permanency for children.

Indeed, this is an exciting time in our great Commonwealth, as we witness many historic moments in addition to the Permanency Practice Initiative, including the first ever joint conference between the courts and child welfare professionals held last November in Hershey, Pennsylvania. That conference brought together teams from over 45 counties specifically focusing on the implementation of FGDM and led to the dramatic increase in the practice.

Realizing we have much to do as we refine our dependency system, we are confident FGDM will continue to play a pivotal role in our efforts to enhance outcomes for children and families within the dependency court system.

To our colleagues in Pennsylvania’s 67 counties and across the Commonwealth, we applaud your commitment to making our dependency court and child welfare system one in which the voices of all those who care are heard and included in the safety, well-being and permanency planning for abused and neglected children.

We hope this “toolkit” will be helpful and look forward to our continued work together.

Max Baer, Justice
Supreme Court of Pennsylvania

Sandy Moore, Administrator
Office of Children & Families in the Courts - Administrative Office of Pennsylvania Courts
Pennsylvania Family Group Decision Making Toolkit

At our best level of existence we are parts of a family, and at our highest level of achievement, we work to keep the family alive.

~Maya Angelou
Welcome to the PA FGDM Toolkit!

Fall 2008

Pennsylvania’s Family Group Decision Making (FGDM) Leadership Team is excited to share FGDM information with you. First and foremost, over 60 of our 67 counties in Pennsylvania have expressed interest in FGDM and family engagement! This is exciting; not only for child welfare, but for our community partners and especially for the children and families we serve.

The FGDM Leadership Team continues to work to “guide and support best-practice in the implementation of FGDM in Pennsylvania.” (FGDM Leadership mission, October 2005). To this end, we will continue to offer regular forums for training, networking, and sharing of FGDM resources.

This Toolkit was created as a new resource manual for anyone implementing FGDM. It can be referred to time and time again to get more information to strengthen your practice. It is our hope that the Toolkit will guide and support best practice implementation, foster model fidelity, and encourage community partnerships and cross system practice expansion.

The Toolkit has been organized to provide international as well as Pennsylvania specific information. Our vision is that it will be useful to everyone involved with FGDM, including agency administrators, implementation teams, FGDM providers, judges, family members, and cross systems partners, to strengthen services to improve outcomes for children and families.

The Toolkit is divided into sections for easy reference depending on the particular resource needed. Each section includes a summary page explaining the items included in the section. Some sections include professional publications, PowerPoints, and sample FGDM documents graciously provided by FGDM practices across Pennsylvania, which may be modified and used in your FGDM practice.

We sincerely hope that this resource helps you in providing quality services to children and families. Thank you for your work on behalf of children and families.

Sincerely,

Honorable Todd A. Hoover  
Peter E. Vriens  
Mary Gaspari  
Dauphin County Courts  
Dauphin County Human Services  
Chester County JPO  
Leadership Co-Chair  
Leadership Co-Chair  
Leadership Co-Chair
Acknowledgements

This toolkit is a collaborative effort of the Pennsylvania Family Group Decision Making (FGDM) Leadership Team and the many people who make FGDM in Pennsylvania successful.

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Toolkit Contributors
Throughout this Toolkit are resources that were shared from so many people and communities that it would be impossible to list them all. All efforts were made to acknowledge the authors/contributors on the specific documents.

Electronic Access and Copies of Publication
Thanks to the Office of Children and Families in the Courts - Supreme Court of Pennsylvania for distributing a hard copy of this guide to each Pennsylvania FGDM Community and to the Child Welfare Training program for maintaining the Toolkit online at http://www.pacwcbt.pitt.edu/FGDM.htm. Materials in the Toolkit may be reproduced or copied with citation of the original source. Updates to the Toolkit will be done electronically.
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“I feel that this type of meeting is great for the person to whom it is for because it provides ownership to his/her plan, and that he/she has a say in the outcome. Actually it is great for everyone involved.” (PA FGDM Family Member)

Welcome to the Pennsylvania Family Group Decision Making Toolkit. The term Family Group Decision Making (FGDM) will be used throughout the Toolkit to refer to a process for families to join with relatives and friends to develop a plan for ensuring that children are cared for and protected from future harm in ways which fit their culture and situation. While there are other family engagement models, the Toolkit is specific to Family Group Decision Making and highlights the practice implementation in Pennsylvania.

The vision is that the Toolkit will be an interactive guide to compliment your efforts in engaging children and families in the decisions that impact their lives. Documents shared are intended to supplement the training, technical assistance, and local and statewide partnerships that are an integral part of your FGDM practice.

The Introduction of the PA FGDM Toolkit begins with the values and beliefs that must be the foundation of your FGDM practice. This section provides foundational information that can be shared with others interested in an understanding of the practice. The documents can be used together or as separate handouts. Citation of the source is appreciated.

Specific documents in this section include:

Values and Beliefs of FGDM
Family Group Decision Making Overview
Steps of the FGDM Model
When FGDM Works
Benefits of FGDM
Sample FGDM Overview PowerPoint

The remainder of the Toolkit will provide additional resources that build on the values and beliefs and an initial understanding of the practice.
The Values and Beliefs of FGDM
adapted from FGDM Overview Training
Pennsylvania Child Welfare Training Program

- Families have strengths and can change
- Strengths are what ultimately resolve concerns
- Strengths are discovered through listening, noticing and paying attention to people.
  - *J. Nice, Family Unity Project*
- All families have the greatest investment in seeing their children safe and successful
- All families have the ability to come together and solve family concerns
- Family Members should be the primary decision makers for their family
- Families should choose which relatives, friends and providers will attend their conference
- Family Members know their family’s best
- All families have some resources they can count on to help them in times of need
- Empowering people is preferable to controlling them
- Empowering families will lead to families controlling their lives
- Families are the experts
- Children are best raised in families
- Families should be respected
- Mistakes are opportunities for growth and development
  - *Kinpower Associates, New Zealand*
Family Group Decision Making Overview
adapted from the Pennsylvania Child Welfare Training Program

*Family Group Decision Making (FGDM) is more a family gathering to which service providers are invited, than an agency meeting to which family members are invited.*

*J. Nice, Family Unity Project*

Family Group Decision Making (FGDM) is being implemented across the United States and internationally. FGDM empowers families to work together for the purpose of providing a safe, secure environment, free from abuse and neglect for the child/children.

**Purpose:**
- To establish a process for families to join with relatives and friends to develop a plan for ensuring that children are cared for and protected from future harm in ways which fit their culture and situation.
- To extend the responsibility for child safety, well-being and permanence to families, communities and natural support systems.

For years dominant practice has held the belief that families have problems and professionals are hired to fix them. It has focused on looking for problems and giving advice about handling those problems. It gives little credence to the idea that families have strengths and are experts on themselves.

**Core Values and Beliefs**
The Family Group Decision Making Model (FGDM) is based on values and beliefs about people and relationships:
- Families have strengths and can change.
- Strengths are what ultimately resolve concerns.
- Strengths are discovered through listening, noticing, and paying attention to people.
- Family are the experts on themselves
- Strengths are enhanced when they are acknowledged and encouraged.
- People gain a sense of hope when they feel someone has really listened to them.
- Options are preferable to advice.
- Empowering people is preferable to controlling them.
- A consultant is better than a boss.

**Why does FGDM work?**
- FGDM values people and relationships.
- FGDM removes the worker from the role of problem finder and advice giver.
- FGDM communicates in a language of “concerns”, which invites listening, compassion, and responsibility.
- FGDM strengthens families by harnessing their commitment, wisdom, and responsibility to protect children and insure their well-being.
Section I: Introduction to Family Group Decision Making

FGDM counters isolation of at-risk families.
FGDM enhances the family’s feelings of security, belonging, respect and understanding.
FGDM encourages collaboration between service providers working with the family.
FGDM decreases the burden on service providers and balances power.
FGDM creates an opportunity for families to realize their potential in caring for their children.
FGDM increase the family’s investment and ownership in decisions.

Preparation for a FGDM Meeting:
Coordinators help participants plan for a successful meeting. Participants include the agency worker and the family in addition to those who are invited to the meeting: extended family, friends, community members, and service providers.

During the pre-conference coordinators are responsible for:
- Making sure that the meeting referral meets the agency criteria.
- Helping the family and the case manager agree to a meeting purpose that is clear and motivates everyone to attend.
- Ensuring the family has all of the information they need about the process, the agency mandates, legal requirements, the roles and responsibilities for a successful conference.
- Assuring that the referring worker has hope for the family and is willing to consider a family plan.
- Assuring that the family is choosing to hold a FGDM meeting, and understands its purpose. It is an entirely voluntary process that offers significant advantages to a family and their children.
- Helping the family identify who to invite to the FGDM meeting. This is often an ongoing process, encouraging the family to reach out and widen the invitations to all family and community members who care.
- Preparing invited service providers. The purpose of the meeting should motivate the providers and they must understand their role in the FGDM meeting.
- Helping the family plan for a safe meeting.
- Keeping the family central to the meeting. They must be involved in deciding who is invited, where and when it is held, what considerations are important, including food, and what, if any, rituals should open and close the meeting. This is primarily a gathering of their family.

The Meeting
The FGDM meeting itself is divided into three main phases, each of which encompasses equal value for the process. The guiding principal should be that the meeting is a family driven professionally infused process. Families must have a say in what their family meeting looks like and what they need in order to make decisions about their family members.
Phase I – Opening and Information Gathering
During the opening, facilitators welcome everybody to the meeting and thank the participants, on behalf of the family, for attending. A family member should be invited to do an opening to reflect their family’s cultural customs and traditions. This time is very important because it creates the tone for the remainder of the meeting.

After the welcome and introductions, facilitators present participants with guidelines for the meeting in order to establish safety, behavioral expectations, and legal mandates. Sample guidelines are listed below:
- Focus on the purpose
- Be respectful of each other
- Encourage honesty without blaming or shaming
- One person speaks at a time
- Okay to disagree
- What is discussed at this meeting is confidential with the exception of mandated reporting criteria and the meeting summary.
- Any additional guidelines necessary to create and preserve the safety of each participant.

Once the guidelines have been reviewed and agreed upon, the facilitators review the purpose of the meeting with each individual ensuring that all participants agree to the identified purpose.

Strengths
Discussing the family strengths begins the dialogue necessary to build hope in the family’s abilities and willingness to change. Strengths encompass areas of success for particular members and/or the family as a whole. They also provide a foundation upon which to rely when families face particular struggles or barriers in the process. Some of the information sharing of strengths (as well as concerns) should have already started during preparation.

Concerns
Participants generally struggle the most during this time because they share their worries around the identified purpose. For example, “I’m worried that Johnny has difficulty controlling his anger, which may cause him to hurt himself or someone else.” These concerns often create pain and anguish within the family system. Paramount to the planning process is clarifying these concerns and identifying what must happen to ensure the safety and well being of the child. It is also helpful that the concerns be expressed as worries and not shaming or blaming.

Service Resources
This time allows service providers to explain any and all services and resources available to the family that will help them successfully complete and implement their plan. In addition, it allows them to be informed consumers of available services within their community. Critical to this sharing is that the resources be readily attainable and information is viewed as options, not as mandates or predetermined solutions.
Sharing of a Meal
Once Phase I is complete, all participants receive the opportunity to share a meal together. This provides a unique opportunity for the participants to join together in a manner that generally differs from all other interactions. The service providers, the referring worker, any community members, and the family sit down and break bread together, creating an atmosphere of alliance and teamwork. Some families choose to begin their private family time while they eat, which is their choice, but most families share the meal with all the other participants.

Phase II – Private Family Time
During this phase, the family meets without the service providers present to discuss the information gathered during Phase I. This also provides time for discussion of any issues that they were uncomfortable discussing with service providers present. The family then works together to develop a plan proposing the resolution of the concerns. The plan details who within the family will do what, and when it will be done.

Phase III – Decision Making and Plan Acceptance
During this phase, the family has an opportunity to present their plan to the service providers and the referring worker. At this point the referring worker considers the plan as written and accepts the plan. If the plan meets the agency’s concern regarding the child’s safety, all consideration should be given to approving the family’s plan. At times, the referring worker may supply the family with suggested changes before approving the plan, but the suggestions should be linked to the agency’s concern and everyone should be clear about these concerns and the purpose of the meeting during preparation for the conference and the information sharing phase of the conference. The referring worker has the responsibility of accepting the plan. Before the participants leave, they receive an evaluation form utilized for determining the effectiveness of the meeting.

After the Meeting
Each person at the meeting receives a copy of the final plan in the mail. This becomes the Family Service Plan and is incorporated directly into the file. When applicable, this plan is presented to the court for final approval. If the case is open with a formal service system (CYS, JPO, etc..), case monitoring and support services should continue as necessary and appropriate. The agency should provide resources to assist the family in meeting the goals set forth in their plan. Follow-up FGDM conferences can be held to celebrate successes and/or refine goals and actions. Follow up conferences should also be held to bring the family and agency team together as additional decisions need to be made, incorporating private family time for the family to be the leader in the decision making. Minus any immediate safety concerns, first consideration should be given to the family prior to any revisions to the plan.
Steps of the Family Group Decision Making Model
adapted from the Pennsylvania Child Welfare Training Program

1. Referral

2. Preparation
   a. Family Contact
   b. Pre-Conference meeting
   c. Referring Worker

3. FGDM Meeting
   a. Introduction
   b. Guidelines
   c. Family Tradition
   d. Brief History
   e. Sharing of Strengths
   f. Sharing of Concerns
   g. Agency Bottom Line Concerns
   h. Sharing of Resources
   i. Sharing of a Meal
   j. Private Family Time
   k. Presentation and acceptance of the family plan

4. Follow-up
When Family Group Decision Making Works
adapted from Larry Graber & Jim Nice Family Unity Model

Child Welfare:
To keep a child safely at home
To increase kinship care
To increase placement stability
To return a child home safely from foster care or other placement
To increase father and paternal relatives care of children
To address child well being outcomes

Juvenile Justice:
To use as a restorative justice tool
To address community safety concerns
To meet victim restoration needs
To increase completion of competency development activities
To increase completion of court required activities including community service and restitution payments

Schools:
To address truancy concerns
To resolve disruptive behaviors
To help student be successful in school
To resolve concerns of suspension
To resolve concerns of expulsion
To engage families in the educational system

Public Welfare:
To help a family become self-sufficient
To help family members support each other in meeting goals

Mental Health:
To involve family/community in treatment
To meet the mental health needs of children, youth and family members

Family Violence:
To develop plans to increase safety for family members

Alcohol/Drug:
To involve family/community in recovery
To develop support networks

Courts:
To resolve court/agency/family concerns in a collaborative/negotiatiative process
THE BENEFITS OF FAMILY GROUP DECISION MAKING
Anna Caffarelli, Chester County Children and Youth Services

The Family Group Decision Making practice here in the United States, evolved from the Family Group Conferencing model which originated in New Zealand in 1989. The development of FGC was as a direct result of Maori tribes becoming distressed with the government’s decisions regarding their children. Large numbers of the Maori children were being cared for outside of their family of origin, with a disregard of the Maori’s customs, values and beliefs.

The Maori tribe is a large population of New Zealand, and they joined together as one and voiced their displeasure of what they experienced as racism. When the mainstream governmental system gave little consideration for the Maoris’ customs, values and beliefs when creating a safety plan for their children, the Maoris’ provided their solutions based upon their traditional tribal ways of problem solving while addressing the family’s needs. Hence, the Maori Tribe was the voice and strength behind The Children, Young Persons and their Families Act 1989. This law introduced family group conferencing as a vehicle used to provide services and to plan for the child’s safety and well-being based upon their cultural heritage. New Zealand’s social system changes evolved in both child welfare and youth justice. This concept eventually spread to Australia, Great Britain, Ireland, Canada, and USA.

In 1995 The American Humane was granted funds to begin examining social policy and the implementation of Family Group Conferencing in the United States. Through the years The American Humane led the way for the individual States to begin to evaluate their own social policies.

Pennsylvania began to examine historically how we delivered services to families and children in a multi system environment. Moreover, assessing the benefits of a family focused practice led to Pennsylvania taking the initiative to further evaluate not only the social service and juvenile justice practice standards and outcomes but a variety of family focused models. No other conclusion could be made other than recognizing and identifying the Family Group Decision Making model as the best fit for Pennsylvania and the numerous benefits that our families and children would acquire.

The benefits of Family Group Decision Making have dramatically impacted the way in which child serving systems deliver services to families and children.
Here are some of the numerous reasons that are frequently cited regarding the vast **Benefits of FGDM** for agencies, families, and communities:

- Reduced time in placement
- Kinship resources identified early
- Use of community/natural resources
- Court more likely to support a plan that is already sanctioned by the family
- Resources for children aging out of care
- Families make their own plan and is invested in the plan
- The family has a say and is more likely to follow through with a plan they helped to create
- California Study compared Caseworker Family Service Plans and FGDM Family Plans and found families were often more strict on themselves and detailed in their planning than providers
- Often creates more stable living arrangements by keeping children in their family unit and decreasing hostility
- Creates better futures for our children by decreasing their involvement in formal systems and decreasing repeat offenses
- Increases family ownership by having family and extended resources involved in the decision making and accountability
- Opportunity to strengthen families and to have families resolve concerns in a safe environment
- Cost neutrality/Savings
- Decreased court involvement both in frequency and duration
- Reduced restrictive placements
- Decrease in intensive and emergency services
- Saves time by frontloading
- Can reduce the amount of time a referral source works with a family
An Introduction to Family Group Decision Making

Strengthening Families and Communities

PowerPoint adapted from It Takes a Village Inc. and Dauphin County, 2005
Pennsylvania has been implementing FGDM since 1999. In under ten years, the practice has grown from 12 pilot counties to almost all 67 counties exploring meaningful ways to engage families in the decision making process. Although FGDM started in child welfare, Pennsylvania is now using FGDM in a variety of cross systems practices including juvenile justice, mental health, education, aging, and adult incarceration. When FGDM started in Pennsylvania, we quickly recognized that it was not a program but a practice to transform our services to better serve children and families.

FGDM in Pennsylvania is primarily based on aspects of the Family Unity Model and the Family Group Conferencing process established in New Zealand. FGDM in Pennsylvania includes:

- extensive preparation
- an opening and sharing of strengths, concerns, and resources
- private family time
- family presentation of the plan and plan acceptance by the referring agency
- plan implementation and follow up agency support

This section of the PA FGDM Toolkit includes more specific information about the evolution of FGDM in PA. Specific documents include:
- FGDM Mission and Vision in Pennsylvania
- Best Practice FGDM Implementation
- Unique Features of PA FGDM
- A Shift in Practice Article
- Awakening the Collective Power Article
- Implementation Map
FGDM Mission and Vision in Pennsylvania

Mission of FGDM in Pennsylvania:

The Mission of FGDM in PA is to facilitate local and statewide partnerships to engage and empower families in making decisions and plans that protect and nurture their members.

Vision of FGDM in Pennsylvania:

We envision families being empowered through the use of Family Group Decision Making as the standard for cross-system service delivery in Pennsylvania.
Best Practice FGDM Implementation
Pennsylvania FGDM Statewide Leadership Team
April 2006

Pennsylvania’s Family Group Decision Making Leadership Team believes that the implementation of FGDM must be guided by the following:

- Hope for the family
- Family decision making in the planning
- Safety for everyone
- Voluntary practice
- Culturally competent
- Trained neutral coordinators and facilitators
- Neutral venue
- Adequate preparation for all those involved

We also believe that the following steps must occur in the implementation of Family Group Decision Making:

- Coordination and preparation for the family
- Pre-conference meeting
- Sharing of strengths
- Sharing of concerns
- Offering resource options
- Coaching family for private family time
- Allowing for Meal time
- Private family time
- Evaluation
- Follow up

The Leadership Team further believes that the following items are flexible in the implementation of FGDM:

- How workers express hope for the family
- How the pre-conference meeting proceeds (referring worker, service provider, facilitator)
- Who facilitates meetings (coordinator or facilitator)
- How you ensure safety
- Specific location
- How to facilitate a strengths discussion
- How to facilitate a concerns discussion
- Meal time-menu, time, participants
- How to offer resource options
- How follow up occurs
- How to conduct the evaluation
Unique Features of Pennsylvania Family Group Decision Making

Toolkit Committee
Fall 2008

Family Group Decision Making in Pennsylvania is primarily based on the Family Unity Model in Oregon and Family Group Conferencing in New Zealand.

Here are some of the unique features of FGDM in PA:

- **Cross Systems Implementation**
  From cross systems participation on Implementation Teams to accepting referrals from anyone, PA is unique in its application of FGDM across multiple systems including child welfare, juvenile probation, mental health, education, placement facilities, aging services, adoption, and adult incarceration.

- **Focus on Strengths**
  Sharing of strengths and using strengths to identify family solutions is a primary component of FGDM in PA. Creating organizational cultures where the focus is on positive relationships and strengths is also an important part of FGDM in PA.

- **Statewide Partnership**
  Pennsylvania FGDM has strong partnerships with many organizations including our Courts, Juvenile Justice partners, Statewide Adoption and Permanency Network, University of Pittsburgh Child Welfare Training Program, child welfare agencies, and private providers.

- **Statewide Support**
  From a cross systems Leadership Team to bimonthly statewide meetings, to regional networking meetings, to statewide evaluation and training efforts, PA has a strong statewide structure to guide and support best practice implementation.

- **County to County Mentoring and Sharing**
  Counties in Pennsylvania eagerly share their FGDM practice with everyone. They share their policies and procedures, paper work, lessons learned, trainings, FGDM observation opportunities, and success stories. Counties also support their caseworkers, coordinators, and all practice partners in visiting other county to offer assistance and support.

- **Transformation Power of FGDM**
  FGDM is transforming organizational cultures and service delivery in PA. The values and beliefs of FGDM are being infused into everyday practice.
A Shift in Practice
Peter E. Vriens, MSW
Human Services Director for Dauphin County

We have entered an exciting and defining time in Child Welfare. Pennsylvania’s Child and Family Services Federal Review, the subsequent State Program Improvement Plan and Best Practice Standards developed a few years ago are impacting everything we do and are clearly the driving force behind practice. But with so many priorities, how do we tie it all together? For the last ten years, our focus has been on developing a collaborative approach to practice.

The focus of this collaborative approach to working with families has been on a strength-based practice leading to the empowerment of families to make good decisions and appropriate plans. Strategies have been identified to reduce risk to our youth, prevent problem behaviors and build on our strengths.

This collaborative approach has Family Group Decision Making as its foundational practice. Going back to the original question of how we tie the CFSR, PIP and practice standards together, the answer for many counties is through the implementation of Family Group Decision Making as a practice. Addressing outcomes relating to safety, permanence and well-being, the emphasis of this multidisciplinary approach is on the family engagement process. It involves a high level of self-determination in responding to the needs of families. The model recognizes the value of greater family involvement in decision-making and of expanding the community of helpers beyond formal systems to include the family’s own natural helping systems.

By focusing on the strengths of the family and empowering them to set short and long term goals for themselves and their child(ren), we are creating a collaborative atmosphere between professionals and those most connected to the child(ren). This collaborative approach is consistent with Pennsylvania practice standards that emphasize the importance of the child welfare worker working directly with and involving all family members, as well as others involved with the family, in a comprehensive, family-focused assessment to determine the strengths and needs of the family.

Ultimately, this multidisciplinary approach will improve quality of service delivered and preserve the integrity of the family unit whenever possible. When the out of home placement of a child becomes necessary because of safety reasons, it is anticipated that in the majority of situations the child will be placed with a relative, thus preserving familial ties and addressing placement stability.

It is our vision that these changes in practice and strengths-based initiatives will continue to generate positive outcomes for children and families in Pennsylvania. It is our mission to ensure that each child in PA has a safe and permanent home.
Awakening the Collective Power:
The Implementation of FGDM in Pennsylvania

Wendy Unger, MSW, and Christina Fatzinger, MS


Ms. Unger and Ms. Fatzinger are Practice Improvement Specialists with the University of Pittsburgh’s Pennsylvania Child Welfare Training Program. They provide technical assistance and support to counties across Pennsylvania around a number of practice improvement initiatives, including Family Group Decision Making, Systems of Care, Organizational Effectiveness, Integrated Children’s Services Planning, and Quality Assurance.

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

History

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

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

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

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

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

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

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

Cross-Systems Implementation

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

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

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

Shift in Practice

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

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

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

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

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

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

Evaluation

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

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

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

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

The Future

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

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

Looking ahead, the future of FGDM in Pennsylvania is positive. The core beliefs and values shared by those implementing FGDM across the state are grounded in traditional social work values, including self-determination, treating people with respect, building on strengths, and engaging families. Those beliefs and values are entrenched in the philosophy of formal service systems and continue to be implemented in daily practice, regardless of funding. As a result, FGDM will be supported, sustained, and expanded through cross-systems training and evaluation, and through the relationships that develop as it continues to expand.
For more information about FGDM in Pennsylvania, visit the University of Pittsburgh’s Pennsylvania Child Welfare Training Program website at www.pacwcbt.pitt.edu/OE.htm.

References


Pennsylvania Family Group Decision Making Toolkit:
A Resource to Guide and Support Best Support Practice Implementation

Section II: Pennsylvania Family Group Decision Making

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PA Family Group Decision Making (FGDM) County Map

Pennsylvania FGDM Implementation (updated 8.4.08)

Counties having multiple conferences
Counties having less than 20 conferences
Counties implementing, but no conferences
Counties expressing some level of interest in Family Engagement/FGDM

Delaware
Section III:
Pennsylvania Statewide Support System

“The comradery of the FGDM network, from the state to the counties to the individual people… this practice creates a spark in those who see the immeasurable value of working with families in this way…” (Comments from PA FGDM Fidelity Survey participants 2008)

Pennsylvania is a recognized leader in its statewide implementation of FGDM. We are fortunate to have an extensive statewide support system to guide and support best practice implementation. We are the only state to have a cross-systems Leadership Team, bimonthly Statewide FGDM Implementation Team Meetings, Regional Meetings, county to county mentoring, and Statewide Training and Evaluation Committees.

Pennsylvania also has strong statewide and local partnerships with our Courts, Department of Public Welfare, Statewide Adoption and Permanency Network, Juvenile Justice, Child Welfare Training Program, Children and Youth Administrators, and many others that provide ongoing support and resources to improve outcomes for children and families.

The purpose of this section is to connect the Toolkit user to the Statewide FGDM support system. The hope is that the connection to the extensive networking and support system will provide resources to assist communities as they implement and strengthen their FGDM practice.

This section of the Toolkit includes detailed information about the different committees and structures that support the implementation of FGDM across PA. Specific documents include:

- Pennsylvania FGDM Leadership Team Membership 2008
- Leadership Team Strategic Plan
- PA FGDM Overview PowerPoint
- Statewide Implementation Team Meetings
- Regional Meetings
- Family Group Decision Making Eastern Regional Network Meetings
- Family Group Decision Making Western Regional Meetings
- Training Subcommittee
- CWTP FGDM (Part 2) Workshop/Meeting Directory Page
- CWTP FGDM Workshop Directory Page Competency 310
- Introduction to Family Group Decision Making: TOL Package
- PA FGDM Statewide Evaluation Overview
- Evaluation Forms
- PA FGDM Statewide Evaluation (FAQs)
- Sample County Tracking Tools
Pennsylvania FGDM Leadership Team

Mission:
“The mission of the Leadership Team is to guide and support best-practice in the implementation of Family Group Decision Making in Pennsylvania.”

PA FGDM Leadership Team Co-Chairs
The Honorable Todd A. Hoover
Dauphin County Courts

Peter E. Vriens, MSW
Dauphin County Human Services

Mary Gaspari
Chester County Juvenile Probation

PA FGDM Leadership Team
Comprised of county child welfare, mental health, and aging, and juvenile probation staff, judges, state Department of Public Welfare representatives, providers, and Child Welfare Training Program staff, this dedicated committee has been meeting since 2003 to coordinate statewide meetings and establish best practice standards to guide and support the implementation of FGDM across PA.

A number of different subcommittees and workgroups have been established to complete the Leadership Team’s 2008 strategic plan. These workgroups include Training, Evaluation, Networking and Collaboration, Sustainability, and Model Fidelity. The Leadership Team strives to model the values and principles of FGDM.
Pennsylvania FGDM
Leadership Team Membership 2008

Bard, Kathryn ........................ Office of Children, Youth and Families Central Region
Biesecker, James ...................... Statewide Adoption Network
Bishop, Stephen ..................... Juvenile Court’s Justice Commission
Bowman, Pam ........................ Northumberland Children and Youth Services
Browning, William .................... Lackawanna Children and Youth Services
Burns, Robert ......................... Dauphin County office of Aging
Caffarelli, Anna ...................... Chester County Children and Youth Services
Carson, Carol ........................ Philadelphia Family Court
Cohick, Sue ............................ Family Design Resources
Depasqua, Sherri ..................... Adams County Children and Youth Services
Fatzinger, Christina ................ Pennsylvania Child Welfare Training Program
Hartwick, George .................... Dauphin County Commissioner Office
Hoover, Judge Todd .................. Dauphin County Courts
Gaspari, Mary ........................ Chester County Juvenile Probation
Jenkins, Karen ....................... American Humane Association
Kaplan, Robin ........................ Community
Keltz, Lynn ........................... Pennsylvania Child Welfare Training Program
Long, Renee ........................... Berks County Children and Youth Services
McClure, Michael ........................ Washington County Children and Youth Services
Moore, Kathyrn ........................ Indiana County Children’s Advocacy Center
Moore, Sandy .......................... Office of Children and Families in the Courts
Noss, Patti ............................. It Takes A Village
Potteiger, Michael .................... Dauphin County Adult Probation
Rush, Laura ........................... Community Service Foundation
Shickley, Jenna ....................... Dauphin County Children and Youth Services
Spence, Helen ........................ Dauphin County Human Services
Stonebraker, Wanda .................. Chester County Department of Aging
Tate, Sr. Troy ........................... Systems of Care (parent)
Unger, Wendy ........................ Pennsylvania Child Welfare Training Program
Vriens, Peter ........................ Dauphin County Human Services
Waegel Douglas ....................... Chester County Children and Youth Services
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<td>Facilitator /coordinator certification</td>
<td>Orientation / Mentor for new members</td>
<td>Consider other types of conferencing, circles</td>
<td>One Plan - One Family FSP/FGDM/CPP/Integration</td>
<td>Legislation with resources to “offer” FGDM to all</td>
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<td>Annual AOPC conference</td>
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<td>Support practice expansions: IL, emergency response, DV, prison, etc</td>
<td>Regional FGDM representation</td>
<td>Print materials for agencies (ie posters, t-shirts, etc)</td>
<td>Family and Community Driven</td>
<td>Funding</td>
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<td>Statewide Meetings/Regional Meetings</td>
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<td>The leadership of FGDM can not be delegated or purchased</td>
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<td>Contribute to FGDM knowledge – publications, presentations, etc.</td>
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<td>HR related considerations - union, civil service, interviewing, promotions</td>
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Pennsylvania Family Group Decision Making

Statewide Support System Overview
Fall 2008
Statewide Implementation Team Meetings

“Statewide meetings are where I come to get my battery charged”
-FGDM Coordinator

Purpose:
To provide statewide support, networking and training to facilitate best practice implementation of FGDM for improved services to children and families.

Structure:
Meetings are held bimonthly at the Child Welfare Training Program, Mechanicsburg, PA from 9:30-2:30. The schedule is posted on the web at http://www.pacwcbt.pitt.edu/FGDM.htm. The meetings are free for everyone who wants to learn more about FGDM.

Fast Facts:
• First IT Meeting March 2003

• 30+ IT meetings through 2008

• Average attendance 80+ cross systems representatives from across PA, and from other states

• Over 50 content sessions including:
  • Youth and Family presentations
  • County updates
  • Practice expansions-IL, prison, custody, domestic violence
  • Organizational development and change
  • Marketing
  • Juvenile Probation-McArther Foundation Initiative
  • Facilitator/coordinator discussions
  • Outcomes and evaluation information
  • Lessons learned and Getting unstuck

• In 2008, the statewide team helped develop the mission and logo for PA FGDM!
One could say that the Coordinator is the Family’s very own implementation administrator of the FGDM philosophy and practice. To ensure fidelity of the Pennsylvania model, the coordinator needs to maintain neutrality by remaining as independent as possible of the family’s case history regarding their involvement with the Child Welfare/JPO child serving systems. They need to remain focused upon building the family conference foundation, the purpose, and the family’s strengths.

The Coordinator needs to ensure that every detail of the process, participant preparation, planning activities, the dynamics of the conference as well as the follow-up activities, provides a safe atmosphere and is approached in a strength-based, family-centered, child-focused, and culturally sensitive way.

The FG Conference Facilitator is another vital catalyst in laying the foundation and shaping the environment for the group process to unfold as well as, the communicative dynamics of the participants and family members during the conference itself. The road paved by the Facilitator leads up to the family’s adjournment into private family time where the decision-making process and family plan development begins to take shape.

Once the family returns and presents their plan addressing their child’s safety, permanence and well being, the facilitator continues to foster the environment based upon the FGDM principles until such time, that the referral source accepts the family’s plan and the conference concludes.

For a moment, let us glance at the FGDM Coordinators and Facilitators roles from another perspective. When you examine and weigh the awesome responsibilities of each, one can equate the outcomes with being afforded the opportunity to preview the rehearsal of a musical montage delivered by a Chamber Orchestra! Yes, the analogy may appear somewhat overstated; however, all of the intricate details required in preparation for an orchestra to perform a symphony, like the FGDM Coordinator, begin with the Performing Arts director’s daunting task of coordinating the event. This includes building interpersonal relationships with a variety of players who have diverse personalities and possess distinctive artistic ideas in addition to, becoming engaged in the time consuming selection of the musical compositions.

In turn, the orchestra’s conductor like the FGDM Facilitator, guides the performance by facilitating the musical process. This process is shaped by the individual musician’s
ability to develop with one another an artistic agreement and arrangement of the symphony’s multiple musical sounds and how they will be delivered. Without these two important roles, the musicians would not be able to bestow upon their audience a harmonious serenade and ultimately achieve approval. Each exclusive performance is comprised of numerous hours of hard work in preparation for the symphony’s exceptional interpretive delivery.

Now returning to FGDM, let us examine how we can foster a support system that will cultivate the continued professional growth of the FGDM Coordinators and Facilitators. In addition to the four day FGDM certification workshop that each Coordinator and Facilitator completes, each county determines what if any, additional trainings and/or conference observations are needed to gain a well rounded perspective of the FGDM practice and philosophy. Several of the coordinators and facilitators that I have heard speak regarding the first year that their agency became operational while integrating the FGDM philosophy into their organizational culture, states that it is an exciting and promising period.

Once the organization begins to implement change, the transitional period begins. Although some level of conflict and lack of buy in regarding the change in casework practice is inevitable, too much can block the goal achievement. While management and staff are undergoing the organizational shift and the challenges that are associated with this period, the FGDM Coordinators and Facilitators are building and implementing the practice with enthusiasm and a positive excitement that is reflected in all aspects of their work!

As the first year draws near, unbeknownst to the Coordinator / Facilitator, there appears to be a quieter excitement that simmers on top of the surface, a slightly less outwardly enthusiasm is displayed. Although this slight shift is unrecognizable by most that they encounter, it is indeed identifiable to those closest who oversee and are supportive of their FGDM role.

At times, it can be a somewhat isolating position that a Coordinator/Facilitator finds themselves as employees of the organization in transition. This in and of itself produces an emotionally conflicted environment and places the Champions of FGDM in a somewhat precarious situation with those who are currently entrenched in the organizational change climate of mistrust and uncertainty.

During the organizational restructuring, it appears that the Coordinator/Facilitator’s reservoir of enthusiasm continues to be siphoned. The organization provides introductory team building strategies, educational workshops and numerous restructuring activities for their direct service staff and management. These efforts are to address not only the aspects of organizational change but also to bolster moral. What essential peer supports do the Coordinators and Facilitators require in order to invigorate themselves? Who can they
share their perceptions and experiences regarding the initial lack of buy without sounding pessimistic regarding the FGDM process?

It is understood that it is the responsibility of a FGDM Coordinator and Facilitator to possess the ability to identify and self-monitor his/her emotions and reactions during their interactions with their co-workers, the FGDM participants, service providers and stakeholders. With that said, due to the uniqueness to the FGDM Coordinator/Facilitator’s responsibilities in their respective positions, there is a need to provide a supportive mechanism to share and celebrate their strengths, successes, experiences, address their concerns and build resources. Nevertheless, how can this be achieved?

We have a responsibility to widen the circle and contribute to the formation of a supportive network where FGDM practitioners can come together and examine all of the relevant issues and formulate a plan that will lead to their professional needs being met and to promote the FGDM mission.

In Chester County, the Eastern Regional Network (ERN) evolved from the above-mentioned perspective. ERN is an autonomous network of FGDM practitioners from neighboring counties, who come together in FG Conferencing style, to develop a purpose and a plan in order to accomplish their agreed upon goals through reciprocal support and fellowship!

It’s a truly an uplifting and amazing experience to be invited as an observer during their group process! The richness of the experience multiplies as each group participant brings their personal insight and experiences with FGDM to the round table discussion. The group process promotes diversity of thinking, practice and understanding.

One can actually experience the transformation that takes place in the room as the level of trust builds and the bonding begins to occur. Each practitioner’s objectives are discussed and everyone gains maximum benefit from the informational exchange of ideas, individual expertise, and understanding.

Recognizing that effective relationships and the transfer of learning are the cornerstones of organizational success, it would be beneficial for organizations to find meaningful ways for Coordinators/Facilitators to network with fellow practitioners. In this way, administrators are more likely to realize a more cohesive agency and overall improvement during the organizational restructuring.

There are additional alternatives for promoting communication between the quarterly network meetings. There are increasing options for maintaining contact. Strategies such as planning telephone conferences, talking via email, the sharing of County news and scheduling extra time when visiting each other’s agencies for other business.

Regional partnership building and the collaborative nature of peer networking, will
hopefully predict the long-term viability of the Coordinator/Facilitators group. Furthermore, enriching the State level meetings with an ignited sense of purpose!

Promoting the FGDM mission and maintaining the Fidelity of the Pennsylvania model, will ensure the families and children we serve, will receive quality service delivery as the family plans for their future!
Family Group Decision Making
Eastern Regional Network Meetings
Anna Caffarelli, Chester County Children and Youth Services

Purpose:
To Create a Network of supports for Coordinators and Facilitators to both enhance FGDM and to maintain fidelity to Pennsylvania’s model of FGDM.

Group Expectations:
(created by the group during the 1st meeting on April 7, 2008)

- Outcome measurement
- To learn everything x 2
- How to identify appropriate cases
- Identify roadblocks/barriers to developing and integrating this practice
- Discuss ways to overcome roadblocks/barriers
- Sharing ideas/solutions
- Building network
- To get Child welfare professionals to believe in FGDM and to understand that child welfare professionals are not capable of completely securing the safety of children.
- Examine how to include other systems and the community in FGDM
- Understand growing judicial support in FGDM
- How can private providers help to get “things moving”/increase # of conferences
- Being or getting to a place where we are comfortable bringing challenges to discuss
- To discuss challenges of increasing # of conferences
- To discuss challenges of getting caseworkers and supervisors “on board”
- To invite and solicit input from the PACWTP when applicable

Goals:
1. Networking
2. To become the driving force to see FGDM be successful in the eastern region of Pennsylvania and to be a model group for the state
3. To have more administrators from the eastern region be involved in the Statewide meetings and to have participants in ERN join sub-committees on the Statewide team
4. To get Buy-In of the FGDM model from everybody
Excerpts from Feedback Forms:

- excellent group discussion
- more discussion regarding the concerns and obstacles at the micro level; coordinators contacting families etc.
- liked open discussion throughout day
- where are we going with the goals? Will we be working on them?
- I liked the open forum and flow if the PM session
- I liked that we took and plan to take our time with the process of completing our goals
- Develop a list serve to send out questions to the group
- bring your agency resources to show to group
- send out an e-mail regarding the agenda
- the group discussion was very informative and it was nice to have an open forum

For more information about the Eastern Regional Network Meetings contact Karin Leet at kleet@chesco.org or 610-344-5887.
Family Group Decision Making
Western Regional Meetings
Mike McClure, Washington County Children and Youth Services

Purpose: To expose the Western Regional Counties to statewide happenings involving FGDM, offer resources, options, opinions, and possible solutions to obstacles, network with neighboring counties and providers, and to expand the practice.

Benefits: The Western Regional Meetings provide the participants with statewide updates, specific trainings, and ways to expand the practice within their respective counties.

Scope: Administrators, Supervisors, Caseworkers, Private Providers, Coordinators, Facilitators, Families, and Referral Sources

The Western Regional Meetings were started initially as a way to keep those counties who were unable to attend the Statewide Meetings updated on all the happenings throughout Pennsylvania. Since its conception in 2005, the Western Regional Meetings have grown to include the sharing of county-specific information, exchanging county resources, networking, and specific trainings such as defining purposes, expedited conferences, and follow up meetings. We welcome any and all counties who have an interest in implementing, maintaining, or expanding the FGDM practice. We meet every three months (quarterly) for three hours. A typical meeting runs as follows:

- Introductions
- County Updates
- Statewide Updates
- Sharing of a meal/networking
- Training
- Open discussion about the training and any other pertinent topics
- Appointment of next meeting’s co-chair

Western Regional Process:

- Email notification of meeting date and time
- Email notification of meeting’s agenda
- Meeting preparation between the Co-chairs (Washington County and a rotating co-chair decided at the previous meeting)
- Western Regional Meeting
- Follow up

For more information about the Western Regional Meetings contact Mike McClure at McClureM@co.washington.pa.us or 724-228-6886.
Training Subcommittee

The PA FGDM Training Subcommittee is comprised of county, state, provider, and Child Welfare Training Program representatives.

Purpose: To develop training and technical assistance resources to support the best practice implementation of FGDM.

Mission: To establish a means for all child, adult and family serving systems to understand the values, beliefs and methodology of FGDM in an effort to ensure best practice.

Key Learning Points:
- FGDM Process
- Best Practice Implementation
- Key Roles in FGDM
- Phases of an FGDM Meeting
- Family Dynamics
- Group Dynamics
- FGDM with Domestic Violence cases

FGDM Trainings:
- Introduction to FGDM Part I – One-day Overview
- Introduction to FGDM Part II – Three-day Coordinator/Facilitator Training
- FGDM Strategies to Empower Families Experiencing Domestic Violence
- Introduction to FGDM Transfer of Learning Package

FGDM Video:
- FGDM Mock Conference video

For more information contact Christina Fatzinger at cmf27@pitt.edu or (717) 795-9048 ext. 275.
### CHILD WELFARE TRAINING PROGRAM
#### FGDM WORKSHOP/MEETING DIRECTORY PAGE

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**Learning Objectives:** After this session, participants will be able to:
- Define Family Group Decision Making, its processes and components.
- Identify the FGDM values and beliefs.
- Recognize the advantages that FGDM has for children, families, communities and helping professionals.
- Determine what makes FGDM unique among other interventions.
- Describe the key steps for implementing FGDM.
- Ascertain the critical partners necessary for successful implementation of FGDM.

**Calendar Summary:**
This one day overview introduces the foundations of the FGDM practice and prepares participants to begin planning for implementation and participate successfully in FGDM. It describes the process, the steps of an FGDM Conference, how to prepare participants for meetings, and how to establish FGDM in the community. It is important to stress that this one-day training alone is not sufficient to implement FGDM successfully. This practice emphasizes family empowerment. Families should be given the opportunity and responsibility to make decision for themselves. This workshop introduces participants to a new way of doing business that challenges the dominant practice, but results in lifetime benefits for the families with whom they work.
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### CHILD WELFARE TRAINING PROGRAM

**FGDM WORKSHOP/MEETING DIRECTORY PAGE**

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**Learning Objectives:** After this session, participants will be able to:
- Identify the key components of the FGDM referral process.
- Demonstrate how to talk to families about who to invite to their conference.
- Explain the significance of paternal involvement.
- Describe how to prepare families and other participants for an FGDM Conference.
- Demonstrate skills needed for a pre-conference meeting.
- Recognize how family dynamics impact emotional and physical safety.
- Identify the steps needed to facilitate an FGDM Conference.
- Recognize how group dynamics affect an FGDM Conference.
- Explain the significance of follow up to monitor the plan.
- Explain the significance of follow up conferences.

**Calendar Summary:**
This training is an extension of the one day overview “Introduction to FGDM” that is a prerequisite for this training. This three day workshop will prepare participants to serve as coordinators, facilitators and other critical partners for the FGDM Process and give participants the opportunity to practice the skills needed to perform effectively in these roles. The training starts with the referral and goes through the FGDM process, giving participants the opportunity to explain, demonstrate and model the individual phases of FGDM and the roles and skills involved with each. This training combines a combination of lecture and group activities to provide an understanding of the practice and an opportunity for participants to experience the process first hand.
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Full curriculum available online at [http://www.pacwcbt.pitt.edu/Curriculum/207IntroFGDMPt2.html](http://www.pacwcbt.pitt.edu/Curriculum/207IntroFGDMPt2.html)
CHILD WELFARE TRAINING PROGRAM
FGDM WORKSHOP DIRECTORY PAGE

TITLE: FGDM: Strategies to Empower Families Experiencing Domestic Violence

COMP. #: 310

NO. HRS: 12

DATE: March 2007

COMPETENCY:
310-1 The Child Welfare Professional recognizes the indicators of family violence, including spouse abuse; understands the dynamics of family violence; can assess the family situation to determine risk to family members; can develop case plans to address family violence and to protect family members; and can appropriately refer clients to shelters and other specialized resources.

LEARNING OBJECTIVES: Participants will be able to:
- Express the laws and regulations that guides Child Welfare practice when domestic violence is present throughout the casework/social work process,
- Specify what questions should be asked to determine if Domestic Violence currently exists or has previously existed within the family dynamic;
- Articulate the patterns, behaviors, and mindset of the batterer when he is interacting with various system representatives;
- Determine if Family Group Decision Making (FGDM) is a viable service for the family;
- Identify participants, e.g. family members, supports, service providers, etc., to attend the FGDM conference;
- Determine what safety interventions need to be in place, before, during and after the conference;
- Describe group dynamic strategies that may be needed to facilitate a FGDM conference; and
- Develop a process for plan monitoring that includes safety.

CALENDAR SUMMARY: This two day workshop will explore the use of Family Group Decision Making when there is Domestic Violence present within the family dynamic. Emphasis will be placed on assessment and critical decision-making in regards to both child and victim safety before, during and after the Family Group Decision Making Process. The workshop will also provide participants with the opportunity to apply their knowledge of Domestic Violence to the process of Family Group Decision Making. Additional emphasis will be placed on tailoring the coordination, facilitation, and plan follow-up strategies to include domestic violence concerns.
The Pennsylvania Child Welfare Training Program presents:

The Introduction to Family Group Decision Making (FGDM): TOL Package is a set of activities for caseworkers and supervisors, built around a revised curriculum, 207: Introduction to Family Group Decision Making (FGDM), designed to enhance the caseworker’s application of the knowledge and skills from the training.

**TRAINING CREDIT**
Caseworkers and supervisors will receive 24 hours of training credit upon completion of this TOL Package. In addition, this TOL Package meets the applicable educational and professional standards for 24 Continuing Education (CE) hours for Licensed Social Workers.

**CASEWORKERS, SUPERVISORS, AND TOL SPECIALISTS WILL WORK TOGETHER TO COMPLETE THE FOLLOWING:**
- Identify the values, principles and benefits related to FGDM
- Demonstrate FGDM values and principles in practice with all families
- Use Interactional Skills to assess the appropriateness of a FGDM referral
- Engage family in a conversation introducing FGDM principles, values, beliefs, process, and philosophy
- Formulate purpose of the FGDM in collaboration with the family and in consultation with supervisor
- Identify the caseworker’s role in the FGDM process
- Maintain safety of the child throughout the FGDM process
- Collaborate with the family in preparing the referral for FGDM meeting
- Collaborate with the FGDM coordinator and other professional throughout the FGDM process
- Identify strengths and concerns of the family during the FGDM meeting
- Identify clear and concise bottom line concerns/non-negotiables for the FGDM meeting
- Use genograms and ecomaps as tools for information gathering to help widen the circle of family, friends and community for the FGDM
- Accept “Family Plan” only if all bottom line concerns are met
- Assist in the implementation of “Family Plan” if asked by the family and monitors and supports those individuals named in the “Family Plan” to meet goals and objectives
- Comply with agency policy and procedures as they relate to FGDM

**HOW DO I PARTICIPATE IN THIS TRANSFER OF LEARNING PACKAGE?**
The Introduction to Family Group Decision Making (FGDM): TOL Package may be offered in a county Children and Youth Agency upon the request of the Administrator. Administrators should contact a member of their Regional Team from the Training Program. Additional questions regarding this TOL Package can be directed to Maryann Marchi at (717) 795-9048 or mfm12@pitt.edu.
Pennsylvania Family Group Decision Making
Statewide Evaluation Overview

The Pennsylvania Family Group Decision Making (FGDM) Evaluation Subcommittee is comprised of county, state, private provider, and Training Program representatives and works in conjunction with the PA FGDM Leadership Team. The subcommittee has worked diligently to make the statewide FGDM evaluation process efficient and effective since its inception in 2005. The University of Pittsburgh’s Child Welfare Training Program assists in this process by distributing, maintaining, tracking, and analyzing completed FGDM tools submitted by participating agencies.

FGDM evaluation in Pennsylvania focuses on model fidelity, participant satisfaction, and outcomes. The following outlines the components for conducting the evaluation on a statewide basis:

**Component 1: Description of Model and Agency Practices**

**Purpose:**
Describe Family Group Decision Making Model used at the county level and agency practices to accommodate FGDM; over time, assess fidelity to the model.

**Method:**
Interview of county representatives(s)
Review of documents such as manuals, formats provided to families, planning tools.

**Tool:**
Interview form

**Component 2: Participant Satisfaction**

**Purpose:**
Determine whether participants in Family Group Decision Making are satisfied with FGDM process compared to more traditional approaches to case planning and decision-making.

**Method:**
Case specific survey completed by attendees at each family meeting

**Tools:**
Family and Friends Survey (dated 5/17/05)
Non-family Survey (5/17/05)
Component 3: Outcomes

Purpose:
Assess Child and Family Service Review outcomes of safety, permanency and well-being as well as Balance and Restorative Justice Outcomes (BARJ). Assessment also includes FGDM process outcomes such as number of participants at family meetings, plan acceptance, time from referral to family meeting, and length of family meeting.

Method:
Background information collected at the time of the family meeting. Follow up information collected at six month intervals thereafter.

Tools:
Plan Summary Part I: Background Form (dated 5/15/06)
Plan Summary Part II: Follow-Up Form (dated 5/15/06)

Statewide FGDM Evaluation Process:
Completed forms are submitted on a monthly basis to:

The Pennsylvania Child Welfare Training Program
403 East Winding Hill Road
Mechanicsburg, PA 17055

Statewide and county specific reports are distributed by the Child Welfare Training Program in April and October.

Need further information or assistance?
Contact Wendy Unger or Lynn Keltz at the Child Welfare Training Program, Organizational Effectiveness Department
717-795-9048.
Family and Friend Survey

County: ___________________                             Date: ______________
Form ID: (County Code, year, and conference #): ________________________

1. What is your relationship to the child(ren) at the family conference? (Please check one)

Child/youth for whom conference was held

☐ Sister  ☐ Brother
☐ Parent’s significant other  ☐ Friend
☐ Paternal Grandparent  ☐ Paternal Aunt/Uncle
☐ Maternal Grandparent  ☐ Maternal Aunt/Uncle
☐

Mother

☐ Step-parent  ☐ Faith-based Foster parent
☐ Cousin

Father

☐ Other Maternal Relative: _________________
☐ Other Paternal Relative: _________________

2. What do you think about the family conference? Please check the best response for each question:

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>I understood its purpose.</td>
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<tr>
<td>I felt prepared.</td>
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<td>I agreed to attend of my own free will.</td>
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<tr>
<td>Everyone who needed to be there was.</td>
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<td>I like where it was held.</td>
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<tr>
<td>I like when it was held.</td>
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<td>I felt comfortable saying what I think.</td>
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<tr>
<td>Everyone was given enough time to talk.</td>
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<td>I felt like part of the team.</td>
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<tr>
<td>It built on our family’s strengths.</td>
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<td>I felt free to disagree.</td>
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<td>The plan considered our family’s culture or religion.</td>
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<tr>
<td>It helped family and worker get along.</td>
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<tr>
<td>Our family made decisions.</td>
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<td>We agreed on a plan.</td>
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<td>Our plan addresses my concerns.</td>
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<td>Our plan protects the children’s safety.</td>
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<tr>
<td>Our plan protects the community’s safety.</td>
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<tr>
<td>I know what to do if the child/youth is at risk again.</td>
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<tr>
<td>Our plan helps family members develop needed skills.</td>
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<tr>
<td>I understand what will happen next with our plan.</td>
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<tr>
<td>I know what to do if people don’t follow through.</td>
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<tr>
<td>I would recommend family conferences to others.</td>
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</table>

Additional Comments:
Section III: Pennsylvania Statewide Support System

3. What did you think of the coordinator? Name: _________________________

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
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</thead>
<tbody>
<tr>
<td>Knowledgeable</td>
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<tr>
<td>Well organized.</td>
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<tr>
<td>Respectful and courteous.</td>
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<td>Prepared me for the conference.</td>
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<tr>
<td>considered my choices.</td>
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</table>

4. What did you think of the facilitator? Name: _________________________

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<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
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<tbody>
<tr>
<td>Knowledgeable</td>
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<tr>
<td>Respectful and courteous all participants.</td>
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<tr>
<td>Kept group focused on the purpose of the conference.</td>
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<tr>
<td>Remained neutral at all times.</td>
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<tr>
<td>Made me feel comfortable.</td>
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<tr>
<td>Used time well.</td>
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</tbody>
</table>

5. What did you think of the co-facilitator? Name: _________________________

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<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledgeable</td>
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<tr>
<td>Respectful and courteous all participants.</td>
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<tr>
<td>Kept group focused on the purpose of the conference.</td>
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<tr>
<td>Remained neutral at all times.</td>
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<td>Made me feel comfortable.</td>
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<td>Used time well.</td>
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</table>

6. Please tell us about yourself:

<table>
<thead>
<tr>
<th>Age (circle one)</th>
<th>6 – 12</th>
<th>13 – 17</th>
<th>18 - 21</th>
<th>22 - 30</th>
<th>31 - 40</th>
<th>41 - 50</th>
<th>51 - 60</th>
<th>61 - 70</th>
<th>Over 70</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (circle one)</td>
<td>Male</td>
<td>Female</td>
<td></td>
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<tr>
<td>Race/Ethnicity (circle all that apply)</td>
<td>African American</td>
<td>Asian/Pacific Islander</td>
<td>Native American</td>
<td>White</td>
<td>Hispanic</td>
<td>Other</td>
<td></td>
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</tbody>
</table>

7. Is there anything you want to add? (Please feel free to use additional paper if necessary.)

Thank you for completing this form. Your responses will help us to serve children and families.
Non-family Member Survey

County: ___________________                  Date: ___________________
Form ID: (County Code, year, and conference #): _________________________

1. What is your relationship to the child(ren) at the family conference?  (Please check one)
   - [ ] C&Y Caseworker: (Type) _______________  [ ] C&Y Supervisor: (Type) _______________
   - [ ] Juvenile Probation Officer
   - [ ] Foster parent
   - [ ] Court representative
   - [ ] Drug & Alcohol (Type: County/Private)
   - [ ] Mental Retardation (county provider)
   - [ ] Legal/investigating authority
   - [ ] Other: _____________________________

   C&Y Supervisor: (Type) _______________  [ ] JPO Supervisor
   - [ ] Group or residential care provider
   - [ ] School representative
   - [ ] Mental Health (county provider)
   - [ ] Psychologist or psychiatrist (private provider)
   - [ ] Attorney/GAL for: ___________________________
   - [ ] Referring Person: (Type) ___________________

2. Did you refer the child/family to the family conference?   Yes  No
   If yes, did you have any difficulty with the referral process?  Yes  No
   If yes, Please Explain:

3. What do you think about the family conference?  (Please check the best response for each question)

<table>
<thead>
<tr>
<th>I understood its purpose.</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>I was given adequate information ahead of time.</td>
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<td>The family's participation was voluntary.</td>
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<tr>
<td>My participation was voluntary.</td>
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<tr>
<td>The family was adequately prepared.</td>
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<td>I was able to express my views.</td>
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<tr>
<td>The family was given sufficient time to express its views.</td>
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<tr>
<td>The process built on family strengths.</td>
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<tr>
<td>Everyone who needed to be there was.</td>
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<tr>
<td>I like where it was held.</td>
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<td>I like when it was held.</td>
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<tr>
<td>I felt like part of the team.</td>
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<td>I felt free to disagree with things.</td>
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<tr>
<td>The family made decisions.</td>
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<tr>
<td>It helped people to get along.</td>
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<tr>
<td>The family agreed on a plan.</td>
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<tr>
<td>The plan addresses my concerns.</td>
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<tr>
<td>The plan protects the child(ren)’s safety.</td>
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<tr>
<td>The plan protects the community’s safety.</td>
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<tr>
<td>The plan holds people accountable.</td>
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<tr>
<td>The plan helps family members develop needed skills.</td>
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<tr>
<td>The plan takes culture and religion into account.</td>
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<tr>
<td>The plan defines roles of family and providers.</td>
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<tr>
<td>I would recommend family conferences to others.</td>
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</table>

Pennsylvania Family Group Decision Making Toolkit:
A Resource to Guide and Support Best Support Practice Implementation
4. What did you think of the coordinator? Name: _________________________

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>Knowledgeable</td>
<td></td>
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<tr>
<td>Well organized.</td>
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<tr>
<td>Respectful and courteous.</td>
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<tr>
<td>Prepared me for the family conference.</td>
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<tr>
<td>Effective in planning the family conference.</td>
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</table>

5. What did you think of the facilitator? Name: _________________________

<table>
<thead>
<tr>
<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
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<tbody>
<tr>
<td>Knowledgeable</td>
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<tr>
<td>Respectful and courteous of all participants.</td>
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<tr>
<td>Kept group focused on the purpose of the conference.</td>
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<tr>
<td>Remained neutral at all times.</td>
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<tr>
<td>Made me feel comfortable.</td>
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<td>Used time well.</td>
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</table>

6. What did you think of the co-facilitator? Name: _________________________

<table>
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<th></th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
<th>Not Applicable</th>
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<tr>
<td>Respectful and courteous of all participants.</td>
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<td>Remained neutral at all times.</td>
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<td>Made me feel comfortable.</td>
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<tr>
<td>Used time well.</td>
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</table>

7. Did the family’s plan include any unusual or original features?  
Yes  No  
If yes, please explain.

8. Please tell us about yourself:

<table>
<thead>
<tr>
<th>Years in this profession</th>
<th>0-2</th>
<th>3-5</th>
<th>6-8</th>
<th>9-12</th>
<th>13-15</th>
<th>16-18</th>
<th>19-21</th>
<th>22-25</th>
<th>Over 25</th>
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<tbody>
<tr>
<td>Gender</td>
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<td>African American</td>
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<td>Asian/Pacific Islander</td>
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<td>Other</td>
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9. Is there anything you want to add?

Thank you for completing this form. Your responses will help us to serve children and families.
Pennsylvania FGDM Outcomes
Plan Summary Background and Follow Up
Instructions

Purpose:
Assesses the outcomes/results of Family Group Meetings including the goals or objectives of the family plan, with a focus on the following outcomes: Child and Family Service Review-Safety, Permanency and Well-being; Balance and Restorative Justice-community protection, victim restoration and competency development; engagement practices; and cost savings.

Data Collection Type and Timing:
- Plan Summary Part 1 Background: 2 page case review form completed pre and during FGDM meetings by agency/agency designated persons
- Plan Summary Part 2: Follow-up: 2 page case review form completed 6 months following the FGDM meeting (and at 6 months intervals thereafter)

Tool Instructions:
- The statewide FGDM evaluation process focuses on services to children under the age of 21 years. Counties should not include FGDM meetings held for anyone over the age of 21 years.
- If more than one child is the focus of a family meeting, select the child whose first name is closest to the letter "A" to complete the form.
- County: Enter county where the FGDM meeting was held.
- Form ID: No identifying child or family information should be submitted. A unique identifier using the following format will be used for each case: assigned county code, the year of the FGDM meeting, and the number of the FGDM conference beginning with the number 1 at the start of each calendar year. (Ex: Adams County FGDM Conference held on April 15, 2005, the 10th conference of 2005, Form ID would be 01-2005-10).
- Counties need to maintain a list of identifying information for each Form ID number as the Form ID number will be used to track follow up information at 6 month intervals.
- Each month, counties will get a list of Form ID numbers that are scheduled for their 6 month review. Counties will refer to their listing of identifying information for the Form ID number and complete the Plan Summary Part 2: Follow-up Form based on information from the previous 6 months.
- Placement categories mirror categories utilized in the Pennsylvania Child Permanency Plan.
- Service history includes ONLY substantiated cases of child abuse/neglect and criminal offenses. Please check all categories that apply and include dates when the prior incident occurred.
- Completed forms should be submitted on a monthly basis to:
  The Pennsylvania Child Welfare Training Program
  Re: FGDM Evaluations
  403 East Winding Hill Rd.
  Mechanicsburg, PA 17055
- Reports will be provided to county child welfare agencies bi-annually.
- Questions can be submitted to Wendy Unger at wau2@pitt.edu or at (717) 795-9048.
Plan Summary
Part 1: Background

Completed at the time of the Family Conference.

County: __________________________ Form ID: (County Code, Year, and Conference #): ________________

I. Family Conference Information:
Family Conference Date: ___/___/___ Referral Date: ___/___/___

Referral Source(s)/Worker: ________________________________________________________________

Referring Agency (if applicable): ____________________________________________________________

Length of Family Conference (in hours) ______________ Coordinator: _______________________________

Facilitator: ___________________________________ Co-Facilitator (if applicable) _____________________

Purpose of the Conference: ________________________________________________________________

Participants in Family Group Conference: (Insert number attending for categories that apply)

☐ Child for whom conference was held ☐ Maternal Grandparent ☐ Court representative
☐ Mother ☐ Paternal Grandparent ☐ CASA
☐ Sister(s) ☐ Maternal Aunt/Uncle ☐ Drug & Alcohol (county)
☐ Father ☐ Paternal Aunt/Uncle ☐ School representative
☐ Brother(s) ☐ Other Maternal Relative: ________________________
☐ Cousin(s) ☐ Other Paternal Relative: ________________________
☐ Step-father ☐ C&Y Caseworker ☐ MH/MR (county)
☐ Step-mother ☐ Foster family ☐ Legal/investigating authority
☐ Faith-based ☐ C&Y Supervisor ☐ Drug & Alcohol (private)
☐ Foster parent ☐ Group or residential care provider ☐ Attorney/GAL for: ________________________
☐ Friend(s) ☐ JPO ☐ Psychologist or psychiatrist (private)
☐ Parent’s significant other ☐ Other: ________________________

Was the family’s plan accepted by the referring worker? Yes ☐ No ☐

II. Demographic Information:
Child’s Gender: (circle one) ❑ M ❑ F Child’s Age: (in years) __________________________

Child’s Race: ❑ African American ❑ Asian ❑ American Indian or Alaskan Native
❑ Pacific Islander ❑ White ❑ Other: __________________________

Child’s Ethnicity: (check one): ❑ Hispanic or Latino ❑ Not Hispanic or Latino

III. Resources Involved with Child and Family: (Check all that apply)
❑ C&Y ❑ JPO ❑ MH ❑ MR ❑ Drug & Alcohol
❑ Health ❑ Education ❑ Welfare/TANF
❑ Community/Natural Support Systems (ex: religious/scouts/clubs/groups/recreational & sports programs, etc…)
❑ List ALL: _____________________________________________________________________________
❑ Other: ______________________________________________________________________________

IV. Placement Information:
Placement Type (check one): ❑ Court-Ordered ❑ Voluntary Placement Agreement
❑ Informal ❑ Not Applicable-Child at Home

Date of Removal: ___/___/___ Start Date of Current Placement: ___/___/___
Plan Summary
Part 1: Background

Current Placement Setting:
- Own Home
- Supervised Independent Living
- Medical Hospital
- Trial Home Visit
- Family Living/Lifesharing (MR)
- Drug and Alcohol Treatment Facility
- Informal Kinship
- Residential Treatment Facility
- Community Residential
- Resource Family Home
- Intermediate Care Facility/MR
- Rehabilitation/Host Homes
- Kinship Foster Care
- Detention
- Other: ____________________________
- Foster Care
- Secure Facility
- Permanent Legal Custodian
- Pre Adoptive
- Diagnostic Treatment Facility
- Other: ____________________________
- Group Home
- Psychiatric Hospital

Planned Placement Goal as a Result of Conference:
- Remain Own Home
- Group Home
- Psychiatric Hospital
- Return Home
- Supervised Independent Living
- Medical Hospital
- Trial Home Visit
- Family Living/Lifesharing (MR)
- Drug and Alcohol Treatment Facility
- Informal Kinship
- Residential Treatment Facility
- Community Residential
- Resource Family Home
- Intermediate Care Facility/MR
- Rehabilitation/Host Homes
- Kinship Foster Care
- Detention
- Permanent Legal Custodian
- Foster Care
- Secure Facility
- Other: ____________________________
- Pre Adoptive
- Diagnostic Treatment Facility
- Other: ____________________________

Planned Placement Date: __ __/ __ / __

V. Court/Legal Involvement:
- Alleged Dependent
- Dependent
- Delinquent
- Alleged Delinquent
- None
- Both

VI. Service History:
- Have there been prior substantiated reports of child abuse/neglect for child/youth? Yes No

  If yes, abuse type(s):
  - Physical
  - Mental/Emotional
  - Sexual
  - Neglect
  - Imminent Risk

  Date(s) of Incidences: ____________________________________________________________

- Have there been prior substantiated reports of a criminal offense committed by the child/youth? Yes No

  If yes, crime type:
  - Informal Adjustment
  - Misdemeanor
  - Felony
  - Other: (Please specify): _______________________________________________________

  Date(s) of Incidences: _________________________________________________________

Pennsylvania Family Group Decision Making Toolkit:
A Resource to Guide and Support Best Support Practice Implementation
Plan Summary
Part 2: Follow-Up

Complete every 6-months following the date of the initial Family Conference.

County: ____________________________ Form ID: (County Code, year, and Conference #): __________________

Date of Six-month Follow-up: ___/___/___ Family Conference Date: ___/___/___

I. Family Plan Goals: (Follow up information from the last six months)
   a. Overall, is the plan from the conference being followed (or was it followed)?
      1 2 3 4 5
      not at all/no somewhat half and half mostly all/yes
      
   b. Were changes made to the plan?
      □ Yes □ No

   c. If yes, did the changes that were made help meet goals and address concerns?
      1 2 3 4 5
      not at all/no somewhat half and half mostly all/yes
      
   d. Have there been follow-up conferences? □ Yes □ No
      If yes, how many? ________

   e. Have there been any substantiated cases of child abuse?
      □ Yes □ No
      If yes, abuse type: □ Physical □ Mental/Emotional □ Sexual
      □ Neglect □ Imminent Risk
      Date(s) of Incidences: __________________________________________________________

   f. Did the child commit any substantiated offenses/crimes?
      □ Yes □ No
      If yes, crime type: □ Informal Adjustment □ Misdemeanor □ Felony
      □ Other: (Please specify): __________________________________________________
      Date(s) of Incidences: __________________________________________________________

   g. Has the child/youth participated in any competency development/well-being activities?
      □ Yes □ No ( ex: instruction regarding social skills, life skills, problem solving, anger management, etc…)

   h. Has the child/youth demonstrated new knowledge or skills as a result of competency development/well-being activities?
      1 2 3 4 5
      not at all/no somewhat half and half mostly all/yes
      
   i. Has the child/youth made any payment toward restitution?
      □ Yes □ No □ n/a

   j. Has the child/youth participated in community service activities?
      □ Yes □ No □ n/a

   k. Has the child/youth participated in any victim restoration activities?
      □ Yes □ No □ n/a (ex: victim courses, mediation, letter of apology, etc…)

Pennsylvania Family Group Decision Making Toolkit:
A Resource to Guide and Support Best Support Practice Implementation
Plan Summary
Part 2: Follow-Up

I. Family Plan Goals (cont’d):
I. Did the FGDM conference and family plan assist in addressing the child/youth’s educational needs?

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<td>half and half</td>
<td>mostly</td>
<td>all/yes</td>
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</table>

m. Did the FGDM conference and family plan assist in addressing the child/youth’s physical health needs?

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n. Did the FGDM conference and family plan assist in addressing the child/youth’s mental health needs?

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<td>all/yes</td>
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II. Resources Involved with Child and Family: (Check all that apply)

- C&Y
- JPO
- MH
- MR
- Drug & Alcohol
- Health
- Education
- Welfare/TANF
- Community/Natural Support Systems (ex: religious/scouts/clubs/groups/recreational & sports programs, etc…)

List ALL: _______________________________________________________________________________________

If the family was involved with C&Y or JPO at the time of their conference, is the case still open? Yes No

III. Placement Information:

Placement Type (check one):

- Court-ordered
- Voluntary Placement Agreement
- Not Applicable

Current Placement Setting:

- Court-ordered
- Voluntary Placement Agreement
- Not Applicable

- Own Home
- Supervised Independent Living
- Psychiatric Hospital
- Trial Home Visit
- Family Living/Lifesharing (MR)
- Medical Hospital
- Informal Kinship
- Residential Treatment Facility
- Drug and Alcohol Treatment Facility
- Resource Family Home
- Intermediate Care Facility/MR
- Community Residential
- Kinship Foster Care
- Detention
- Rehabilitation/Host Homes
- Foster Care
- Secure Facility
- Permanent Legal Custodian
- Pre Adoptive
- Diagnostic Treatment Facility
- Other: ________________________________

- Group Home

Has the child/youth’s placement setting changed within the last 6 months? Yes No

If yes, please complete: Date Moved to Current Placement Setting: __ __/__ __/__ __

Number of placement moves in past 6 months: ____________

Reason for Change(s): ________________________________

IV. Court/Legal Involvement: Alleged Dependent  Dependent  Delinquent

(for child/youth)  Alleged Delinquent  None  Both

Has there been any Juvenile Court involvement during the last six months? Yes No

If yes, please specify type and reason: ____________________________________________________________
PENNSYLVANIA FAMILY GROUP DECISION-MAKING
STATEWIDE EVALUATION COVER SHEET
(Please attach this form to the corresponding completed FGDM Satisfaction Surveys and Plan Summary Part I: Background Form)

County _____________________

Form ID (County Code-Year-Conference Number) _____________________

Date of FGDM Conference ____ / ____ / ______

Total Number of Participants in the FGDM Conference __________

Number of Satisfaction Surveys Distributed at this FGDM Conference __________

Number of Satisfaction Surveys Completed and Returned __________

Form Checklist
Please check the following for each survey:

_____ Submitted forms are for FGDM conferences for children under the age of 21 (ex: not Family Team Meeting Conferences, Office of Aging Conferences, etc…)

_____ Is the same Form ID on all of the forms?

_____ Is the same FGDM Conference date listed on all forms?

_____ Are all questions on the Plan Summary Part I: Background Form completed (using n/a where appropriate)? (Satisfaction forms may have unanswered questions)

Completed forms are submitted monthly to The Pennsylvania Child Welfare Training Program 403 East Winding Hill Rd. Mechanicsburg, PA 17055. If you need further assistance, please contact Wendy Unger or Lynn Keltz at (717) 795-9048.
PA FGDM Statewide Evaluation

Frequently Asked Questions:

1. Is the statewide FGDM evaluation process mandatory?
   No. While counties must have an evaluation process to demonstrate practice outcomes, the statewide FGDM evaluation process is voluntary.

2. What does the statewide evaluation process include?
   FGDM evaluation in Pennsylvania focuses on model fidelity, participant satisfaction, and outcomes.

3. What outcomes are measured through the statewide FGDM evaluation process?
   The statewide process attempts to measure participant satisfaction and their perceptions of the impact of FGDM, as well as the outcomes related to child welfare and juvenile justice such as the Child and Family Service Review outcomes of safety, permanency and well-being and Balance and Restorative Justice outcomes (BARJ). Assessment also includes FGDM process outcomes including number of participants at family meetings, plan acceptance, time from referral to family meeting, and length of family meeting.

4. What is the benefit of participating in the statewide FGDM evaluation process?
   Counties that participate in the statewide FGDM evaluation process receive county specific reports twice a year in April and October. This data can be used to analyze practice and to provide information to county and statewide stakeholders. Counties can also compare their data to statewide data.

5. Who is responsible for completing the evaluation forms?
   Counties complete the Plan Summary forms in different ways based on the resources available in their community. An important consideration is to be able to gather accurate information in a timely manner and to be able to develop a tracking system. Because the Training Program receives no identifying information, counties keep a log of the Form ID with the family name to enable them to know for which families to complete the 6 month Plan Summary Follow Up forms. Some counties have found that referring workers have difficulty completing the forms due to no longer being involved with the family or not having the time to complete the form and return it to the provider (if applicable) or to the Training Program. Some counties have one person who calls to gather the information to ensure consistency and completeness. Again, your implementation team can decide what works best for you.

6. How much time does it take to complete the forms?
   The time to complete the participant satisfaction forms varies based on the person completing the form. On average, satisfaction forms can be completed in 10 minutes or less. Completion of the Plan Summary Background and Follow Up forms also
varies depending on whether the person completing the form has direct access to the information with the average time being between 15 and 30 minutes.

7. **What is the purpose of the Form ID and how can I find out my county code number to complete the Form ID?**

   No identifying information is collected by the Child Welfare Training Program. The Form ID provides each conference with a unique tracking number. Counties must maintain a log of which family/conference is assigned to the Form ID. This allows the county to complete the Plan Summary Follow Up form at six month intervals using family specific information. The FGDM Statewide Evaluation process uses the county code assigned to child welfare agencies by ChildLine. County child welfare agencies are numbered alphabetically beginning with Adams County (#01) and ending with York County (#67). County child welfare agencies and the Training Program can provide your county’s code for the evaluation forms.

8. **Do follow up conferences get a new Form ID?**

   If the purpose of the follow up conference is to review the family’s implementation of the plan, then a new form ID is not needed. Follow up information will be captured using the Plan Summary Part 2: Follow Up form. If the conference is for a new purpose or child, the conference would receive a new form ID.

9. **Are we still using the Family Follow Up form?**

   No. the Statewide process focuses on participant satisfaction and outcomes. Current forms are maintained on the Child Welfare Training Programs website at [http://www.pacwcbt.pitt.edu/FGDM_EvaluationPage.htm](http://www.pacwcbt.pitt.edu/FGDM_EvaluationPage.htm). The Family Follow-Up form is still available online as counties may continue to use this as part of their FGDM evaluation process. Only the Satisfaction survey and Plan Summary forms are sent to the Child Welfare Training Program.

10. **Should we send evaluation information for all conferences we do, or only those pertaining to CYS and JPO?**

    The FGDM Evaluation process focuses on conferences for children under the age of 21. The process does not evaluate the effectiveness of other engagement strategies like Family Team Meetings, High Fidelity Wraparound, Family to Family, etc... FGDM Conferences from other agencies (i.e. mental health) could use the process if the purpose of the meeting somehow involved planning for a child under 21 regardless of whether they are involved with CYS or JPO.

11. **Do I include written as well as face to face participants on the Plan Summary forms?**

    The Plan Summary form should include everyone who participates in the conference, regardless of the method of participation.
12. How do I complete the child information on the Plan Summary form if the Family Group conference is for more than one child?  
Pick the child whose first name comes first alphabetically and use this information.

13. How long do we have to continue to complete the Plan Summary Part 2: Follow up forms?  
Plan Summary Part 2: Follow Up forms are done at six month intervals after the family’s conference. We would like to study the long term effect of FGDM. At this point we have not specified how many 6 month intervals and know that it may be difficult to track all families for long periods of time, but the more information we can gather the greater our evaluation.

Need further information or assistance?  
Contact Wendy Unger or Lynn Keltz at the Child Welfare Training Program, Organizational Effectiveness Department  
717-795-9048.
## Table of Contents

York County Family Group Decision Making  
Fiscal Year 2007-2008

### 1. Total # Of FGDM Activity

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### 2. Conference Results

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### 3. Referrals From County Agencies

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10/14/2008  
Kenneth Watts, Program Coordinator
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10/14/2008  
Kenneth Watts, Program Coordinator
### Table of Contents

#### Section III: Pennsylvania Statewide Support System

#### Pennsylvania Family Group Decision Making Toolkit: A Resource to Guide and Support Best Practice Implementation

### York County Family Group Decision Making

**Fiscal Year 2007-2008**

#### 8. Number of Conference Participants

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10/14/2008

Kenneth Watts, Program Coordinator
Section IV:
Organizational Culture

“Never doubt that a small group of thoughtful committed people can change the world; indeed it’s the only thing that ever has!” Margaret Mead

“Change is disturbing when it is done to us, exhilarating when it is done by us.” Rosabeth Moss Kanter, Harvard Business School

Successful implementation of Family Group Decision Making requires organizations to assess their organizational culture and embark on a unified mission to change their practice to support internal and external strength based interactions and partnerships.

Important components of a cross systems strength based organizational culture include strong leadership, consumer driven policies and practices, community partnerships, supervisory support, outcome evaluation, and shared mission, vision, and values that are used as the foundation for your services. This shift in practice joins families, communities and agencies together to plan for the safety, well-being and protection of children, adults, family members, and the community.

Counties in Pennsylvania that have been the most successful in the implementation of FGDM have infused the values and beliefs of FGDM into their daily practice. Without the transformation of the organizational culture to support strength based practice, FGDM becomes a program that struggles to get referrals and improve services to children and families.

This section of the PA FGDM Toolkit provides information to assist organizations in assessing their organizational culture and making the practice shift to strength based services.

Specific documents in this section include:
- Systems Readiness Assessment
- Building a Solid Foundation for FGDM
- Key Questions for Implementing FGDM
- FGDM Paradigm Shift Tensions
- Ideological Continuum
- The Practice of FGDM vs. Traditional Practice
- Power of Language Activity
- Managing Complex Change
System Readiness Assessment
Pennsylvania Child Welfare Training Program
August 2008

The Strategic Readiness Review and the System Needs Assessment are designed to assist the work that will allow an organization to complete the following questions:

- What is your organization’s current state?
- What is your organization’s desired state?
- Based on your organization’s current and desired state, what are the most critical gaps for your organization to fill in order to perform as an effective system?
- Given these gaps, what prioritization and sequence do you think would make the most sense as you work on closing them?

Following the completion of this section, an organization will be better able to plan, implement, and evaluate/monitor change in a strategic fashion.

Assessment Area: Inputs
Inputs indicate the amount of resources applied; for example, the amount of funds or number of employees. When related to output or outcome information, the combined information will provide indicators of efficiency/productivity.

QUESTION SET FOR MEASURING INPUTS:

- Who are the people that help you achieve your outcomes and are necessary to achieve your mission? This group is relative to your community, and is larger than your “in office” staff. This list should include partners as stated above.
- Do those people have the necessary skills knowledge and experience to complete listed goals?
- Do you receive their full cooperation to achieve outcomes? Are their goals and missions aligned with your goals and mission?
- Do you have the technology in place to measure needs, record progress, and measure outcomes?

Assessment Area: Activities
Activities are what the program does with the inputs to fulfill its mission; the tasks employees engage in to produce outputs.

QUESTION SET FOR REVIEWING ACTIVITIES

- What is the current structure and is it the best structure to meet the current organizational needs and planned outcomes?
- Can we chart a decision through the organizational structure?
- Can we chart the flow of a case through the organizational structure?
- Are there cultural forces within the organization at work that are either supportive of the agency’s mission or a complicating factor to creating change?
- Is there a significant communication gap within the agency that relates to culture, cliques, or strategic partnerships?
- What is the current quality assurance process?
**Assessment Area: Outputs**

Outputs show the quantity of work activity completed. Outputs are expected to lead to desired outcomes, but by themselves do not tell anything about the outcomes.

OUTPUTS are products of a program’s activities such as:
- number of investigated reports
- number of children in foster care
- number of adoptions completed

**QUESTION SET FOR OUTPUTS**
- What are current outputs?
- What trends are seen in outputs?
- Are there non-negotiable performance objectives?
- How are objectives, outputs and outcomes currently conveyed to staff?

**Assessment Area: Outcomes**

Outcomes are the consequences of the program’s or agency’s actions. They are not what the program itself did. These are likely to be aspects of the client’s condition or behavior that the program seeks to affect. Intermediate outcomes may be events or results that are expected to lead to end outcomes, but are not in themselves “ends”. For example, an outcome may be a family’s behavioral change, affected by the program. The number of visits to the family’s home, however, is not an outcome.

OUTCOMES are results for participants during or after participation in the program such as:
- ability to parent without abuse, resulting in safety for a child
- reunification of children in foster care, resulting in permanency for a child
- increased number of youths in care who complete High School, resulting in increased well being for children

**QUESTION SET FOR OUTCOMES: WHAT IMPACT ARE YOU HAVING ON YOUR CLIENTS AND THE LARGER COMMUNITY?**
- What are your desired outcomes and from where did they come?
- How are your desired outcomes linked to your organization’s mission, vision and values? To your policies and procedures? To daily staff activities? To resource allocations?
- What trends do you see in your outcomes?
- What will systems partners want from this initiative?
- What things will they notice and appreciate?
- What will we notice?
Performance Capacity Assessment: Human Resource Capacity Elements

Human service organizations rely heavily on their human resources to operationalize their mission and vision. Understanding the following elements is crucial in assessing the organization’s Human Resource Capacity requirements and needs.

Leadership Capacity

- Do leaders articulate and model their organization’s mission, vision and values both internally and externally, and foster external strategic partnerships that are well-aligned?
- Do leaders actively foster trust, but also make tough calls when individuals within the organization detract from its mission, values, and energy?
- Are leaders aware of and use an effective strategic planning framework that drives their ongoing agenda for setting direction, setting boundaries, and creating alignment?
- Do leaders effectively create and develop working teams, committees, and taskforces to accomplish major projects and key initiatives?

Structure and Culture

- Is the organization’s strategy clearly linked to mission, vision and values-related initiatives that help align the organization’s culture to that strategy?
- Does the organization advance the principle of inclusiveness in culture building and teaming endeavors?
- Does the agency engage in succession planning that supports the organization’s desired culture?
- Does the organization understand the need for all structural initiatives?

Staffing

- Is the agency sufficiently staffed to meet the needs as outlined in the agency’s mission?
- Are future headcount and positions needs and expected vacancies projected and calendared?
- Does the agency have a specific staff recruitment and retention program in place to support its staffing needs?

Internal Communication

- Does the agency have a defined communication plan that includes opportunity for feedback and discussion as appropriate?
- Does the agency use an internal communication program to enhance employees understanding, appreciation, and use of the Human Resources policies and programs?

Employee Relations

- How are employees informed, respected, listened to and responded to?
- Are workspace characteristics aligned with the organizations strategy, culture, structure, and efficiency principles?
Performance Management
- Are there effective methods in place to increase ownership of job descriptions and performance goals by the manager and the employee?

Organizational Development
- Are OD initiatives targeted and aligned with the organization's strategy and system needs?
- Are OD initiatives set within broader change plans and Human Resources capacity building initiatives?
- Has the organization put in place effective transfer of learning and training?

Rewards Systems and Practices
- Are reward programs in place to both increase motivation and eliminate distractions?
- Do supervisors and middle managers use high frequency, low cost reward and recognition methods with staff?
When FGDM is implemented as a practice, not a program, the strength based, family empowerment philosophy permeates your agency’s culture. The following list provides specific ideas and questions to consider in building a solid foundation in the implementation of FGDM or other strength based practices.

Leadership
Leaders create an environment where strength based practice is the norm and expected throughout all staff’s daily work. Leaders facilitate a sense of shared mission and vision for the management team and the staff.

Questions:
- How do leaders identify and communicate outcomes and strategies to support family engagement?
- How is this done with partners such as the courts, attorneys, advisory groups, and commissioners?
- How is staff supported in implementing best practice initiatives?
- How do we relate to colleagues in strength based ways?
- Do we need to engage each other more positively?
- Is family engagement philosophy, strength based practice part of the organizational culture? How does your physical environment support strength based practice? Are there signs around the office reminding everyone?
- How do agency resource families become part of the family engagement culture?
- What is in your lobby that tells families that they are valued?
- What is the leadership role of families and youth in the organization?
- How do leaders demonstrate family engagement and philosophy in their daily work?
- What is your training and technical assistance plan for family engagement and FGDM?

Organizational Effectiveness
Organizational effectiveness is a systematic and dynamic approach to advancing an organization’s capacity, performance and results.

Questions:
- When considering work to strengthen your organization, do you identify strengths as well as concerns?
- How do you include staff and consumer involvement in your assessment, planning, implementation, and monitoring of a continuous quality improvement process?
- How is FGDM tied to your organization’s mission, vision and values?
Section IV: Organizational Culture

- How do you use the Quality Service Review to guide this work?
- What resources are available and which are needed to support the practice?
- Have you considered foundational engagement skills and interactional skills training to help workers and supervisors shift their thinking?

Consumer Driven
Family involvement and youth involvement is not only soliciting consumer feedback for quality improvements, but having meaningful youth and family participation at the practice, policy, and community level.
Questions:
- How do you gather and use consumer feedback on strengths and concerns regarding your organization for quality improvement?
- How do you encourage youth and family participation at the policy and community level?
- Are youth and families active members of the implementation team?

Community Participation
Collateral partners and community members are critical to successful human service organizations. Even if you are not accepting referrals from organizations outside of the government categoricals, community partners are critical to successful implementation of FGDM. Their participation encourages utilization of natural support systems, desystemization of the process, and infusion of the philosophies into the community.
Questions:
- Is your practice a children and youth program or are other people involved?
- How are community stakeholders, such as families, providers, civil organizations, religious communities (all whom provide natural support systems to families) involved in the implementation?
- How do you identify resources and supports for families?

Staffing: Hiring and Promotions
Human service organizations rely heavily on their human resources to operationalize their mission and vision. Successful implementation of new practices requires the right people at the right place at the right time. Organizations should strive for “best fit” within the organization.
Questions:
- How do your interview questions capture experience and philosophy regarding strength based practice and engaging families?
- How does staff orientation incorporate family engagement?
- How do you involve staff who are committed to the practice?
- What involvement do families and youth have in orientation, and in hiring and advancement decisions?
Succession Planning
In Organizational Development, succession planning is the process of identifying and preparing employees, through mentoring, training, and job rotation to replace key players within an organization.
Questions:
- Is your practice built around a super coordinator or do you have many people who know and believe in the practice?
- Is there a plan to continue implementation if a key person is unavailable for an extended period of time?
- What happens if a team leader leaves?
- How will the practice continue when there is a new administrator and/or management team?
- How are interns, including CWEB & CWEL, included in succession planning?

Contracting
Some of the work in child welfare is done through a provider.
Questions:
- Are contractors included in training and implementation of strength based practices?
- What happens when a contracted provider does not encourage family participation in treatment, or uses contact with family as a form of punishment/level system?
- Are contractors chosen because they demonstrate strength based, family empowerment practice, and proven outcomes for children and families, or because they have always had the contract, are inexpensive, or are the only service provider in the area?
- How does the agency assess provider outcomes?
- How do contracted providers involve resource families, and families and youth in their decision making around practice and policy?

Case Staffings
Case staffings happen at multiple levels in child welfare-supervisory conferences, placement reviews, multidisciplinary teams, etc. Case staffings provide an opportunity to remind participants about the availability of FGDM, offer assistance with the referral process, encourage participants to utilize the language of strengths, and encourage family participation at the meetings.
Questions:
- Do your case staffings include strength based reviews?
- Is there or could there be at least one person at the staffings who is designated as the FGDM liaison?
- How are families and youth, and resource families, involved in case staffings?
Supervisory Conferences
Supervisory conferences with caseworkers should mirror the FGDM philosophy. As with any new practice, it is easy for workers to continue to provide services the same way they have always done. Increasing referrals to FGDM requires workers to be reminded about FGDM. Staff liaisons, supervisors, managers and administrators have the responsibility to remind and challenge workers to expand their horizons.

Questions:
- Does the supervisor identify the strengths in the worker?
- Do they allow the worker an opportunity to develop and implement plans for improved outcomes for children and families, improved unit and agency functioning, and to plan for professional development?
- Do they believe in strength-based practice themselves?
- Do they support the implementation of FGDM?
- Do they encourage and assist workers in making referrals?
- Do they attend conferences?
- Are we role modeling positive approaches for those we supervise?
- How are supervisors supervised? Does the administrator identify strengths in the management team?

Family Service Planning
All families, not just those that participate in a formal FGDM conference, should be included in the identification of strengths, concerns, and resources, and the development of a plan to address their identified concerns. Participation is more than signing a pre-developed plan. Family is more than an identified child and his/her parents.

Questions:
- How are families involved in the identification of goals, strengths, and concerns for their family?
- How are they involved in the request for services or service providers?
- How is the FGDM plan included in the child welfare family service plan?

Evaluation
Child welfare agencies are increasingly asked to demonstrate practice effectiveness.

Questions:
- How do you use your data to support strength based practice?
- Are the forms/processes user-friendly?
- How do you use your results for practice improvements?
- How is the data used to plan for the future and to inform the Needs Based Plan and Budget process?
- How can evaluation results be used for practice sustainability and expansion?
- Is there a connection between FGDM and safety, permanency, and well-being outcomes for children and families?
- How does the organization create and foster an environment in which families and youth want to participate in evaluation decisions and processes?
- How do you define success?
Available Resources
Resources are available to assist with assessment of the organization’s family engagement, Family Group Decision Making needs, and with planning for, and implementing, change.

- The FGDM Leadership Team can be reached through the co-chairs, Peter Vriens, pvriens@dauphincounty.org, Mary Gaspari, mgaspari@chesco.org.
- The FGDM Implementation Team meets every other month at the Pennsylvania Child Welfare Training Program in Mechanicsburg. If you would like to be added to the email distribution list for these meetings, please contact Wendy Unger, wau2@pitt.edu or Susan Antonacci, sca16@pitt.edu
- Free technical assistance is available to county child welfare agencies and their systems partners from Pennsylvania Child Welfare Training Program staff and approved Pennsylvania consultants by calling (717) 795-9048 or contacting the appropriate Training Program Regional Team.
- Additional information about Family Engagement and Family Group Decision Making are available through the Pennsylvania Child Welfare Training Program’s website, www.pacwcbt.pitt.edu under the Organizational Effectiveness section.
Key Questions for Implementing FGDM
Pennsylvania Child Welfare Training Program
2005

★ What is your current agency mission?
  • How does FGDM fit into this mission?
  • What will the mission of FGDM be?

★ What are the identified outcomes for the agency e.g. placement reduction, increase in reunification, etc.?
  • How can FGDM help to achieve these outcomes?

★ What are current values of your agency?
  • How do they correspond with FGDM values?

★ Do you have an Implementation Team?
  • What is the role of the Implementation Team?

★ Will you contract for services?
  • What services will be contracted for?
  • What is the projected relationship between your agency and the identified contracted provider e.g. who provides governance for the practice?
  • Who will provide oversight/direction to the contracted provider?
  • Who will provide support services e.g. transportation, child care, etc. to families?

★ What do you want the practice to look like e.g. how will the FGDM meetings be structured?

★ What is the selected target population?

★ From which point in the casework process will referrals be made?

★ Will referrals be accepted from multiple agencies?
FGDM PARADIGM SHIFT TENSIONS

Key perspectives on a flexible continuum of orientation and behavior of individuals, agencies and service systems related to engaging in the FGDM process

- Family driven-----------------------------Provider Driven
- Inclusive/Widening-----------------------Exclusive/Contracting
- Available to All Families-----------------Works best with certain Families
- Kids are capable and resilient----------Kids need protection
- Kids already know what is going on------kids are vulnerable to information
- Strength focused------------------------Problem focused
- Families are the only experts-------------Professionals are the only experts
- Families can confront---------------------Families are in denial
- Family members know best----------------Service providers know best
- Goals are based on strengths-------------Goals are based on problems
- Family Needs assessment----------------Existing Service assessment
- Family is the main factor in making change--Agency is the main factor in making change
- Family success is the primary goal-------System/Agency success is the goal
- Expectations for successful outcomes is high----------Outcome expectations are low
- Responsibility for success is taken on by family members-------------Failures are primarily attributed to lack of client compliance
- Families are a safety resource---------Families are a source of dysfunction

Investment and involvement-------------------Compliance and passivity

♦ These tensions affect the roles that are played during the FGDM process and the focus/goal of the process. Some are mutually exclusive and some can co-exist.

♦ The energy produced by these tensions contributes to a paradigm shift in how decisions are made regarding children and their families.

Michelle Lesley, 6/6/03
**IDEOLOGICAL CONTINUUM**

<table>
<thead>
<tr>
<th>Family driven model</th>
<th>Professionally infused model</th>
<th>Family infused model</th>
<th>Professionally driven model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family has full information access</td>
<td>Process is family centered</td>
<td>Professioally selected family involvement</td>
<td>Professional team decision-making following professional assessment</td>
</tr>
<tr>
<td>Extended family lead decision process</td>
<td>Professional involvement at critical decision points</td>
<td>Professionally determined process of decision-making</td>
<td>Professionally determined process and practices</td>
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<td>Family solution focus at all phases of work</td>
<td>Family more obviously dependent on professional help</td>
<td>Professional control of time, place, involvement of others</td>
<td>Heavy reliance on alternative care options</td>
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<td>Family led development and monitoring of plans</td>
<td>Worker keen to be involved</td>
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**Family Driven Practice** ↔ **Professionally Driven Practice**

Connolly, M (2004). Ideological Continuum
Child & Family Welfare: Statutory responses to children at risk,
Canterbury, NZ: *Te Awatea Press*
The Practice of FGDM vs. Traditional Practice

- “Family meetings” are family gatherings to which agency representatives are invited.
- Families choose whether or not to have a meeting.
- Families are defined broadly – the family identifies as many family members, close friends and other community support people as possible and invites them to attend.
- Multiple agency representatives attend and are often referred to as a “multi-disciplinary team”; agency representatives usually outnumber the family who does not necessarily perceive themselves to be part of the “team”.
- Meeting is held at a community location that the family chooses or agrees to, such as a church or community center.
- The meeting begins with a discussion of family strengths, followed by needs.
- Families engage in private family time during the meeting.
- Family members take on the role of “experts” in determining what’s best to meet their needs; Agency representatives take on the role of “consultants” and share concerns, information, and resources.
- The family members are responsible for creating a plan to address identified needs.
- Family needs are responsible for following through with the plan; agency representatives are available to assist and monitor as needed.

- “Family meetings” are agency hosted meetings to which family members are invited.
- Families are mandated to attend the meeting.
- Families are defined narrowly - only family members directly involved with the care of the children are invited to attend by the agency hosting the meeting.
- Only a few key representatives from local agencies and the CYS Case manager or primary agency case manager attend the meeting; family members outnumber agency representatives.
- Meeting is held in an agency conference room.
- The meeting is problem-focused.
- Agency staff is present for all discussion during the meeting.
- Family members are seen as “clients” or “customers;” Agency representatives are the “experts” who know what’s best and who perform interventions to solve family problems.
- Agency representatives are responsible for creating a plan to solve family problems.
- Agency representatives are responsible for making sure the family members comply with the plan.
Power of Language Activity

What you say and how you say it significantly impacts relationships. As we strive for meaningful engagement, we need to think about traditional language and strength based words and interactions. Many of the traditional language feelings listed here could be exhibited by someone who is scared, frightened, not trusting of the agency, not engaged in the process of change, unclear of role and purpose of the agency, and/or confused about expectations or where things are going.

The following are ideas on exchanging strength based language for more traditional language as brainstormed by participants at the September 17, 2008 Pennsylvania Statewide FGDM Implementation Team Meeting.

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<thead>
<tr>
<th>Traditional Language</th>
<th>Strength-Based Language</th>
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<tbody>
<tr>
<td>Dysfunctional</td>
<td>challenging, colorful, unconventional, unique, struggling, a lot of family dynamics, extraordinary, non-traditional, typical, normal</td>
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<tr>
<td>Non-Compliant</td>
<td>Challenging, strong-willed, cautious, determined to go on their own path, reluctant, misinformed, determined, independent</td>
</tr>
<tr>
<td>Resistant</td>
<td>Cautious, strong-willed, apprehensive, hesitant, advocating for self, unsure of commitment, unsure, strong in beliefs, spirited, independent</td>
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<tr>
<td>Un-cooperative</td>
<td>Independent, “what would work for you?” “What’s not working?”, unsure, different pace, wary, leader</td>
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<tr>
<td>Lazy</td>
<td>Low energy, needs encouragement, conserving energy, overwhelmed, down, laid back, well-rested, slow moving, apprehensive, calm, relaxed, energy efficient</td>
</tr>
<tr>
<td>Apathetic</td>
<td>Cautious, uncomfortable, change in priority, pensive, calm, ignoring negative behaviors, neutral, not brought into, self-aware, indifferent</td>
</tr>
<tr>
<td>Stubborn</td>
<td>Strong willed, passionate, committed, strong beliefs, determined, firm, unwavering, needs more support/encouragement, strong character, spirited, persistent, thoughtful, careful, strong convictions,</td>
</tr>
<tr>
<td>Inappropriate</td>
<td>Not censored, unorthodox values/beliefs/perceptions, different way, not filtered, nonconformist, extravagant, different, creative, unique</td>
</tr>
<tr>
<td>Bull headed</td>
<td>Strong willed, unwavering, determined, strong feelings and opinions, self determined, strong personality, know what he/she wants, selective</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>“those families”</td>
<td>“our families”, families we work for, people, individuals, families served</td>
</tr>
<tr>
<td>Cases</td>
<td>Family, conferences, users, consumer, customer, our families, families served, people, children, youth, families we work for</td>
</tr>
<tr>
<td>Client</td>
<td>Children/family, parent, child, individual, family member, consumer, person, identify by name, user, customer, our families, participant, kids</td>
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<tr>
<td>Caseload</td>
<td>Families, work load, works in progress, families, number of families, work, our families, families we work for/with, families served</td>
</tr>
<tr>
<td>Crazy</td>
<td>Fun, spontaneous, entertaining, eccentric, thinks outside the box, mental health issues, creative, colorful, mental health concerns</td>
</tr>
<tr>
<td>Frustrating</td>
<td>Challenging, requiring patience, needs more support, willful</td>
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<tr>
<td>Bothersome</td>
<td>Inquisitive, persistent, willing to learn, asks lots of questions, outgoing</td>
</tr>
<tr>
<td>Needy</td>
<td>Loves attention, utilizes resources, multi-faceted, needs empowerment, looking for…, in need of support, developing competencies</td>
</tr>
<tr>
<td>Manipulative</td>
<td>Strong leader, not a follower, resourceful, creative, collaborative, wants more understanding, works with others, resourceful, creative</td>
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<tr>
<td>Controlling</td>
<td>Assertive, strong, empowered, detailed, has high expectations</td>
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<td>Liars</td>
<td>Reinventive historian, storytellers, alternate perceptions, creative, imaginative, different perception</td>
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<tr>
<td>Unreliable</td>
<td>set own schedule, free spirited, spontaneous, on their own agenda</td>
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<tr>
<td>Ungrateful</td>
<td>Thankful for other things in their life, quietly accepting</td>
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<tr>
<td>Unstable</td>
<td>Spontaneous, in transition, developing</td>
</tr>
<tr>
<td>Unwilling</td>
<td>Is not doing task yet, strong willed, not in agreement</td>
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</tbody>
</table>
### Section IV: Organizational Culture

<table>
<thead>
<tr>
<th>Limited</th>
<th>Needing additional resources, strong in other areas, developing competencies</th>
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</thead>
<tbody>
<tr>
<td>Not capable</td>
<td>Overwhelmed, knowing limitations,</td>
</tr>
<tr>
<td>Uncaring</td>
<td>Reserved, laid back, cautious</td>
</tr>
<tr>
<td>Moody</td>
<td>Misunderstood, expressive, self-expressive, emotional, changeable</td>
</tr>
</tbody>
</table>
Managing Complex Change

Section V:
FGDM Implementation Resources

Many resources have been developed to support the successful implementation of FGDM. This section includes documents from Pennsylvania as well as from other states. We are especially thankful for the American Humane Association and their resources to support practice implementation. We are also fortunate in Pennsylvania that many people share the passion for the practice and are willing to share their resources to enable more communities to develop and strengthen their implementation.

This section is designed to highlight multiple service specific resources and examples of documents utilized by various counties throughout Pennsylvania. As the title indicates, each resource is merely a sample resource that can be modified to meet unique needs or simply reproduced as printed. We understand the time and energy it has taken the contributors to complete, revise, and finalize their resources and appreciate their recognition in your efforts. In using, or adapting existing resources we hope your transition will be as smooth as possible and you will be able to focus your energy with your staff, community members, and families.

The section begins with general FGDM implementation documents that are applicable to all communities implementing the practice. Because FGDM is being implemented across a variety of service systems, the subsequent resources are divided into sections for easier reference and use. While the documents included in the individual sections have been used in that area, many of the documents can be adapted for use across all organizations. Ongoing training, technical assistance, county sharing, participation in statewide activities, cross systems implementation team meetings, observing conferences, and feedback from children and families should also be utilized to strengthen practice. Some service system sections have limited information. The hope is that this section of the Toolkit will continue to be expanded as additional resources are developed and shared.

Specific documents in this section include:

**General Implementation Resources**
- Key Decision Point Matrix (AHA)
- Frequently Asked Questions (AHA)
- Mission, Vision, and Values Examples
- Stacking for Success PowerPoint
- Erie and Chester County Policy and Procedure Manuals
- Getting Unstuck
- Sample Strategic Plan
- Monthly Strategic Implementation Plan Update
- Sample Implementation Team Invitation Letter
- Critical Partners
Child Welfare
- American Humane FGDM in Child Welfare
- Chester County FGDM Reunification Article
- FGDM: Giving Families Hope Article
- Child Welfare Success Story
- Child Welfare FGDM Success Stories
- Overlay for Practice
- Sample Child Welfare Plan
- Sample Child Welfare FGDM Plans

Juvenile Justice Resources
- FGC: A Realistic Option for Juvenile Justice Article
- JPO Success Story
- Chester County JPO Article
- Juvenile Probation FGDM Purpose and Plan Examples
- JPO PowerPoint Samples

Legal System Resources
- A Message from the Bench Article
- Pennsylvania FGDM and the Legal System

Children and Family Resources
- Families in Charge of their Own Lives
- My Experience with FGDM
- FGDM: Two Years Later
- Including Children in conferences

Community Partners
- Family Group Decision Making Community Partners
- Family Group Decision Making Roles of Community Members
- Family Group Decision Making Community Partnership
- Family Group Decision Making Sample Letter to Community Member
- Chester County Family Group Decision Making

Practice Expansion Resources
- Independent Living “Roots and Wings” Conferences
- Participation Agreement: Independent Living FGDM Conferences
- FGDM Sample Independent Living Plan
- Expedited Family Group Conferences
- Guidelines for Conducting FGDM Meetings When there is a History of Domestic Violence
- Domestic Violence and FGDM
- Domestic Violence Policy Armstrong County

Coordinator and Facilitator Resources
- Family Group Decision Making Coordinator’s Role and Responsibilities
- Mastering the Art of Coordination
- Referral Process Adams County Children and Youth Services
- Washington County FGDM Prescreening Form
- Northumberland County FGDM Exploratory Form
- Sample Consent Form
Referral Forms
   Washington County
   Northumberland County
   Chester County
FGDM Meeting Invitation Letter
Chester County Preparation, Facilitation, Service Planning
   and Follow-up
FGDM Preparation Checklist Northumberland and Berks County
FGDM Coordinator Checklist
FGDM Coordinator Contacts
Widening the Circle
Communicating with “I” Statement
FGDM Pre-Conference Meeting
FGDM Facilitators Guide
Considerations for Facilitators
FGDM Guidelines
Sample Family Plan Template for Facilitators
Key Decision Point Matrix for the Implementation of Family Group Decision Making

Is your community thinking about implementing family group decision making?

According to Merkel-Holguin and Ribich (in press, 2000), “The 1990s has provided a ripe environment for the exponential growth in community-based family group conferencing initiatives. As an example, in the United States, what started out as an innovative practice to resolve concerns of abuse and neglect in approximately 5 U.S. communities in 1995, has been expanded to over 100 communities in 1999.”

However, it is not the number, but the quality of the FGDM initiatives that will impact the viability of this approach. The manner in which communities implement family group decision making will impact tremendously on its success or failure. Adapting this new practice should not be approached lightly. While thoughtful and careful planning by an inclusive community group to discuss the complex philosophical, practice, policy, legal and administrative issues regarding implementation will take time, it is a particularly important step in the process.

AHA’s National Center on Family Group Decision Making has developed a matrix to identify the key issues and decisions that a community should consider when developing and implementing a family group conferencing initiative. It is based on best practice standards and the most current research in family group decision making. The key issues and decisions address several main areas: Building Community Partnerships, Policies and Procedures that are internal to the implementing agency, Staffing Infrastructure and Training, and Administrative issues.

Whether or not you use this matrix or another decision making tool, the National Center on Family Group Decision Making strongly recommends that you establish processes that involve child welfare agency staff and external constituencies to plan the implementation of family group decision making.
### Building Community Partnerships

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<th>Key Decision Point</th>
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| 1. Since Family Group Decision Making can create dramatic changes in the way the formal systems interact with vulnerable families, one important way to increase success is to establish an advisory board or collaborative to guide the implementation of this approach. What community partners should be invited to plan the implementation strategy?  
| 2. Which agency is going to spearhead the implementation of Family Group Decision Making in the community?  
- What is this agency’s responsibility to the collaborative? | | | |
| 3. What is the formal plan to give family members/consumers who have been involved with public systems a meaningful role in the community’s development and implementation of family group decision making processes? | | | |
Policies and Procedures

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| 4. At what point in the case process will a family decision meeting be held?  
  - At intake? For families receiving ongoing services? At permanency review hearings? At case closure? For adoption finalization? | | | |
| 5. For what types of cases will family decision meetings be organized?  
  - If certain types are excluded, provide a rationale. | | | |
| 6. How is “family” defined?  
  - Inclusive of maternal and paternal relations? Godparents? Anyone with a significant relationship to the child or parents?  
  - Does that mean that anyone who fits the definition of family is invited to attend? | | | |
| 7. What is the referral process?  
  - Responsibilities of referent and the Coordinator?  
  - Timeframes for conducting meetings after referrals? *(Standard: 3-4 week period, with 25-35 hours of preparation)*  
  - Policy regarding acceptance or refusal of referrals?  
  - Who first approaches families about participating in a family decision meeting? (referring social worker, Coordinator, other) | | | |
| 8. What is the policy/procedure for securing the consent of parents/guardians before a family decision meeting is planned?  
  - Is the process voluntary? | | | |
### Key Decision Point Matrix for the Implementation of FGDM

**Policies and Procedures**

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<tr>
<td>9. Recognizing that specific case characteristics will influence this decision point, on average, how much time will the Coordinator spend preparing invitees, family and professional, for the family decision meeting? What are the policies and procedures a Coordinator should do in preparation? <em>(Note: Research shows the level of preparation impacts the outcomes and quality of the family meeting. Standard is 22-35 hours of preparation per case)</em></td>
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<tr>
<td>10. What is the policy for sharing case specific information with the invited participants before the family decision meeting? <em>(Standard: all case facts should be presented beforehand)</em>&lt;br&gt;  - Review your state’s child abuse and neglect confidentiality laws.</td>
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<tr>
<td>11. What is the Coordinator’s standard method of contacting family and professionals to discuss the family decision meeting? <em>(Standard: While it may not be feasible to have face-to-face meetings with out-of-town family members, this type of contact is suggested for those deemed to have an important role in the family.)</em>&lt;br&gt;  - Face-to-face? Telephone? Letter? Written descriptive materials?</td>
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<tr>
<td>12. Who invites individuals to the family decision meeting?&lt;br&gt;  - Parents/guardians? Children? Coordinators? Others?</td>
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## Policies and Procedures

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<tr>
<td>13. What is the policy regarding the involvement of children in the family decision meeting? What is the role of the support person? <em>(Note: even if children are not physically present at the family decision meeting, there are other ways to meaningfully involve them (e.g., statements in advance, creating invitations)</em></td>
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<tr>
<td>14. What is the protocol regarding the involvement of offenders during the family decision meeting? <em>(Note: even if offenders are excluded, efforts should be made to gather their statements that can possibly be shared during the family decision meeting)</em></td>
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<tr>
<td>15. What is the protocol regarding the involvement of victims during the family decision meeting? <em>(Note: it is important for victims to have a support person who can protect their emotional and physical safety during the family decision meeting)</em></td>
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<tr>
<td>16. If exclusions are permissible, who can make the decision to exclude people?</td>
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| • Parents/guardians? Coordinators?  
• For what reasons, can “family members” be excluded? *(Standard: exclusions should occur only when the physical and emotional safety of other participants is questionable)* |            |          |             |
## Policies and Procedures

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<tr>
<td>17. What is the policy for soliciting the perspectives of family members who cannot physically attend the family decision meeting? When and by whom? Strategies: videotapes, audiotapes, letters?</td>
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<tr>
<td>18. What is the policy regarding the use of teleconferencing as a mechanism to involve family members in a family decision meeting. <em>(Standard: Because teleconferencing changes group dynamics, it is certainly not a recommended approach for an initial family decision meeting)</em></td>
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</table>
| 19. What procedures and policies are followed for coordinating the logistics for the family decision meeting?  
  • Location: Is the family asked where they would like to hold the family decision meeting? Is a family member’s home an option?  
  • Time: Is the time for the family decision meeting convenient for the family? Have employment policies (overtime, comp time) been reconfigured so that professionals have the flexibility to attend meetings during non-traditional work hours?  
  • Food: Is the family asked about whether or not they would like food during the family decision meeting? Is food or the costs for preparing for the food made by family provided by the coordinating agency?  
  • Transportation: Two considerations—(1) what is the policy for reimbursing family members for their travel expenses?; and (2) what is the policy for agency representatives to transport local family members without transportation to the family decision meeting?  
  • Day care: Will the coordinating agency provide day care for children during the family decision meeting or reimburse family members for additional day care/babysitting costs that ensure their attendance?  
  • Staffing: With regard to the logistics, who is responsible, coordinating agency professionals or family members, for these activities? |            |          |             |
### Key Decision Point Matrix for the Implementation of FGDM

**Key Decision Point**

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| 20. What is the role of the professional information givers during the family decision meeting?  
- Do they present the facts of the case?  
- Do they present the strengths of the family from their vantage point?  
- For families who have been previously involved in the child welfare system, do they provide any relevant case history?  
- Should they present their opinions or resources during this stage of the family decision meeting? (Standard: only pertinent case related information should be presented, and not professionals opinions about the plan or resources.) | | | |
| 21. What is the policy regarding “private family time” or “family alone time” as a component of the family decision meeting? (Standard: private family time is a core element to FDM processes. It places the decisionmaking process with the family.)  
- Is it non-negotiable?  
- Are non-blood relatives or “fictive family members” who were invited to support the family allowed to participate in private family time? (Standard: consensus should be reached with family members as to the presence of fictive kin during this time before the FDM begins.) How will consensus be defined and decided for these decisions?  
- Where will the Coordinator, professionals and possibly the support people be while the family is meeting in private? | | | |
| 22. What occurs if the family can’t agree on a plan either during their private family time or during the decision stage when they process their ideas with the professionals? (Standard: families should be given another opportunity to meet in private to deliberate)  
- If a plan cannot be reached, what is the policy for reaching resolution?  
- How will consensus be defined? | | | |
## Policies and Procedures

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<td>23. What elements should any plan resulting from a family decision meeting contain?</td>
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<tr>
<td>- Timelines for activities? Persons responsible for implementing plan components? Services to be received? Review dates? Monitoring structure?</td>
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<td>24. What is the policy regarding approving or vetoing plans of family decision meetings? Who has this authority, within what timeframes, and under what circumstances should approvals or vetoes occur?</td>
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<td>- Investigating social worker? (Standard: this professional should give initial approval before the family decision meeting concludes. As quickly as possible, supervisory approval should occur)</td>
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<td>- Parents/guardians of child? (Standard: all family members should be asked if they consent to the final plan before the family decision meeting is over)</td>
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<td>- Child's attorneys?</td>
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<td>- Coordinator (Standard: The Coordinator, maintaining neutrality, should not approve nor veto the plan)</td>
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<td>25. What is the policy if the family and the referring agency do not reach agreement on a plan?</td>
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<td>- Are additional family meetings planned?</td>
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<td>- Does the case revert back to the traditional structure of agency decision making?</td>
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<td>- How is non-agreement defined?</td>
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<td>- Is the case plan decided by the Court?</td>
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<td>26. What is the policy regarding writing up and distributing the plan?</td>
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<td>- Who is responsible for the write up? (typically a Coordinator function, although a family member may want to do this)</td>
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<td>- To whom is the plan distributed to, within what timeframes and by whom?</td>
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<td>- Does the plan become an official part of the case record?</td>
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<td>27. What is the policy and procedure for case review and monitoring?</td>
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<tr>
<td>• Who has primary responsibility for this function? The Coordinator? Ongoing worker? Other professionals? Family members? <em>(Standard: This function should not be fulfilled by the Coordinator)</em></td>
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<td>• Can revisions or modifications be made to the plan throughout the case review and monitoring process? Is so, who has the authority and responsibility for this task?</td>
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<td>28. What is the policy for holding subsequent family decision meetings?</td>
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<td>• Regularly scheduled timeframe? On an as needed basis?</td>
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<tr>
<td>• Who is responsible for initiating?</td>
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<td>29. Are there other community-specific policies that you need to consider?</td>
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### Staffing Infrastructure and Training

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| 30. Which agency will serve in the Coordinator/Facilitator role for the family decision meetings? (Note: Research demonstrates that the Coordinator has the greatest impact on the success of the process.)  
- Public agency or private agency? Rationale for decision. | | | |
| 31. Based on the structure and goals of the initiative and the established policies and procedures, what are the staffing needs to ensure high-quality implementation that meets practice standards? What terms are used for which functions? Delineate the roles and responsibilities of each function.  
- Project manager?  
- Coordinator positions? (Note: Research shows that best practices occur when Coordinators have a significant portion of their FTE dedicated to conducting family decision meetings. Remember all of the preparation functions and the average time it takes to adequately complete those.)  
- Co-Coordinator function?  
- Facilitators of FDM meetings (may be a separate function, or play the same role as the Coordinator)  
- Case Aides?  
- Support staff?  
- Professional who has ongoing case review and monitoring responsibility?  
- Agency management? | | | |
| 32. Since the Coordinator function is so important, what are the most critical skills, knowledge, and experience for the Coordinator to possess?  
- Can this function be filled by volunteers? If so, must specialized training be obtained? | | | |
## Staffing Infrastructure and Training

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| 33. What types of training do the staff (e.g., Coordinators, Co-coordinators, Support staff, and referring workers) implementing FGDM processes need?  
  - Understanding the cultural perspectives of FGDM?  
  - How will training be obtained? | | | |
| 34. What is the plan to educate the broader community about family group decision making?  
  - How and when will all of the constituencies involved in the advisory committee or collaborative, as well as others learn of FGDM?  
  - How, if at all, do these community education efforts differ from the training of key staff? | | | |
| 35. How will staff and/or community resistance or skepticism be addressed through training efforts? | | | |
| 36. What are the timeframes and responsible parties for the development and delivery of the various training activities? | | | |
## Administrative and Other Considerations

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| 37. Is there management support for implementing FGDM within the lead agency and from other collaborating agencies?  
  - Are flex-time, overtime policies that support family decision meetings in place?  
  - Is there a commitment to best practices, in particular the preparation phase?  
  - Have workload/caseload standards been set? | | | |
| 38. What are the costs for implementing family decision meetings?  
  - Staffing? Costs to conduct family meetings (e.g., food, travel)?  
  - Resourcing family decisions?  
  - What funding mechanisms can support the practice of family decision meetings (e.g., Title IV-E? TANF? Medicaid? Private grant dollars?) | | | |
| 39. What is the evaluation plan?  
  - What processes and outcomes will be measured?  
  - Who will be responsible for conducting this evaluation?  
  - How will evaluation results be used? | | | |
| 40. What is the public relations plan to ensure that various audiences (e.g., media, political entities, consumers, general public, and others) receive factual, comprehensive and accurate messages about the community’s Family Group Decision Making initiative? | | | |
### Administrative and Other Considerations

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| 41. Are there any worker and agency liability concerns related to the implementation of family decision meetings?  
  • How can these concerns be addressed?                                             |            |          |             |
| 42. Based on the evaluation results, what is the plan to sustain or institutionalize family decision meetings as a part of agency practice? |            |          |             |
Family Group Conferencing:
Responses to the Most Commonly Asked Questions
by Lisa Merkel-Holguin, MSW, and Leslie Wilmot, MSSW

For more than a decade, the American Humane Association has provided training and technical assistance to thousands of individuals in hundreds of communities. In addition, American Humane’s numerous publications have influenced FGDM practice and policy conceptualization and implementation. One of American Humane’s first publications, “Innovations for Children’s Services for the 21st Century: Family Group Decision Making and Patch” (1997), provided an initial framework for FGDM implementation. In addition, it listed numerous questions, with responses based on the experiences and legal frameworks in New Zealand, Newfoundland/Labrador, Canada, and a few U.S. communities. In the past ten years at its trainings, independent of location or audience, American Humane staff typically field many of the same questions about family group conferencing. This document serves as an update to our initial 1997 publication, and provides American Humane’s responses to the most frequently asked questions about family group conferencing.

What is the role of the referring worker?
The referring worker has numerous roles throughout the family group conference (FGC):

- First, because family group conferences are voluntary in most countries, the referring worker contacts the key family members (typically the parents or guardians) to briefly describe the FGC process and to ascertain their willingness to have an FGC coordinator contact them about engaging the wider family circle as partners in creating solutions and making decisions.
- Second, the referring worker provides a referral to the project. This typically includes information such as family telephone numbers and addresses, the critical incident that led to the family’s involvement with the public child welfare agency, the agency’s synopsis of the major issues in the case, and the issues or decisions for planning consideration.
- Third, at the FGC, the referring worker is one of the key information providers to the family group. The referring worker summarizes the critical incident or
decision point that precipitated the FGC and outlines all major safety and permanency issues that the family’s plan must address, as well as key information and relevant timelines. Family members have the opportunity to ask questions and get clarification from the referring worker. Due to the emotional intensity of many family group conferences, coupled with the increased presence of the widened family circle, oftentimes the referring worker can feel as if he or she is in the “hot seat.” Therefore, it is important for the referring worker to come prepared to directly and tactfully share very difficult information with the family.

- Fourth, after private family time, the referring worker returns to partner with the family to finalize the plan and resource the areas the family believes require external support. If the final plan meets all safety and permanency considerations, it is the referring worker’s obligation to accept it. If elements of the plan cannot be accepted, the referring worker is obligated to describe the agency’s concerns. If the concerns cannot be rectified, it is the referring worker’s responsibility to not accept the plan.

**What is the role of the coordinator?**

The coordinator’s most significant role is to engage and prepare all participants, including the wider family circle, the informal support network, and professionals/service providers, for the FGC. The coordinator is also responsible for helping surface any safety issues that may impact the FGC process and for helping family members create a plan that will address or ameliorate them. In addition to being the convener of the FGC, the coordinator, who has had no prior involvement with the family, also facilitates the FGC. The coordinator does not have a “stake” in the family’s plan and, therefore, has no voice in accepting or altering it. Defining the coordinator’s role as such positions him or her to be perceived as fair. The coordinator does not share any critical case information or advocate for any vulnerable member during the FGC. The coordinator is also responsible for distributing the plan after the FGC.

**What is the relationship between the coordinator and referring worker?**

The coordinator is positioned to be completely independent of the case and the referring worker. The coordinator and the referring worker share information at the inception of the preparation phase. The coordinator undoubtedly learns new information about the family members for whom they are organizing an FGC. Unless the information learned by the coordinator in the preparation process compromises child safety or well-being, it is considered confidential or privileged and is not shared with the referring worker or other service providers. The coordinator may encourage family members to share such critical information with the referring worker and others during the FGC itself. However, the coordinator is responsible for conducting himself...
or herself in a fashion that demonstrates fairness and respect for the family, professionals/service providers, and the FGC process.

**What is the role of foster parents at an FGC?**

Foster parents are critically important to the family group conferencing process. With intimate knowledge about the child for whom they are caring, foster parents typically play the role of an information provider. They share child-specific information with the assembled group. Unless the extended family considers them family, they do not participate in private family time, where the initial decision is crafted. They may participate in the decision stage of the FGC, where the plan is finalized and the resources to support that plan are identified.

**Who does the coordinator contact and what information is shared before the family group conference?**

As legislated in other countries, family group conferencing is premised on the idea that the care and protection of children is the responsibility of the broader family network, and, therefore, all kin have a right to attend an FGC unless they are excluded for safety reasons. Because sharing case-specific information with individuals other than parents is a legitimate confidentiality issue in the United States, the coordinator first consults with the parent(s) to seek their agreement to contacting individuals within their family network and sharing specific information about what propelled the need for an FGC.

The coordinator shares only information that is relevant to provide a reasonable understanding of why an FGC is being convened and to gain willingness to participate. Communities typically outline the depth and detail of information to be shared on their release of information forms. Expansive information sharing should be left to information providers and family members within the context of the family group conference.

Regarding inviting participation, the coordinator first asks parents and the extended family to determine who they consider members of their family. The coordinator keeps the conversation as broad as possible by asking, “How do you define family?” and avoids asking, “Who should be invited to an FGC?” The second question immediately limits the parent/family members’ thinking as to who could play a role in decision making. The coordinator is cognizant that family constellation varies for individuals, families, and cultures. It is the FGC philosophy that all kin are entitled to attend unless they threaten participants’ emotional or physical safety.
According to Burford, Pennell, and MacLeod (1995), the persons ordinarily considered for attendance or representation at the FGC, and thus contacted by the coordinator, include:

- the child, young person, or adult who was abused or neglected;
- the parent, guardian, and/or caregiver of the child/young person who was abused or neglected;
- members of the child or young person’s extended family;
- the referring worker or representative from the referring agency;
- a person who is unambiguously aligned with each FGC participant in need of support, including young people under the age of 16, persons at risk of abuse, and alleged offenders;
- any person identified by the family as having a significant stake in the outcome for the abused person(s). This person may be a family friend, support person, or member of the family’s social support network (e.g., neighbor, minister); and
- any person who has supplemental information that conference attendees need to make decisions (e.g., alcohol counselor, teacher, mental health professional).

What happens if a parent is unwilling to identify his or her extended family, or wishes to exclude the majority of his or her extended family?

In the United States, family group conferencing is a voluntary process. Philosophically, a cornerstone of family group conferencing is that the wider extended family constellation is entitled to participate in making decisions about the children’s safety and well-being. If, after multiple conversations with the coordinator (often exploring resistance, worries, fears, and support possibilities), a parent remains unwilling to involve his or her extended family, the preparation process for the FGC does not move forward. Decisions about protecting the children then are determined through standard mechanisms.

Does an FGC continue if the parent(s) are not in attendance?

What happens if a coordinator prepares all family participants, but when the conference begins, for whatever reason, the parent(s) are not in attendance? In this instance, the coordinator works with the family members present to determine the best course of action, recognizing that the decision will match the family’s unique circumstances. If the FGC proceeds and a plan is crafted, the family plan is promptly presented to the absent parents. The binding nature of the decision depends on the community’s policy about the need for parent agreement and whether the case is court-involved.
Can lawyers, court-appointed special advocates, guardians ad litem, and other legal professionals attend FGCs?

Parents and children often have court-appointed special advocates or legal professionals represent their interests. At the inception of family group conferencing in communities, it is not unusual for these individuals to be skeptical of the process. They often express concern that their clients will be intimidated, will incriminate themselves, or will retract the pending charges. These fears are typically lessened after they participate in an FGC. Legal professionals are welcome to participate in the information sharing and decision stages of the FGC, but, like other non-family members (as identified by the wider family constellation), they do not participate in private family time.

What information is shared at the FGC?

The referring worker and other information providers (e.g., teachers, drug and alcohol counselors) are asked to prepare their presentation in advance, crafted in respectful and jargon-free language. According to Burford et al. (1995), the coordinator should encourage information providers to take a non-prejudicial stance of giving clear, detailed, factual information. The referring worker shares all information that is crucial to the family’s deliberations. Upon request, information providers may also bring important documents or reports to share with the family for clarification.

How is information shared at the FGC?

After the introduction stage, the coordinator invites the referring worker to present a case summary defining the critical issues the family plan must address. The referring worker, using strengths-based language, strives for clarity and brevity in providing only the most important information and detail for the family’s consideration. Next, family members have the opportunity to ask questions and seek clarification regarding the information presented to them. Other information providers then share any specific information that will assist the family in their decision making. In the United States, a number of communities have incorporated the information sharing framework of Oregon’s Family Unity Model. In this process, the coordinator facilitates a discussion of family strengths and concerns with all participants. While this approach has its merits, it is structurally and philosophically different from the FGC process.

Do children and young people participate in the FGC?

Early writings and policies in the United States and elsewhere, likely guided by developers’ biases and assumptions about children, typically suggest that children under the age of 12 be excluded from participating in person at FGCs, citing the likely lack of emotional maturity (American Humane Association, 1997; Burford et al., 1995). Still, virtually all writings underscore the importance of soliciting children’s
perspectives through a written statement, poem, artwork, audiotape, or videotape to be shared at the FGC. Since 2001, various practitioners of family group conferencing initiatives throughout the world have challenged the notion that children should be excluded from physically participating in an FGC for their own protection. Instead, they believe that children should not be automatically barred from participating in person based on an artificial age limit that ignores varying cultural perspectives and the personal resiliencies and interests of children (Holton & Horan, 2004; Nixon, 2002; Taylor, 2003; Wilmot & Turner, 2003).

The question is not whether to involve children in the process but, rather, how to maximize their involvement in ways that protects their emotional and physical health. Clearly, involving children, regardless of whether they will be attending the FGC in person, always requires comprehensive preparation and planning. The coordinator may meet with the child/young person and his or her support person on numerous occasions to both assess the child/young person’s possible participation and to work through creative preparation activities to achieve the most positive conference experience. The support person, in partnership with the coordinator, plans to help the child/young person process any emotions or ideas post-FGC.

**Why are individuals sometimes excluded from the FGC?**

Comprehensive preparation positions the coordinator with information about individuals within both the family and service provider groups whose participation in the FGC would compromise emotional and physical safety of other participants or would be detrimental to decision making. The coordinator walks a fine line between shepherding the process and safeguarding the participants while not being overly intrusive or involved.

While the coordinator sparingly excludes individuals, it is his or her responsibility, in partnership and consultation with the family group, to finalize these difficult decisions, both before and during the FGC, if necessary. The coordinator’s creative strategies in preparation, including incorporating support people into the process, decreases the need for exclusions. Excluding someone’s physical presence at an FGC does not equate to the person’s voice being absent. Because the individual excluded may have critical information, the coordinator takes all reasonable steps to gather the person’s perspective (e.g., via letter or video) and share it at the FGC, as well as to advise the person of the outcome.
What is the role of the support person at the FGC?
The support person is pre-selected and prepared to provide emotional support for:
- children and adolescents;
- adults who have been victims of abuse or are at-risk; and
- offenders.

The support person has numerous roles at the FGC, including:
- accompanying the vulnerable person to the FGC;
- providing emotional support to the vulnerable person;
- representing the voice and perspective of the person he or she is supporting;
- adding his or her own perspectives if he or she is a family member;
- monitoring the vulnerable person’s emotional and physical safety needs during and post-FGC, requesting breaks if necessary; and
- leaving the room with the vulnerable person if he or she needs or desires to exit the FGC.

In the case of an alleged abuser, the support person is not responsible for defending harmful actions or behaviors.

Who typically plays the role of a support person?
What is most important in selecting the support person is the vulnerable person’s confidence in the support person’s ability to provide necessary support at the FGC. The coordinator explores possibilities with the child, youth, adult survivor, or offender regarding the person who is a “best fit” for this role. If the vulnerable person is to participate in private family time, it is best if a member of the family network fulfills the role of the support person. A non-family member in private family time may compromise the decision-making process if family members are reluctant to share important, privileged information.
Should resources be offered to the family before private family time?
Providing a litany of formal resources in advance of private family time poses a number of challenges. Will sharing explicit resources limit family member’s thinking about the types of formal and informal resources they integrate into the plan they craft or drive them to a more system-focused solution? Alternatively, in the absence of detailed resource information, will family members have enough knowledge to reasonably create and resource a plan? It is prudent to provide enough information for family members to have an understanding of available community resources. An extensive service listing, on the other hand, may discourage them from tapping their informal supports and resources and may convert their discussion from identifying their needs to one of determining services. Any resource gaps can be further reviewed and attended to during the decision stage of the FGC.

Are fictive kin a part of private family time?
As devised in New Zealand, only family members related by blood or marriage participate in private family time. It is believed that the inclusion of fictive kin (i.e., individuals who are “like” family but are not related by blood or marriage) compromises the plan, because family members are less likely to fully share information with individuals they do not trust. The purpose of private family time is to provide a safe venue for family members to freely communicate when crafting their plan.

In the United States, family constellations are often organized to include fictive kin as important family members. Through preparation activities, the coordinator works with the family to identify individuals to participate in private family time, with the inclusion or exclusion of fictive kin carefully considered. At the FGC, the coordinator may caucus with family members to determine fictive kin’s potential participation in private family time. While the coordinator works to honor family members’ interests, the coordinator also has the responsibility to safeguard the process. Often, fictive kin identified by one family member have little to no relationship with other family members. While their presence may be comforting to a participant, their inclusion in private family time could jeopardize the decision.

What happens if family members ask the coordinator and service providers to stay during private family time?
It is fairly common for family members to ask the coordinator and other service providers to stay in the room during their private family deliberations. This request typically occurs because family members:
- have not been adequately prepared or have not fully understood the process;
- do not believe in their capacity to create solutions as a group;

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• are entrenched in a climate of “clienthood,” where they expect others to craft the solutions and don’t believe the “system” is embracing them as primary decision makers;
• are uneasy because it may be an emotionally charged time; and
• may want to leverage a non-family member to embrace their plan.

Some have argued that if the family members ask the coordinator or service providers to stay, it is disrespectful to ignore their wishes and leave them in private to deliberate. To the contrary, private family time signals to the wider family the public agency’s belief in the family’s decision-making capacity, encourages the emergence of family leadership, and reflects the underpinning value that “families are their own experts.” Unless there is a new concern for participants’ safety that cannot be rectified (at which time the FGC is stopped to create an intermediate safety plan to conclude the FGC), the coordinator or service provider should firmly yet politely leave the family alone.

What happens if the family can’t agree on a plan?
While the international data show that families reach agreement and referring workers accept plans 95% of the time (Merkel-Holguin, Nixon, & Burford, 2003), there are instances when family members do not concur on the best course of action. The family members present their opinions to the referring worker and others who didn’t participate in the initial plan development. After listening, the referring worker encourages family members to take additional time in private to reach consensus. If, after further dialogue, family members still cannot come to an agreement, the referring worker and family has various options: (1) a decision can be made by a public agency representative; or (2) if the case is court-involved, various options can be presented to the judge for a decision. Oftentimes, families prefer playing a significant role in the decision and will re dedicate their energy to finding a consensual solution.

Who has to agree with the plan?
The family and the referring worker from the public agency must agree with the plan for it to move forward. If the case is court-involved, the judge has final authority to approve the plan. While family members typically reach consensus on a plan, if family members have different opinions, they can present the various options to the referring worker and service providers during the decision stage. Upon hearing the options, the referring worker, informal familial supporters, and other resource providers may be able to highlight areas of consensus and encourage the family to take additional time to reach a consensual plan. For a court-involved case, a judge can hear various versions and be the arbiter.
Is the discussion recorded throughout the FGC?

During the introductory phase, the family members are asked if and how they would like the coordinator and/or the co-facilitator to record significant information shared during the FGC. Based on preferences, culture, and decision-making styles, the family members may elect for the coordinator or co-facilitator to write the more salient information on standard paper or a flip chart, or to not formally record anything. While professionals often find flip-charting to be helpful in tracking conversation, its numerous drawbacks should be considered. Overly prescriptive flip-charting and facilitation draws attention to the facilitator; requires sufficient facilitator skill to ensure that individuals’ perspectives are accurately reflected; slows and inhibits the dialogue between participants; and creates a climate of professionalism in a process that is intended to be family-driven.

Before private family time, the coordinator encourages the family to select someone to record the plan during their discussions. During the decision stage of the FGC, this family representative presents the initial plan to the referring worker, information providers, and other invitees who did not participate in private family time. At this juncture, all participants work collaboratively to detail the plan. A final plan fully describes what will happen, by when, by whom, and how.

Who conducts the follow-up with the families?

In New Zealand and Newfoundland/Labrador, Canada, the coordinator conducts the follow-up with families. In many United States communities, unless a subsequent FGC is scheduled, the role of the coordinator concludes after the plan is created and distributed. Follow-up is a partnership between the family and the referring agency. A representative of the referring agency (typically the ongoing worker) follows up with resource providers and family members to ensure that the formal and informal services detailed in the plan are being delivered. If the plan and back-up plan require modifications, the ongoing worker refers the case back to an FGC.

Who monitors the family plan?

A part of every family plan includes the identification of monitors, who evaluate the congruence between the written plan and its implementation. Most often the ongoing worker and a family member (identified by the family during the FGC) work collaboratively to monitor plan follow-through. While two individuals typically have primary monitoring responsibility, everyone who participates in the plan development and implementation, including service providers and family members, have the obligation to identify deviations and struggles in the plan that compromise child safety, permanency, and well-being.
Is an FGC a one-time process?
The family creates a plan and a back-up plan (if necessary) at the FGC. If the initial plan is not implemented or followed as organized, the family can move to implementing the back-up plan without convening an additional FGC. If neither plan achieves the outcomes desired for the children, an additional FGC can be scheduled at the request of the family or the ongoing worker. Follow-up FGCs, scheduled by the public agency at certain time intervals as a monitoring or check-in function, are unnecessary. The plan-monitoring function tracks the workability and viability of the plan. Occasionally, a family will schedule a follow-up meeting to review the status of the plan—or revisit temporary decisions—once the family has further information or experience.

Where are FGCs typically held?
The coordinator, in partnership with the family, identifies a venue that is perceived as neutral and non-threatening by all participants. Issues to consider in selecting a venue include accessibility to transportation, toilets, and telephones; size of space; and accommodations for the handicapped. Locations such as libraries, community rooms, and churches are frequently used. Family homes and public child welfare agencies generally do not make good venues, because they may not be perceived as neutral, comfortable, or welcoming to all participants.

What type of families should be referred for FGC?
This question is often asked as a way to begin the process of excluding certain families from the opportunity to participate in an FGC. Like the question regarding child inclusion, it is not whether a family should participate, but how one can organize an FGC that will support the family’s safe and comprehensive involvement. The following are key referral questions:

- Is there a decision that needs to be made?
- Can a conference be safely convened?
- Are there enough family members to constitute a group?
- Is the FGC organized with a well-defined, open-ended purpose and no pre-determined outcome?

While cases that involve child sexual abuse and domestic violence require more comprehensive preparation, research demonstrates that even with these toughest of presenting issues, family group conferences can be safely convened with positive familial and child-specific outcomes (Pennell & Burford, 1999).
References


Mission, Vision and Values Examples
Pennsylvania Family Group Decision Making
These examples can be used by other organizations to begin development of their own unique mission, vision, and values statements

1. X County
Mission
The mission of X County Family Group Decision Making is that all families be offered the opportunity to come together to make decisions that will ensure the safety and well-being of all its members.

Vision
It is the vision of X County that all families will have the opportunity to gather in a family group conference to resolve their own issues.

Belief
It is the belief within X County that families are equipped and possess the innate ability to know what is best for their children and families.

Values
People gain a sense of hope when they feel someone is listening.
Families have strengths and can change.
Let families take care of their own situation.
Empowering families is better than controlling them.
Options are preferable to advice.
Strengths are what ultimately resolve concerns.
A consultant is better than a boss.
Strengths are enhanced when they are acknowledged and encouraged.

Y County
Mission
The Y County Family Group Conferencing mission is to support a family based, child-focused process that empowers families to identify strengths that will assist in making decisions that promote family unity while ensuring the safety, care and protection of all its members.

Common Vision and Values
• A more hands-on, integrated planning approach emphasizing a family focused intervention that empowers family members to seek out and organize solutions for their children who are at risk.
• A family-driven family service system versus an agency driven social service provider agency with a common belief that all families have strengths and capabilities to resolve their own problems.
• A system that asserts a genuine opinion of family unity is flexible to change and promotes
an atmosphere that encourages cooperation and receptiveness by families to engage within the process.

Principles
While communities have varying impetuses for implementing FGDM, the cornerstone philosophies tend to be similar. If it is believed that families, communities, and the government must partner to ensure child safety and well being, then families must be regularly involved in making decisions about protecting and ensuring safety for their children. FGDM is in fact the non-adversarial process that provides families with the opportunity to make these important decisions.

FGDM is characterized as a practice, which is family-centered, family strengths-oriented, culturally based, and community-based. It recognizes that families have the most information about themselves to make well-informed decisions and that individuals can find security and a sense of belonging within their families. It emphasizes that, first and foremost, families have the responsibility to not only care for, but also to provide a sense of identity for, their children. It encourages families to connect with their communities, and the communities to link with their families.

**Z County**
Mission and Purpose
Z County’s Family Group Conferencing practice and philosophy is a strength-based, family-centered, child-focused and culturally sensitive approach. It is based on the belief that the best care, planning and protection for youth and children can be achieved when the positive aspects and strengths of the families are aligned with community and agency support systems. A partnership is built between the family, the community and human service agencies. This partnership supports the family and facilitates their planning for the safety, care and protection of youth, children and the community.

The purpose of Family Group Conferencing is to offer a practice in which families plan for themselves.

Our objective is to have a family meeting, not an agency meeting. This objective is met by creating an environment where the family has the opportunity:

- to be strengthened
- to be empowered
- to receive customized services
- to minimize trauma and maximize healing
- to increase and improve their options
- to identify, build-upon and utilize their family resources
- to balance the power between “authorities” and family/community members
- to utilize their own expertise in developing their plans
VALUES AND BELIEFS:
· Families have strengths and can change
· Strengths are what ultimately resolve concerns
· Strengths are discovered through listening, noticing, and paying attention to people
· Strengths are enhanced when they are acknowledged and encouraged
· People gain a sense of hope when they feel someone has really listened to them
· Options are preferable to advice
· Empowering people is preferable to controlling them
· A consultant is more helpful to people than a boss

A County
Mission
To encourage families to work together to find solutions.

Core Values
Individuals and families have strengths
People and systems can change
A team/collaborative approach is best
Individuality and diversity
Safety, permanency and well-being for all children and families
FGDM is voluntary
Strengths are enhanced when they are acknowledged and encouraged
People need people
Hope and respect for everyone
Options are better than advice
Empowerment is better than control
A consultant is better than a boss
Expanding FGDM in PA

Hershey PA
November 14, 2007
erie county family group decision making

mission

i. the mission of erie county’s family group decision making process is to provide children and families with a community resource that fosters child safety, permanency and well-being, first and foremost with their families.

beliefs

ii. it is the belief within erie county that families are equipped and possess the innate ability to know what is best for their children and families.

vision

iii. the vision of implementing family group decision making within erie county is to encourage a shift in the delivery of community services toward a family focused, culturally competent, child-centered, strength based services that ensures children are provided care within a safe, nurturing and permanent setting with their families, thereby avoiding placement outside the family. this will be achieved through community and family collaboration in order to ensure positive outcomes for children within the county; whereby the involvement of the formal child serving system will be decreased.

five year vision for erie county

seamlessly integrate the process within the child serving system and community thereby encouraging systemic change and greater family involvement and partnerships that reduce out-of-home placements and re-entry placements of erie’s children with non-family members.

support from the court system that encouraged engagement of families in the process.
Erie County Family Group Decision Making
Policy and Procedure
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Erie County
Family Group Decision Making
Policies and Procedures

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Policy: It is the policy of Erie County FGDM that the FGDM Policy and Procedure Manual will be reviewed and updated on a consistent basis.

Rationale: That the FGDM Policy and Procedure Manual will remain relevant, valid and continue to meet FGDM and Erie County standards.

Scope: For all individuals that will be involved in the review of the FGDM Process.

Procedure:
1. The Policy and Procedure Manual will be reviewed by the Director of FGDM and the following:
   A. FGDM Coordinators
   B. FGDM Clerical Staff
   C. FGDM Director
   D. Family and Community members

Erie County Family Group Decision Making
Policy and Procedures

<table>
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<th>Policy #2: Flow Chart</th>
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Policy: It is the policy that Erie County FGDM will follow the process identified within the FGDM Flow Chart.

Rationale: That the FGDM Process will be standardized and that all individuals participating will have a clear understanding of the process and how it is implemented.

Scope: For all individuals that will be involved in the FGDM Process.
Procedure:
1. Erie County FGDM will follow the process identified within the FGDM Flow Chart listed as Appendix A.
2. The FGDM Flow Chart will:
   a. Give a clear view of the FGDM Process and give a step by step progression through the FGDM Process
   b. Identify all aspects of the FGDM Process
   c. Identify and explain all phases of FGDM, including:
      i. Referral
      ii. Family Contact
      iii. Pre-Conference
      iv. FGDM Conference
         Phase 1: Introductions and Information Sharing
         Phase 2: Family Private Time
         Phase 3: The Family Plan / The Written Summary
   v. Follow Up
   d. List what roles are involved in each phase
   e. List what forms coincide with each phase

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Erie County
Family Group Decision Making
Policies and Procedures

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**Policy:** It is the policy that Erie County FGDM will have a standardized referral process that all Referral Sources will follow.

**Rationale:** That all participants have a standardized referral process for FGDM.

**Scope:** For all individuals that will be referring to and be involved in the FGDM Process.

**Procedures:**
1. The Referral Source offers a Family the opportunity to participate in a FGDM Family Conference. If the Family is willing to participate in the process, the Referral Source completes a Prescreening/Referral Form with the Family and faxes it to the FGDM Director.
2. The Coordinator meets with the Family and, whenever possible, the Referral Source to reconfirm the Family’s voluntary participation, to educate the Family on the FGDM Process, to complete the intake packet, to discuss with the Family who they want invited to the conference and decide who will contact these individuals.
a. Family signs Authorization for Consent Forms, to allow the Coordinator speak openly with Family Members, Services Providers and other significant individuals the Family identifies, are signed at this time.

3. The Coordinator completes and sends a Determination of Appropriateness Letter (DAL) to the Referral Source.

Families are accepted for a FGDM Conference at anytime during the case process (i.e. intake, ongoing) when:

1. Key members of the Family have agreed to participate.
2. The Referral Source can express HOPE for the Family.
3. The Referral Source can express willingness to consider the Family Plan.
4. The Family can participate safely.

When a decision is made, the Coordinator will send a Determination of Appropriateness Letter (DAL) to the Referral Source and a copy will be kept in the FGDM case file. A determination of acceptance will be made within 5 business days of receiving the referral.

Once a referral has been accepted, the FGDM Conference should take place within 30 business days of the referral acceptance date. If a referral goes 6 weeks without completing the process, the Coordinator will consult with the Referral Source.

The Coordinator will also keep track of all referrals, assessments, reviews, all pertinent forms, request for referrals, dates of referrals, and the steps taken to address referrals.

Families appropriate for FGDM: All referrals will be classified as appropriate unless there are domestic violence or sexual abuse issues in the Family or any other situation that the Director deems unsafe or inappropriate. If there are issues of safety, the Coordinator will confer with the Director, Referral Source, and the FGDM Safety Committee to decide how to proceed with the referral.

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**Policy #4: Role of Referral Source**

**Department:** FGDM

**AHA Matrix #:** 29

**Policy:** It is the policy of Erie County FGDM that the Referral Source has an identified role and related responsibilities when referring to the FGDM Process.

**Rationale:** To have a good understanding of what a Referral Source will be responsible for during the entire FGDM Process.
Scope: For all individuals that will be referring to and be involved in the FGDM Process.

Procedure:
1. Identify Families that meet the criteria for referral. Determine if there are any concerns that would negatively impact the success of the FGDM Process.
2. Describe the FGDM Process to the Family to determine their interest in participating within the guidelines of the FGDM practice.
3. Complete the FGDM Prescreening/Referral Form and consult with his/her supervisor to confirm the appropriateness of the Family for a FGDM Conference.
4. After consulting with your supervisor, submit the Referral Form to the FGDM Director.
5. Arrange for the Coordinator to attend a scheduled home visit to meet the Family.
6. Continue to maintain normal contact with the Family.
7. Attend the Pre-Conference with the Coordinator and other Service Providers.
8. Attend the Family Group Decision Making Conference. Be prepared to provide participants with a brief history of the Family’s involvement with the referring agency, identify family strengths and concerns, identify which concerns must be addressed in order for plan approval to occur, provide parameters of available resources, and consider the plan established by the Family and determine if the plan is acceptable to the Agency.
9. Support the Family in the application of the plan and monitor follow-through based on agency expectations.

Please Note: An approved plan can only be modified by convening an additional FGDM Conference or by an Order of the Court.

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Policy #5: Securing Consent

Department: FGDM

AHA Matrix #: 8

Policy: It is the policy of Erie County FGDM that consent be secured from the Family to voluntarily participate in the FGDM Process.

Rationale: To confirm that the Family has voluntarily agreed to be referred and participate in the FGDM Process.

Scope: For all individuals that will be referring to and be involved in the FGDM Process.

Procedure:
1. The Referral Source will secure consent by having the Family agree to participate in a FGDM conference and for the Referral Source to make the referral.
2. The Coordinator, in the initial meeting with the Family, will confirm, that the Family has agreed to participate in this process voluntarily.
3. All participants will be informed that this process is voluntary and that they may terminate their involvement at any time.
4. The Coordinator will review the forms and secure signatures on Service Providers and Authorization for Consent for Family.

**Erie County**

**Family Group Decision Making**

**Policies and Procedures**

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**Policy:** It is the policy of Erie County FGDM that the Coordinator will identify and address all preparation needs for the FGDM Conference.

**Rationale:** That the Family will not have to be concerned about the minor details of the FGDM Conference. The Family can participate in any aspect of the planning, but is not required.

**Scope:** For all individuals that will be involved in the FGDM Process.

**Procedure:**

1. The Coordinator will spend, on average, approximately 22 – 35 hours preparing for the FGDM Conference. This will include:
   a. Contacting the Family
   b. Contacting and preparing all invitees
   c. Identifying and securing a location for the conference that:
      i. can accommodate the FGDM Conference (i.e. space, toilet, tables)
      ii. is as convenient to the Family as possible
      iii. is a neutral venue
      iv. is handicap accessible
   **Note: the Family will be asked if they have a preference or potential site**
   d. Identifying the date/time of the FGDM Conference
      i. the date/time will be convenient for the Family
      ii. employment policies will be identified (i.e. overtime)
   e. Preparing or arranging for food
      i. All conference participants are expected to bring food to share at the conference. If it is not possible for the Family to provide food, the Coordinator will make arrangements for food to be available at the conference.
   f. Addressing transportation/lodging issues
      i. out of town Family Members will be reimbursed for transportation and
lodging, if necessary, as agreed upon prior to the conference
ii. some Family Members who do not have suitable transportation options may be transported by agency representatives

g. Staffing
i. individuals will be assigned to address the logistics and to make sure that all above needs are met and are satisfactory

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**Erie County**

**Family Group Decision Making**

**Policies and Procedures**

<table>
<thead>
<tr>
<th>Policy #7: Definition of Family</th>
<th>Department: FGDM</th>
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<tr>
<td>AHA Matrix #: 6</td>
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**Policy:** It is the policy of Erie County FGDM that Family will be defined and that all individuals will have a clear understanding of what the Family is and who is classified as a Family Member.

**Rationale:** That all individuals have a clear understanding of the Family and who is entitled to be classified as a Family Member.

**Scope:** For all individuals that will be involved in the FGDM Process.

**Procedure:**
1. **Define: Family** - a fundamental social group in society typically consisting of parents and their offspring, yet may also include extended family or anyone with a significant relationship to the family that the family would like to classify as a family member.
2. **Define: Extended Family** – anyone who lives outside of the nuclear family, either biological or not, that has a logical or natural association to the family.
3. **Only Family** participate in Family Private Time. Fictive Family Members or “non-blood relatives” will be invited to stay for the Family Private Time by a consensus of the Family Members. This should take place prior to the conference. Also, anyone with a significant relationship to the Family, that the Family would like to classify as a Family Member, will be invited to stay for Family Private Time (i.e. clergy, neighbor).
Policy: It is the policy of Erie County FGDM that the sharing of case specific information be regulated and compliant with local confidentiality laws.

Rationale: To be in compliance with HIPPA and state child abuse and neglect confidentiality laws on the content and amount of personal information shared with individuals invited to participate in this process.

Scope: For Coordinators or individuals that will be contacting participants to invite them to the FGDM Conference.

Procedure:
1. The Coordinator will have had the Family sign an Authorization of Consent.
2. The Coordinator, Referral Source and the Family will meet and identify what information the Family would like to share with invited participants. The Coordinator generally only shares the purpose and information regarding the logistics of the conference with the participants.
3. All inquiries of information not agreed on for disclosure will be deferred back to the Family.
4. All information that has to do with the safety or well being of the participants will be disclosed.

---


Policy #9: Standard Method of Contact

Department: FGDM

AHA Matrix #: 11, 12

Policy: It is the policy of Erie County FGDM that there be a standard method of contact that the Coordinator will utilize to contact the Family and Service Providers to discuss the FGDM Conference.

Rationale: That the Coordinator will have a standard method of contact.

Scope: For all individuals that will be referring to and be involved in the FGDM Process.

Procedure:
1. The Coordinator will verify that the Family agrees to participate.
2. The Coordinator will meet with the Family, ask the Family to identify individuals to be invited to the conference and decide who will invite the participants.
3. The Coordinator will contact all invited guests and ensure that each participant understands their role and the purpose of the conference.
4. If a verbal contact is not successful, the Coordinator will send a letter and / or written
description to the individual invited to participate. The Coordinator will also request written or recorded statements from individuals deemed to have an important role but who are unable to attend the conference.

---

**Erie County**

**Family Group Decision Making**  
**Policies and Procedures**

**Policy #10:** Assure Participation of Children, Victims, Offenders and their Support Person  
**Department:** FGDM  
**AHA Matrix #:** 13, 14, 15

**Policy:** It is the policy of Erie County FGDM that it be assured and considered highly important that children, victims and / or offenders participate in the FGDM Process. If these or other Family Members are unable to attend, other methods should be implemented to ensure these individuals statements and perspectives are heard. (i.e. written statement, video / audio tape, teleconferencing.)

**Rationale:** To make sure that all individuals deemed significant to the process have the opportunity to participate in the process or at least to have their voice be heard.

**Scope:** For all individuals that will be referring to and be involved in the FGDM Process.

**Procedure:**

The Erie County FGDM Process welcomes, and considers highly important, the participation of children, victims and offenders. The choice of attendees lies within the Family, including consideration by the Referral Source and Coordinator.

The Family will determine a Family Representative who will speak for the Family. Through this individual, the Family will decide who is invited to participate. The Referral Source and the Coordinator may make suggestions or identify individuals, yet the Family has the final say on who will be invited to participate in their FGDM Conference.

Children, particularly young children, must have an opportunity to be included during the meal and be provided time to express themselves during the discussion of strengths and concerns. It is encouraged that children be allowed to share a statement, letter, poem or drawing. Child’s participation should be given weight based on age, maturity, culture and other considerations. Facilitators may lead the child’s involvement by asking general open-ended questions. While the child(ren) is generally welcome to stay for the entire conference, the Facilitators may determine when the child’s exit from the group should be considered. The Coordinator will ensure that the concerns related to young children are expressed.

Victims should participate in the FGDM Conference if it is deemed physically and emotionally
safe for that individual. All victims are strongly encouraged to have a support person with them at the FGDM Conference and prepare a written statement to be read by the victim or their support person at the FGDM Conference.

Offenders may prepare a statement if needed to take responsibility or if it is hard to communicate feelings. Offenders, with the assistance of their previously identified support person, are expected to express themselves in a courteous manner so as not to re-offend the victim, who will also have the benefit of a previously identified support person. Any display of harmful language or behavior will result in immediate dismissal/removal from the conference.

A support person should be chosen for each of the individuals identified above. The support person is present to provide emotional support to the person they accompany to the FGDM Conference, to be a part of the Family Plan (if it has been previously discussed with the parents) and help to keep that person safe. The Coordinator has the right to veto the choice of a support person if the Coordinator feels he/she is not totally aligned with the person who has chosen him/her, or that the person is not capable of filling this role.

### Erie County
**Family Group Decision Making**
**Policies and Procedures**

<table>
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<th>Policy #11: Unable to Attend / Electronic Participation / Exclusions</th>
<th>Department: FGDM</th>
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<tr>
<td>AHA Matrix #: 16, 17, 18</td>
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**Policy:** It is the policy of Erie County FGDM that individuals unable to attend or who are excluded from the conference will have an opportunity to have the “their voice heard” either by written or electronic means including teleconferencing, audio or video tape.

**Rationale:** That individuals unable to attend or who are excluded from the conference will have an opportunity to have “their voice heard”.

**Scope:** For all individuals that will be involved in the FGDM Process.

**Procedure:**
1. All individuals that are not able to participate in the FGDM Process will have the opportunity to share their thoughts and comments either by written or other means of communication. Categories will include:
2. **Unable to Attend** - Any individual that is not excluded, yet is unable to attend the FGDM Conference, will follow under the guidelines listed below.
3. **Teleconferencing and other electronic participation** - In some circumstances, video conferencing, conference calling, an audio or videotape may be utilized to have
individuals share information at the FGDM Conference. These devices sometimes change the dynamics of a group and this consideration has to be determined appropriate by the Family and the Coordinator. Attempts will be made by the Coordinator to solicit statements and perspectives from these individuals to be read by the Facilitator at the FGDM Conference. Arrangements for this alternative plan must be made in advance by the Coordinator. If any participant is excluded during the FGDM Conference, that participant will be afforded the same opportunity.

4. **Exclusions** - Exclusions from FGDM Conferences should only occur when the physical and/or emotional safety of participants is in question. The Coordinator and Family should review any concerns regarding participants prior to the conference. If any party is excluded access to the conference by the Family, that party must be given an opportunity to express their concerns in writing. The written concerns and viewpoints will be read aloud by the Facilitator at the conference. The Coordinator is the only individual that can permit exclusions, yet this has to be reviewed by the Family Members and possibly the Referral Source.

5. **(PFA) and other inappropriate participants** - Individuals with an active Protection from Abuse (PFA) Order will not be included in the FGDM Process. Also, individuals that could affect the physical or emotional safety of any participants will be excluded.

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**Erie County**

**Family Group Decision Making**

**Policies and Procedures**

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<th>Policy #12: Roles in FGDM</th>
<th>Department: FGDM</th>
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<td>AHA Matrix #: 29</td>
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**Policy:** It is the policy of Erie County FGDM that the different roles of FGDM be defined and the duties and responsibilities of each of these roles be identified.

**Rationale:** That all individuals participating in the FGDM Process have a clear understanding of the individual roles in the FGDM Conference.

**Scope:** For all individuals that will be involved in the FGDM Process.

**Procedure:**

1. All roles stated below will be defined in **Appendix B**:
   a. Immediate Family
   b. Referral Source
   c. FGDM Coordinator
   d. Extended Family
   e. Focus Young Person age 12 to 16
   f. Friends/Others
Section V: FGDM Implementation Resources: General Implementation Resources

Pennsylvania Family Group Decision Making Toolkit:
A Resource to Guide and Support Best Support Practice Implementation

Erie County
Family Group Decision Making
Policies and Procedures

<table>
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<th>Policy #13: Role of the Service Provider</th>
<th>Department: FGDM</th>
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<td>AHA Matrix #: 20</td>
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**Policy:** It is the policy of Erie County FGDM that the role of Service Provider be defined and the duties and responsibilities of this role be identified.

**Rationale:** That all individuals participating in the FGDM Process have a clear understanding of the role of the Service Provider in the FGDM Conference.

**Scope:** For all Service Providers that will be involved in the FGDM Process.

**Procedure:**
1. **Define: Service Provider** - the individual that represents an agency or organization that is providing clinical or other services to the family.
2. Service Providers are expected to have prepared a brief statement pertaining to background information and/or information relevant to the purpose of the FGDM Conference.
3. Service Providers will only present pertinent case related information that is from current involvement with the Family or information that may benefit the Family or the success of the FGDM Conference.
4. Service Providers will present requested information without opinions and bias following the Family presenting their input to the discussion or unless otherwise directed. (Information Providers and Guest Speakers will often be asked to present information prior to the beginning of the Information Sharing component of the FGDM Conference.)
5. All Service Providers will leave the room during Family Private Time, yet may be called back by the Family for more information or clarification.
The aim of the FGDM Conference is to provide a process by which a Family can meet with its relatives and friends to develop a plan to stop the abuse or ill-treatment between its members. The FGDM Conference offers a means by which Family and friends can make a constructive contribution to resolving abuse rather than leaving the decision making in the hands of the Service Providers.

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**Erie County**  
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<table>
<thead>
<tr>
<th><strong>Policy #14</strong>: Role of the Information Provider / Guest Speaker</th>
<th><strong>Department</strong>: FGDM</th>
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<td><strong>AHA Matrix #</strong>: 29</td>
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**Policy**: It is the policy of Erie County FGDM that the role of the Information Provider and Guest Speaker be identified and standardized.

**Rationale**: That all participants understand the purpose and goal of individuals participating and / or having an outside source come to the FGDM Conference to give information.

**Scope**: For all individuals that will be involved in the FGDM Process who will participate as an outside source.

**Procedure**:

1. All Information Providers, Guest Speakers and participants will be apprised of the confidentiality statement and the sensitivity of information and participation in this process.
2. All Information Providers, Guest Speakers and participants will present requested information without opinions and bias following the Family presenting their input to the discussion or unless otherwise directed. Information Providers and Guest Speakers will often be asked to present information prior to the beginning of the Information Sharing component of the FGDM Conference.
3. All Information Providers, Guest Speakers and participants will leave the room during Family Private Time, yet may be called back by the Family for more information or clarification.

The aim of the FGDM Conference is to provide a process by which a Family can meet with its relatives and friends to develop a plan to stop the abuse or ill-treatment between its members. The FGDM Conference offers a means by which Family and friends can make a constructive contribution to resolving abuse rather than leaving the decision making in the hands of the legal authorities and service providers.

In the course of preparing for a FGDM Conference, Family Members, often through
discussions with the Coordinator, may identify the need for information regarding specific services available or issues affecting their Family. When topics or issues are identified, the option of having an Information Provider present is discussed and negotiated with the Family. Family Members, with the support and input of the Coordinator, identify those areas where they wish to have more information to help them in their planning process.

Information Providers are invited to share their expertise in a given area during the first stage of the FGDM Conference so that the Family can hear the information and have it fresh in their minds during their planning stage (Private Family Time). The purpose of giving the Family this information is to ensure that they have all the information and options they need to make good decisions about the kind of help, support and resources they want for their Family. Information Providers may be asked to remain on hand after their presentations to answer any questions that might arise.

Information Providers are a resource to the Family but are not active participants in the Family planning. It is the role of the Coordinator to ensure that Family Members receive the support necessary to deal with any issues that might arise as a result of information presented, and to provide an opportunity to debrief any concerns that might be triggered by this information.

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### Erie County

**Family Group Decision Making**

**Policies and Procedures**

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<th>Policy #15: Family Private Time</th>
<th>Department: FGDM</th>
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<td>AHA Matrix #: 21</td>
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**Policy:** It is the policy of Erie County FGDM that there is a standardized protocol to the component of the FGDM Process identified as Family Private Time.

**Rationale:** That all individuals involved in FGDM Process understand the importance of the Family Private Time and how this core element of the process will be implemented.

**Scope:** For all individuals that will be referring to and be involved in the FGDM Process.

**Procedure:**

1. **Define: Family Private Time** – the part of the FGDM Conference where the Family decides what the plan of action is for their Family to accomplish the purpose identified for the conference.
2. Family Private Time is a core element to FGDM and is often referred to as PHASE TWO. It places the decision making process with the Family.
3. Family Private Time can last as long as the Family needs. On average the duration of Family Private Time is approximately 1 – 2 hours.
4. Only Family Members will participate in Family Private Time. Fictive family members or “non-blood relatives” will be invited to stay for the Family Private Time by a consensus of the Family Members. This should take place prior to the conference. Also, anyone with a significant relationship to the Family that the Family would like to classify as a Family Member will be invited to stay for Family Private Time (i.e. clergy, neighbor).

5. The FGDM Coordinator, Facilitator, Service Providers and all other individuals not participating in the Family Private Time will be in a prearranged location away from the meeting area.

6. All individuals outside of the Family Private Time will not discuss, gossip or comment on the details of the FGDM Conference or share personal opinions pertaining to this information, unless this may benefit the Family or the success of the FGDM Conference.

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**Erie County**  
**Family Group Decision Making**  
**Policies and Procedures**

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<th>Policy #16: Non-Agreement Policy</th>
<th>Department: FGDM</th>
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<td>AHA Matrix #: 22, 24, 25</td>
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**Policy:** It is the policy of Erie County FGDM that if a Family Member or provider can not agree to the plan then alternative steps will be initiated to attempt to form an agreement to the plan.

**Rationale:** That all individuals will have an opportunity to share concerns pertaining to the Family Plan and have input to ensure the successful implementation of the plan.

**Scope:** For all individuals that will be referring to and be involved in the FGDM Process.

**Procedure:**

1. Family Members will agree or disagree with their Family Plan prior to the conclusion of the FGDM Conference. The Family should exhaust all resources prior to eliciting any outside assistance.

2. If Family Members can not agree on a plan or parts of the plan during Family Private Time:
   a. They will elicit the assistance of the Coordinator / Facilitator who will attempt to address conflicts. If needed an Information Provider will give information that may help the Family come to an agreement.
   b. The Coordinator / Facilitator will offer the Family another opportunity to deliberate in private.
   c. If an agreement is still not made between Family Members at this point, the Family Members may take a brief break and reconvene.
   d. If an agreement is still not made between Family Members at this point, the
issue should be debated in an open forum and if the majority of individuals agree with the concept it will be implemented as part of the Family Plan.

e. If the Family can not agree after all resources are exhausted and repeated attempts to clarify concerns then the meeting is terminated with no active plan being implemented. The FGDM Conference in this situation will be classified as “No Agreement Possible”.

3. The Referral Source has the ability to determine whether the Family Plan may be implemented or not. The Referral Source will make a determination prior to the conclusion of the FGDM Conference. If the Family Plan cannot be implemented:
   a. An open forum will attempt to adjust the plan so that it may be implemented.
   b. Attempts will be made to clarify and get any resources available to help resolve concerns and come to an agreement on the implementation of the Family Plan.
   c. If the Family and the Referral Source do not agree after all resources are exhausted and repeated attempts to clarify concerns then the meeting is terminated with no active plan being implemented. The FGDM Conference in this situation will be classified as “No Agreement Possible”.

4. If a plan can not be determined to be implemented or needs outside approval the plan will be classified as pending until authorization or approval may be made.

5. A plan can be classified as pending for no more than 8-10 business days.

6. The Coordinator and Facilitator will not veto or approve a plan at any time. This is so the FGDM Staff can remain unbiased and neutral.

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Policy #17: Written Summary Contents and Distribution

Department: FGDM

AHA Matrix #: 23, 26

**Policy:** It is the policy of Erie County FGDM that each Erie County FGDM Conference “Written Summary” must contain the following elements.

**Rationale:** That all Written Summaries contain all the information that is needed to help ensure the successful implementation of the Family Plan.

**Scope:** For all individuals that will be referring to and be involved in the FGDM Process.

**Procedure:**

1. **Define: The Family Plan** – is the plan that is developed by the Family during Family Private Time.

2. **Define: The Written Summary** – is the document, prepared by the Coordinator,
that summarizes the Family Plan and is distributed to all participants of the FGDM Conference.

3. The Written Summary should contain the following elements:
   a. Demographics of parents and child(ren)
   b. Date, location, and length of conference
   c. Agreed upon Purpose of the conference
   d. Strengths and Concerns identified by all conference participants
   e. Service Information presented to the Family at the conference
   f. A Family Plan with specific expectations and recommendations addressing who, what, how, when and where related to plan implementation
   g. The Referral Source’s decision regarding ability to implement the Family Plan
   h. A list of persons in attendance as well as persons invited and not in attendance
   i. All timelines for activities and persons responsible for implementing different components of the plan

4. All participants of the FGDM Conference will receive a written copy of the Family Plan / Written Summary within 5 business days of the date of the conference unless the FGDM Conference is classified as pending.

5. If a participant of the FGDM Conference volunteers to help “write up” this document, it will be the duty of the Coordinator and Family to decide if this is appropriate.

6. A blank copy of the Family Plan / Written Summary is located in Appendix D: FGDM Forms, in the back of this manual.

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**Erie County**

**Family Group Decision Making**

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<th>Policy #18: Review and Follow Up</th>
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<td>AHA Matrix #: 27, 28</td>
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**Policy:** It is the policy of Erie County FGDM that the Coordinator will follow up with each Family and provide follow up as needed, which might include organizing another FGDM Conference.

**Rationale:** That the participants will know the procedure for review and follow up so that the participants may schedule another meeting to review progress on the Family Plan.

**Scope:** All individuals participating in the FGDM Conference, especially those that will be involved in the implementation of the Family Plan.

**Procedure:**

1. During the FGDM Conference, a Follow-Up Meeting may be requested by the Family
or any participant to review the progress of the Family Plan.

2. Within approximately 30 days after the FGDM Conference, the Coordinator will begin to close the family. One of the following will occur:
   a. If the Family Plan is working well and no major issues have been reported by the Referral Source or the Family, the Coordinator will close the case with the Contracted Agency (Family Services). The Referral Source will then continue to monitor the Family within their Agency guidelines.
   b. If there are concerns about how the Family Plan is being implemented, then another meeting may be scheduled to attempt to resolve any concerns and/or strengthen the areas in the Family Plan that may be of concern.
   c. Any participant in the FGDM Conference may request a Follow-Up Meeting to review the Family Plan after the conclusion of the FGDM Conference. The goal would be to clarify or modify some part(s) of the Family Plan, which may not be working out the way they were initially intended. The Coordinator, along with the FGDM Director, would review the concerns and determine what needs to occur.

3. The Coordinator, along with the FGDM Clerical staff, will track and administer surveys at three month, six month and annual intervals, after the FGDM Conference.
   a. Each contact will attempt to identify any concern(s) and offer resources or another meeting to address the concern(s).
   b. Maintain open lines of communication with the Family and the Coordinator.
   c. Collect data regarding the FGDM Process and its effectiveness.

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**Policy #19: HIPAA**

**Department:** FGDM

**AHA Matrix #:** 29

**Policy:** It is the policy of Erie County FGDM that the FGDM Process will be compliant with all current HIPAA regulations.

**Rationale:** That the FGDM Process will be compliant with all current HIPAA regulations.

**Scope:** For all individuals that will be involved in the FGDM Process.

**Procedure:** FGDM will follow the HIPAA standards that are established by the sub-contracted agency, Family Services. See the attached document, Family Services HIPAA Policy Content Page. A complete copy of this policy can be found with the Family Services HIPAA Compliance Officer or Human Resources Office.
Section V: FGDM Implementation Resources: General Implementation Resources

Erie County
Family Group Decision Making
Policies and Procedures

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<th>Policy #20: Evaluation Criteria and Tools</th>
<th>Department: FGDM</th>
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<td>AHA Matrix #: 39</td>
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Policy: It is the policy of Erie County FGDM that standardized evaluation criteria and tools be identified and utilized.

Rationale: That all information collected for the evaluation and measurement of FGDM will be standardized to ensure the quality, validity and potential statistical significance of the data collected.

Scope: This policy applies to the individuals that will be evaluating and collecting data for the FGDM Process.

Procedure:
1. Initial Process Implementation – data will be collected regarding the set-up of the FGDM Process from initial implementation through the first review period.

2. Qualitative Data Collection - satisfaction surveys for both Family and Service Providers are part of the “Follow-Up” phase in the FGDM Process Flowchart. These surveys will be given:
   a. At the end of each FGDM Conference (Initial Survey)
   Also, we will use the Pennsylvania FGDM Background Summary. The Initial Summary will be completed at the time of the Initial Conference. Follow up Summaries will be completed at:
      a. Three (3) months from the FGDM Conference (Three month Survey)
      b. Six (6) months from the FGDM Conference (Six Month Survey)
      c. One (1) year from the FGDM Conference (One Year Survey)

   This data will assist in evaluating participant satisfaction. It will allow for identification of trends, which may occur, that would indicate need for further process evaluation, modification and / or improvement in any phase of the FGDM Process.
   * There will also be a provider agency (Family Services) satisfaction survey which will be given at case closing.

3. Quantitative Data Collection – This demographic information will be collected from the start date. The evaluation of the data will begin based on either:
   a. The number of referrals and FGDM Conferences completed (i.e. 25 Families) or
   b. The time frame (x number of months, projection: one (1) to one and a half (1 ½) years)
The information from these tools will be collected and entered into a database and forwarded to the Pennsylvania Child Welfare Training Program for compilation and assessment.

Analysis of this information will allow for:
   a. Identification of missing pieces of data that may need to be collected
   b. Feedback to all sources involved
   c. Identification of trends
   d. Identification of areas of success and areas of concern
   e. The ability to quantify outcome indicators into outcome data for key areas such as Child Safety, Permanency, Child Well-Being, Accountability, Community Protection and Competency Development.

The FGDM Clerical Assistant will be responsible for inputting the data collected and providing it to the Pennsylvania Child Welfare Training Program.

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**Erie County**

**Family Group Decision Making**

**Policies and Procedures**

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<th>Policy #21: Public Relations</th>
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<td>AHA Matrix #: 40</td>
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**Policy:** It is the policy of Erie County FGDM that standards be set in regards to presentation to and interaction with the community pertaining to the FGDM Process.

**Rationale:** That the FGDM Process have a standardized way of “getting the word out” to the community, thereby giving all individuals involved an understanding of the FGDM Process.

**Scope:** For all individuals that will be involved in the FGDM Process, the community outreach and sites that will be consulting or referring to the FGDM Process.

**Procedure:**
1. The Public Relations Sub-Committee will have a standardized way of “getting the word” out to the Families, Service Providers and the Community about the FGDM Process.
2. The County Wide Implementation Team, FGDM Coordinators and Agency Liaisons will reach out to community resources to engage a widely diverse group of people who will be educated in the FGDM Process.
3. Coordinators and Agency Liaisons will distribute information on the FGDM Process.
4. Policies and Procedures will standardize terminology to produce comprehensive and factual information that will be disseminated on the FGDM Process.
5. Brochures are utilized to inform Service Providers, Families and the Community about the FGDM Process.
Section V: FGDM Implementation Resources: General Implementation Resources

6. The Parent Sub-Committee will engage Community Families in the implementation of the FGDM Process.

* Erie Co. FGDM is not currently involved in Public Relations of our process. We also no longer have a Public Relations Sub-Committee. Any outreach would be provided by the Erie Co. FGDM Director and Coordinator(s). Amended: 9-25-08

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Erie County
Family Group Decision Making
Policies and Procedures

Policy #22: Training
AHA Matrix #: 33-36

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<th>Department: FGDM</th>
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Policy: It is the policy of Erie County FGDM that all individuals involved in implementing and administering the FGDM Process will be trained.

Rationale: That all individuals involved in the delivery of the FGDM Process be properly trained and able to perform specific duties as a contracted provider or staff member of the FGDM Process.

Scope: For all individuals that will be involved in implementation, delivery or administration of the FGDM Process.

Procedure:

1. **Salaried Staff (Coordinators / Program Director)** involved in the delivery of the FGDM Process will have had:
   - Initial Training:
     - a. The one day FGDM Overview
     - b. The three day FGDM Training
   - Ongoing Training:
     - a. Training from Jim Nice or a trained consultant
     - b. Any training that is specified by the contracted FGDM provider agency
     - c. The three day advanced FGDM training
   - *Administrators will have the minimum training of the one-day FGDM Overview.*

2. **Sub-Contracted Employees (Co-Facilitators)** involved in the delivery of the FGDM Process will have had:
   - Initial Training:
     - a. The one day FGDM Overview
     - b. The three day FGDM Training
   - Ongoing Training:
     - a. Co-Facilitators will receive training from the Coordinator and/or a Consultant
     - b. Co-Facilitators will meet on a regular basis for updates and support
c. Co-Facilitators will receive 1-2 day training sessions yearly
** Training options are being developed via the Center for Schools and Communities and PA Competency Based Training. Local expertise will also be utilized to address specific topics (i.e. sexual abuse and domestic violence).

3. **Referring Workers (Referral Source)** will be trained by the Coordinators on:
   c. The Referral Process
d. Their role as a Referral Source
e. The FGDM Process

4. **All Other Service Providers** - will be trained by the Coordinator on:
   a. Their role in the FGDM Process
   b. The FGDM Process

5. **Families** – will be trained by the Coordinator on:
   a. Their role in the FGDM Process
   b. The FGDM Process

6. **Community** – will be trained by the Director, Coordinators and/or the County Wide Implementation Team on:
   a. Their role in the FGDM Process
   b. The FGDM Process

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**Erie County**
**Family Group Decision Making Policies and Procedures**

<table>
<thead>
<tr>
<th>Policy #23: Glossary of Terms</th>
<th>Department: FGDM</th>
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**Policy:** It is the policy of Erie County FGDM that a Glossary of Terms be established to ensure that roles and information pertaining to the FGDM Process be standardized and operationally defined.

**Rationale:** That roles and information pertaining to the FGDM Process be standardized and operationally defined.

**Scope:** For all individuals that will be involved in the FGDM Process.

**Procedure:**
1. All roles, terms and information pertaining to the FGDM Process will be standardized and operationally defined as depicted in the Glossary of Terms designated as **Appendix C** in this manual.
Policy #24: FGDM Forms

Department: FGDM
AHA Matrix #: 29
Page: 1 of 1

Policy: It is the policy of Erie County FGDM that a packet of forms be established to be utilized by the Referral Source, Coordinator and other participants of the FGDM Process.

Rationale: That a packet of forms be established and standardized so that all pertinent information and releases are gathered to help ensure the success of the FGDM Process.

Scope: For all individuals that will be involved in the FGDM Process.

Procedure:
1. The following forms will be utilized in the Erie County FGDM Process:
   a. Erie County FGDM Referral Form
   b. Erie County FGDM Determination of Acceptance Letter (DAL)
   c. Coordinator Checklist / Intake Packet
   d. Authorization for Release of Information (Service Providers)
   e. Authorization for Release of Information (Family and Friends)
   f. HIPAA Forms
   g. Invitation Confirmation Form
   h. Sign In / Authorization for Pre-Conference
   i. Sign In / Authorization for Conference
   j. Written Summary Forms
2. All Erie County FGDM Forms can be accessed in Appendix D of this manual.
APPENDIX A: 12 STEP PROCESS AND FLOW CHART

1. The Referral Source checks with the Family to assure that the Family is willing to participate in the process and has identified and agreed to the Purpose of the conference.
2. The Referral Source completes the Referral Form (preferably with the Family) and forwards the completed forms to the FGDM Director.
3. The Coordinator meets with the Family and the Referral Source to reconfirm voluntary participation, to educate the Family on the FGDM Process, to complete the intake packet, and to discuss with the Family who they want invited to the conference and decide who will contact these individuals.
   a. Authorization for Consent Forms to have the Coordinator speak openly with Family Members, Service Providers and other significant individuals the Family identifies, are signed at this time.
4. The Coordinator completes and sends a Determination of Acceptance Letter (DAL).
5. The Coordinator contacts all participants identified and agreed to by the Family.
6. The Coordinator convenes the Pre-Conference with the Referral Source, the Service Providers and/or the Legal Authorities involved.
8. The Coordinator compiles and distributes the Written Summary.
9. The Referral Source and Service Providers support the Family in the application of the plan and monitor follow through of the Family. Will participate in follow up meetings as needed. If the Family Plan requires adjustment, the Referral Source and Service Providers can request to reconvene the FGDM Conference.

APPENDIX B: ROLES

a. Family
b. Referral Source
c. FGDM Coordinator
d. Extended Family
e. Focus Child(ren)
f. Friends/ Neighbors/ Others
g. Support Person Service Provider
h. Victim (Abused)
i. Offender
j. FGDM Facilitator
k. Guest Speaker
l. Information Provider
m. Legal/Investigating Authority
n. Service Provider
o. Family Representative

APPENDIX C: GLOSSARY OF TERMS

**ASFA** - Adoption and Safe Families Act of 1997

**Child Abuse** – the term abuse refers to the non-accidental infliction of injury or harm to a child by a caregiver or other individual. Child abuse most often refers to physical assault on a child that leads to a wide range of injuries. (Institute of Human Services 1998)

**Concerns** – areas that are causing disruption or dysfunction in the family. An event that the family feels is important to identify and address.
Confidentiality - information received or given that is spoken, written or acted on that is held in strict privacy.

Dependency – to rely on someone or something else for aid or support.

Empowerment – to invest with the ability or capacity to perform or act effectively. To give power to. To permit.

Exclusion – any individual that is not included in the FGDM Process due to emotional or physical concerns or for any other reason that the family and coordinator feel could jeopardize the participants or the FGDM Process.

Extended Family – anyone who lives outside of the nuclear family, either biological or not, that has a logical or natural association to the family.

Family - a fundamental social group in society typically consisting of parents and their offspring, yet may also include extended family or anyone with a significant relationship to the family that the family would like to classify as a family member.

Family Plan – the plan that is developed by the family during Family Private Time.

Family Private Time – the part of the FGDM Conference where the family decides what the plan of action is for their family to accomplish the purpose identified for the conference.

Family Representative – the individual that the family determines to be the main spokes person for their family. This person acts on the interest of all individuals of the family involved in the process. This individual may be different for different phases of the FGDM Process.

FGDM Conference - (Family Group Decision Making Conference) 1. A gathering of family members, support people and / or community members to create and discuss a plan for the well-being of the family. 2. A meeting that takes place in a neutral environment composed of three phases; Introductions, Information Sharing and Family Private Time.

FGDM - (Family Group Decision Making) - is a term to describe a practice, which recognizes the role and the long tradition that families have in the understanding and the care taking of their members. This practice respectfully invites the family to come together as the best people to make short and long term decisions for its members.

FGDM Coordinator – the individual that coordinates all aspects of the FGDM Process including pre-conference information all the way through to the follow up.

FGDM Facilitator – the individual that monitors the flow and orchestrates the FGDM Conference.

FGDM Pre-Conference - a meeting prior to the FGDM Conference between the FGDM staff and the service providers to discuss the purpose and goal of the FGDM Conference and review the roles of each participant.

FGDM Referral Form - the demographic information form that is completed by the referral source with the family to refer a family to the FGDM Process.

Focus Child(ren) – the identified child(ren) in the family that is a major concern or the child(ren) that is the major focus of attention in the FGDM Process.

Follow Up - a term used to classify all interactions with the family and service providers after the FGDM Conference.
Guest Speaker - an individual that participates in the FGDM Conference to summarize or educate on a specific topic or specialty. This information is requested by the family and the coordinator arranges for the individual to provide the information at the FGDM Conference.

HOPE – to have reasonable confidence in the family’s ability to utilize the FGDM Process to plan for their future by building on their strengths in order to better deal with their issues and make positive change(s).

Information Provider – any individual or agency that gives information or explains a service that may be useful to achieving the purpose of the FGDM Process.

Legal / Investigating Authorities – any individual that is employed or involved with the legal system or an investigative agency.

Maltreatment – to treat in a rough or cruel way. Encompasses a wide range of parents/caregivers acts or behaviors that place children at risk of serious physical or emotional harm. (Institute of Human Services 1998)

Neglect – to pay little or no attention to; fail to heed; disregard. To be remiss in the care and treatment of an individual. The failure of parents/caregivers to meet the child’s most basic physical needs.

Offender – one that violates or causes displeasure, anger, resentment, wounded feelings and/or physical harm to another.

Open Forum – a term utilized to describe the process of open discussion to resolve non-agreement in the Family Private Time and/or the report out of the Family Plan Implementation.

Pending – a term utilized to classify a Family Plan that is not able to be implemented until there is approval from an outside source (i.e. court, supervisor) that has to make a determination in order for the Family Plan to be implemented.

Permanency – children having a stable and consistent living situation, continuity of family relationships and community connections.

Purpose – the result or effect that is intended or desired. The major area of concentration (focus) that will be addressed during the FGDM Process. This purpose has to be agreed upon by the family and all individuals participating in the FGDM Process.

Re-abuse – to have substantiated allegations in a (6-12) month period. ASFA- substantiated allegations in a 12 month period.

Referral Source - the individual / agency that refers a family to the FGDM Process. The Office of Children and Youth and Juvenile Probation will be the initial referral sources.

Referral Review Team – the review committee, consisting of numerous community members, that will help evaluate appropriateness of referrals in the initial implementation of the FDGM Process.

Safety – the condition of being secure from danger, harm or evil. The protection of children from abuse or neglect in the community and their living environment.

Service Provider - the individual that represents an agency or organization that is providing clinical or other services to the family.

Strengths – the positive things and events that the family and its individual members are doing well.
Section V: FGDM Implementation Resources: General Implementation Resources

Support Person – an individual that participates in the FGDM Process as an advocate for a victim or individual who needs support.

Victim (Abused) - one who has been or is being harmed by or made to suffer from an act, circumstance(s), agency or condition.

Well Being - ASFA: families having the capacity to provide for their children’s needs. Children having educational opportunities and achievements appropriate to their abilities and children receiving physical and mental health services adequate to meet their needs.

Written Summary – the document, prepared by the Coordinator, that summarizes the Family Plan and is distributed to all participants of the FGDM Conference.

APPENDIX D: FORMS

a. Erie County FGDM Referral Form
b. Erie County FGDM Determination of Acceptance Letter (DAL)
c. Coordinator Checklist / Intake Packet
d. Authorization for Release of Information
e. HIPAA Forms
f. Invitation Letter
g. Unable to Attend Letter
h. Sign In / Authorization for Pre-Conference
i. Sign In / Authorization for Conference
j. Facilitator Billing Form
k. Family Plan Form

APPENDIX E: EVALUATION

I. Satisfaction Survey

1. Initial
   a. Family
   b. Service Provider
2. Three Month
   a. Family
3. Six Month
   a. Family
4. Annual
   a. Family
CHESTER COUNTY
FAMILY GROUP DECISION MAKING

POLICY AND PROCEDURES

The Chester County’s Family Group Decision Making (FGDM) philosophy and practice is a strength-based, family-centered, child-focused and culturally sensitive approach. It is based on the belief that the best care, planning and protection for youth and children can be achieved when families are encouraged to work together to find solutions through partnership with community and agency support systems.
CHESTER COUNTY
Family Group Decision Making (FGDM)

Section: 1
Policy: Referral Process

Purpose: To set forth a policy that will provide a standardized referral process that all Chester County FGDM referral sources will follow.

Scope: For all individuals who will be referring to and be involved in the FGDM Process.

Procedures:
1. All providers from any of the child serving systems (Mental Health, Mental Retardation, Early Intervention, Drug and Alcohol, Children, Youth & Families, Juvenile Probation, and Education) are able to refer to FGDM. (For the pilot project referrals are limited to DCYF and JPO families.)
2. The Referral Source must check with the Family to ensure that the Family is willing to participate in the process and has an identified goal for the FGDM Conference.
3. The Referral Source has the Family sign the Participation Agreement which will give permission to:
   a. Have the Referral Source submit the referral
   b. Have the Referral Source share information with the Coordinator
4. The Referral Source completes and forwards the Participation Agreement and Referral Form to the FGDM Coordinator’s Manager, to determine the appropriateness of the referral. The Manager will then forward the referral to the FGDM Coordinator.
5. The FGDM Coordinator notifies the Referral Source of the status of the referral. The Referral Source must notify the Family of the acceptance or non-acceptance.
6. The FGDM Coordinator meets with the Family and Referral Source to:
   a. Educate the Family on the FGDM Process
   b. Reconfirm the Family’s voluntary participation, to discuss with the Family the goal of the conference, who the family wants to invite to the conference and decide who will make the initial contact.
   c. Identify what information the Family would like to share with the participants.
   d. Explain and have the family sign an Authorization for Release of Information Form in order to have the Coordinator speak openly with family members, service providers and other significant individuals the Family identifies.

All referrals will be classified as appropriate unless there is *domestic violence or sexual abuse issues in the Family or as determined by the FGDM Manager.
Section V: FGDM Implementation Resources: General Implementation Resources

Section: 2
Policy: Role of the FGDM Coordinator

Purpose: To establish a policy that will detail the role of the FGDM Coordinator in the FGDM process in Chester County.

Scope: For all individuals who will be referring to and/or be involved in the FGDM Process.

Procedures:
1. The FGDM Coordinator will spend, on average, approximately 22-35 hours preparing for the FGDM Conference. To include but not limited to the following activities:
   a. The Coordinator will verify that a Participation Agreement has been signed and that the family voluntarily agrees to participate in the FGDM process.
   b. The Coordinator will meet with the family and the Referral Source, ask the family to identify individuals to be invited to the conference and decide who will invite the participants. At that time, the Authorization for Release and HIPPA Compliance forms will be signed.
   c. The Coordinator will meet face-to-face with individuals deemed to have an important role in the family and who live within an acceptable distance from Chester County.
   d. The Coordinator will have phone contact with all other individuals that will be invited to the conference.
   e. If phone contact is not successful, the Coordinator will send a letter and/or written description to the individual invited to participate.
   f. The Coordinator will also request written or recorded statements from individuals deemed to have an important role but who are unable to attend the Conference.
   g. The Coordinator will contact and prepare the Facilitator and Co-Facilitator for the FGDM Conference.
   h. The Coordinator will arrange a Pre-Conference with the Referral Source and all invited professionals.
   i. The Coordinator will work with the family to identify and secure a location for the conference that:
      i. can accommodate the FGDM Conference, such as space, bathroom facilities, tables, etc.
      ii. is as convenient to the family as possible.
      iii. is a neutral venue.
      iv. is handicap accessible.
   j. The Coordinator will work with the family to identify the date and time for the FGDM Conference and will notify all participants of the date and time.
   k. The Coordinator will oversee the County contracted Facilitation Services in arranging for food during the conference and ensure delivery, if applicable.
   l. The Coordinator will oversee the County contracted Facilitation Services (Facilitator) in arranging for transportation/lodging issues.
   m. The Coordinator will oversee the County contracted Facilitation Services...
Section V: FGDM Implementation Resources: General Implementation Resources

(Facilitator) in identifying childcare needs, if applicable
n. The Coordinator will have the family identify the family ritual and inform the County contracted Facilitation Services (Facilitator) of the ritual
o. The Coordinator will assess that all persons can participate safely
p. The Coordinator will serve as the Co-Facilitator at the FGDM Conference
q. The Coordinator will be responsible for re-writing the approved family plan into agency format and circulating the plan to all participants
r. The Coordinator will schedule and arrange for all follow-up conferences, as requested by the family
s. The coordinator will obtain all follow-up surveys from the family and professionals
t. The Coordinator will maintain all necessary paperwork in a confidential and secure location

Section: 3
Policy: Role of the FGDM Facilitator

Purpose: To establish a policy that will detail the role of the FGDM Facilitator in the FGDM process in Chester County.

Scope: For all individuals who will be referring to and/or be involved in the FGDM Process.

Procedures:
1. The FGDM Facilitator will be a neutral person and will be from an agency contracted by the county.
2. The FGDM Facilitator will facilitate the FGDM Conference, including the following activities:
   a. Facilitate the family ritual at the beginning and end of the conference
   b. Facilitate introductions of all participants and review housekeeping rules
   c. Establish and review all guidelines to be adhered to by all participants at the conference
   d. Review the purpose and identify the goal of the conference
   e. Define and review the roles of all participants at the conference
   f. Ensure the Co-Facilitator is able to write things as they are being said
   g. Solicit the strengths and concerns of the family from all participants at the conference
   h. Review the non-negotiables for the family by the Referral Source
   i. Facilitate the sharing of resources by the professionals attending the conference
   j. Monitor group dynamics during the conference and ensure everyone’s safety during the conference
   k. Ensure the people not participating in private family time do not discuss the family outside of the room
   l. Facilitate the presentation of the plan by the family and ensure its acceptance by the Referral Source
   m. Ensure that participants complete surveys before they leave the conference
Section V: FGDM Implementation Resources: General Implementation Resources

n. Ensure the Co-Facilitator has collected all written papers and submit to the coordinator
o. Ensure that the site is left in the way it was prior to the conference
3. The FGDM Facilitator will facilitate any follow-up conferences requested by the family.
4. The FGDM Facilitator will participate in regular meetings of the FGDM Coordinator and other facilitators.
5. The FGDM Facilitator will participate in trainings deemed necessary by the contracted agency and/or contractor.

Section: 4
Policy: Role of the FGDM Co-Facilitator

Purpose: To establish a policy that will detail the role of the FGDM Co-Facilitator (Coordinator) in the FGDM process in Chester County.

Scope: For all individuals who will be referring to and/or be involved in the FGDM Process.

Procedures:
1. The FGDM Co-Facilitator will be the FGDM Coordinator in Chester County.
2. The FGDM Co-Facilitator will participate in the FGDM Conference and facilitate the following activities:
   a. Serve as a scribe at the FGDM Conference
   b. Help the FGDM Facilitator to monitor group dynamics at the conference and ensure the safety of all participants
   c. Seek clarification of strengths and concerns as they are being listed
   d. Ensure he/she has time to finish writing before the next strength or concern is listed
   e. Collect all applicable paperwork from the conference
   f. Assist in cleaning up the site to ensure the site is left in the way it was prior to the conference
3. The FGDM Co-Facilitator will participate in any follow-up conferences requested by the family.

Section: 5
Policy: Role of the Family

Purpose: To establish a policy that will detail the role of the Family in the FGDM process in Chester County.

Scope: For all individuals who will be referring to and/or be involved in the FGDM Process.

Procedures:
1. The Family must voluntarily agree to participate in the FGDM process.
2. The Family will be the primary decision maker throughout the FGDM process.
3. The Family will work with the Coordinator to establish day and time of the conference.
4. The Family will decide who will be invited to the FGDM Conference.
5. The Family will identify the family ritual to be done at the beginning and the end of the conference.
6. The Family will decide what food will be served and how it will be prepared for the conference.
7. The Family will meet with the FGDM Coordinator in person or by telephone prior to the FGDM Conference.
8. The Family will develop the plan that addresses the concerns and meets the non-negotiables established by the Referral Source.
9. The Family will decide if a participant who shows up for the FGDM Conference who was not expected to participate or was not introduced to the FGDM process by the FGDM Coordinator can participate in the conference.
10. The Family will complete surveys following the conference as requested by the FGDM Facilitator.
11. The Family will decide if any follow-up conferences should occur.

Section: 6
Policy: Role of the Support Person

Purpose: To establish a policy that will detail the role of the Support Person in the FGDM process in Chester County.

Scope: For all individuals who will be referring to and/or be involved in the FGDM Process.

Procedures:
1. The Support Person will only participate in the FGDM process at the request of a family member.
2. The Support Person will attend the FGDM Conference with the family member to provide emotional support during the conference.
3. The Support Person will sign a confidentiality form in order to participate in the conference.
4. The Support Person will share strengths and concerns related to the family member he/she is representing.
5. The Support Person will raise issues that the family member feels uncomfortable to raise when requested by the family member he/she is representing.
6. The Support Person will participate in private family time with the family’s agreement.
7. The Support Person will be responsible to help keep the family member safe and focused on the purpose of the conference.
8. The Support Person will be responsible to ask for breaks when the family member needs one and will accompany the family member on the break.
9. The Support Person will participate and be part of the family plan as deemed necessary.
10. The Support Person will attend any follow-up conferences requested by the family.
Section: 7  
Policy: Role of the Professional

Purpose: To establish a policy that will detail the role of the Professional in the FGDM process in Chester County.

Scope: For all individuals who will be referring to and/or be involved in the FGDM Process.

Procedures:
1. The Professional will be any individual who represents an agency or organization that is providing a service to the family.
2. The Professional must attend the Pre-Conference with the FGDM Coordinator and other professionals and be educated by the Coordinator about his/her role as a participant in the FGDM process and conference.
3. The Professional will share family strengths and concerns at the FGDM Conference pertaining to background information and/or information relevant to the purpose of the conference.
4. The Professional will provide education regarding the services provided by his/her agency or organization or related to his/her area of expertise.
5. The Professional will not participate in private family time and will decide if he/she wants to remain at the conference during this time.
6. The Professional will support the implementation of the family’s plan.
7. The Professional will participate in any follow-up conferences at the request of the family.

Section: 8  
Policy: HIPAA Compliance

Purpose: It is the policy of FGDM that the FGDM Process will be compliant with all current Departmental and County HIPAA regulations.

Scope: For all individuals who will be involved in the FGDM Process.

Procedure:
1. All individuals involved in the FGDM Process will comply with all HIPAA regulations.
2. The Coordinator will have the Family sign a Participation Agreement and an Authorization for Release of Information for all FGDM participants.
3. The Coordinator, Referral Source and the Family will meet and identify what information the Family would like to share with invited participants.
4. The Coordinator will defer all information from participants that was not agreed upon for disclosure, back to the family. The Family will determine again, what information they would like to share with the invited participants.
5. All information that has to do with safety or the well being of the participants will be disclosed.
6. All participants will be informed that the FGDM process is voluntary and that they may terminate their involvement at any time.

7. The Coordinator will review the forms and secure signatures on the Authorization for consent for Service Providers, Authorization for Release of Information for the family and the HIPPA Compliance form.

8. The responsibility of all participants who are mandated reporters will also be disclosed to all participants.

Section: 9
Policy: Participant’s Rights & Responsibilities

Purpose: This policy outlines the rights and responsibilities of the referral source, the Coordinator, family members and non-family members/service providers and “guest speakers” around their preparation and involvement in the family group conference.

Scope: This policy is applicable to all staff members of Chester County Department of Human Services, Children, Youth and Families, Juvenile Probation, Drug & Alcohol, Mental Health/Mental Retardation, the FGDM Coordinator, professionals, guest speakers, and all other FGDM participants. (For the pilot project referrals are limited to DCYF and JPO families.)

Procedure:
1. The referring agency representative has the responsibility to fully inform each participating family about the Chester County Family Group Decision Making (CCFGDM) practice and philosophy. The referring agency representative must explain that the CCFGDM is a voluntary experience, aimed at benefiting children, youth and families. While FGDM is a voluntary process, participants must understand that their participation must be in accordance with the FGDM model. The referring agency representative must recognize the importance of presenting the CCFGDM option to the family in a careful and thorough manner. The Coordinator will provide any additional explanations once the referral has been made.

2. The Coordinator has the responsibility to assure those family members, non-members and service providers are:
   a. Informed about the importance of their role in the CCFGDM process
   b. Prepared to share all relevant information in a language of strengths and concerns related to the purpose of the FGDM process in an open, honest and courteous manner
   c. Able to understand the often emotional and delicate nature of the information shared
   d. Prepared to commit the time and dedication necessary to develop and carry out the plan

3. The Coordinator will talk with the family prior to the FGDM conference to determine which, if any, guest speaker(s) is to be part of the conference. This guest speaker will be present only when it is time to inform the conference participants about his/her services.
A “guest speaker” is any individual who comes to a FGDM conference to explain a service that he/she or the agency he/she represents could provide to the member of the family in order to assist them in developing and implementing their plan.

4. The guest speaker will cover the purpose of his/her program and give all contact information and/or relevant literature focusing on the purpose/goal of the service and its potential benefit to the family. The guest speaker should be knowledgeable enough to identify the benefits, as will as answer any questions that may arise.

Section: 10
Policy: Evaluation Criteria and Tools

Purpose: It is the policy of Chester County Family Group Decision Making that standardized evaluation criteria and tools be identified and utilized.

All information collected for the evaluation and measurement of FGDM will be standardized to ensure the quality, validity and potential statistical significance of the data collected.

Scope: This policy applies to the Coordinator and the individuals that will be evaluating and collecting data for the FGDM process.

Procedure:
1. Initial Process Implementation – Data will be collected regarding the set-up of the FGDM Process from initial implementation through the first review period.
2. Satisfaction or Qualitative Evaluation – Satisfaction Surveys for both Family and Professionals are part of the “Follow-Up” Phase in the FGDM Process Flowchart. These surveys will be given:
   a. At the end of each FGDM Conference
   b. First review period – three (3) months from the FGDM Conference
   c. Second review period – six (6) months from the FGDM Conference
   d. Final review – one (1) year from the FGDM Conference
3. This data will be used in evaluating participant satisfaction. It will allow for identification of trends, which may occur that would indicate need for process evaluation, modification and/or improvement in any phase of the FGDM Process.
4. Quantitative Data Collection – This demographic information will be collected from the start date.
   The evaluation of the data will begin based on either:
   a. Number of Referrals and FGDM Conferences completed (25 Families)
   b. Time frame (x number of months, projections one (1) to one and a half (1 ½ years).
5. The analysis of this information will allow for:
   a. Identification of missing pieces of data that may need to be collected.
   b. Feedback to all sources involved.
   c. Identification of trends.
Section V: FGDM Implementation Resources: General Implementation Resources

d. Identification of areas of concern and areas of success.

CHESTER COUNTY Family Group Decision Making (FGDM)

Section: 11  
Policy: Outcomes and Evaluations

Purpose: It is the policy of Chester County FGDM (Family Group Decision Making) that standardized evaluation criteria and tools be identified and utilized.

All information collected for the evaluation and measurement of FGDM will be standardized to ensure the quality, validity and potential statistical significance of the data collected.

Scope: This policy applies to the individuals that will be providing the evaluation, outcomes and data collection for the FGDM process.

Procedure:

1. Data will be collected to analyze the beginning of the FGDM process through the end of the FGDM process. This data may include the demographics of the Family, as well as the invitees to the conference.
2. Satisfaction surveys will be given to the Family, Caseworker and Professionals at the family conference to determine the effectiveness of the FGDM process.
3. A variety of domains will be evaluated to determine the key elements of a FGDM conference as well as the key participants in a FGDM conference.
4. Outcomes will be evaluated to determine key areas such as child safety, permanency, child well-being, accountability, relationship with the Family and a better understanding of family and agency concerns.
5. A Sub-Committee comprised of Implementation Team members, will meet at least quarterly to monitor the progress of the Evaluations and Outcomes of the FGDM process.
Getting Unstuck: Brainstorming FGDM Concerns and Strategies
Pennsylvania Statewide Implementation Team
March 2007

Meaningful Family Involvement in Implementation
• Concerns:
  ➢ Skill Level (communication)
  ➢ Family member willingness to share plan and be identified
  ➢ Implementation team getting to accept families as an active part of IT
  ➢ Do implementation team meetings accommodate family schedule?

• Strategies/Strengths:
  ➢ Use natural family leader to be a part of IT
  ➢ CW & Coordinator work together to identify families to serve on the team
  ➢ Make more user friendly by flexible hours, possible daycare, provide food
  ➢ Keep families engaged by having family reunion periodically.
  ➢ Inviting family members to talk at advisory board meetings
  ➢ Inviting family members to speak at educational meetings

Loss of FDGM Coordinator
• Concerns:
  ➢ Don’t make the practice “hinge” on the coordinator
  ➢ Choosing the right people for the implementation team
  ➢ Watch for hidden agenda
  ➢ Could give FGDM a “bad rep” in community and within agency
  ➢ Not neutral
  ➢ Was not a partnership with CYS agency
  ➢ Finding another coordinator (internships, trainings)
  ➢ RESISTANCE FROM OTHERS
    • CW’s no one wants overtime, no weekends
    • CW’s no one understands, can’t explain to families
    • CW’s Fear of change, no support from higher up
    • Afraid of CYS involvement
    • No motivation

• Strategies/Strengths
  ➢ Learn to partner with your coordinator/private provided
    (Do PR together – give space to coordinator’s)
  ➢ Allow the implementation team to participate in interviewing for coordinator
    (have interviews strength based)
  ➢ Have a strong “support person” for the coordinator (Liaison)
Change in Administration

- Concerns:
  - New administrator would not support FGDM
  - Budget may not support FGDM
  - Administrator may be negatively influenced by staff that does not believe/embrace FGDM
  - New administration not allowing overtime or comp/flex-time to staff who participate in conferences

- Strategies/Strengths:
  - Have commissioner support FGDM, so that the new administrator would embrace FGDM
  - Have agency employees continue to practice FGDM
  - Show surveys/feedback form of families that have gone through FGDM
  - Have new administration attend training
  - Have new administration attend statewide meetings

Generating/Obtaining Referrals

- Concerns:
  - Not enough referrals
  - Mandated monthly referral
  - How FGDM is viewed
  - Awareness of FGDM process
  - Narrow target group
  - Territory battles
  - Coordinators spread too thin
  - Is agency really bought into practice
  - Training for staff
  - Director needs to take stand “Support from the top”
  - Mind set of experienced workers

- Strategies/Strengths:
  - Ensure neutrality
  - Visibility
  - Talk about FGDM with everyone
  - Use resources with other counties, families agencies
  - Be a pain, persistence visit often
  - Make yourself available for staffing, both in house and at other agencies
  - Make FGDM a practice – example getting children out of Residential Treatment Facility (RTF)
  - Staffing and with different agencies
  - Building relationships
  - Community outreach
  - Observe a conference
  - Good implementation team
Section V: FGDM Implementation Resources: General Implementation Resources

**Contracted FGDM Provider/ Agency Relationship**
- **Concerns:**
  - Prohibited access
  - CW’s feel threatened
  - CW’s do not want to give up control

- **Strategies/Strengths:**
  - Constant communication with RS
  - Monthly contract meetings to discuss issues
  - Has to be a partnership

**How to Make FGDM a Priority**
- **Concerns:**
  - No funds for AHA conference
  - Cannot get brochures (no $)
  - Difficult to schedule implementation meeting
  - Supervisors and workers unclear their role in the process

- **Strategies/Strengths:**
  - Get 2-3 people together and put together a rationale/marketing strategy of how attending conference will move this process forward – present to commissioners
  - Have conference, invite key people, with the implementation team – then have follow-up conferences
  - Supervisors meeting - administrator say I want this to happen, ask – “How is FGDM going to work?”
  - Bring families to meetings
  - Staff meeting and review policy and procedure manual to clarify role
  - Do training again, tell stories, email, build relationships with agency workers

**Mandating vs Not Mandating FGDM**
- **Concerns:**
  - Getting court ordered conferences
  - Staff butting heads
  - Resentment
  - Workers “throwing a fit”
  - Staff turns against practice
  - Undermining the practice
  - Workers refer families that are not appropriate, to sabotage
  - How FGDM process is presented to family (best practice vs service)
  - Court enforcing families to conference
Strategies/Strengths:
- Give options to workers
- Have judges suggest to Families and Direct line
- Reward workers, bribe with overtime, comp time, flextime
- Show results; it works = less work
- Education, Observation, Interview process, continue to have a positive attitude – encourage
- Redefine conference purpose
- Coordinator presents without worker, with worker
- Education
- Invite another Judge to county, provide Judge with the articles written by other judges

Staff Buy-in to the Practice
- Concerns:
  - Old ways die hard
  - Don’t understand how it would work for them
  - Worried about credibility
  - Just another program that will be around for a month or so
  - Getting more staff involved
  - Overcoming their resistance to making referrals and the process
  - Long, long conferences, tiring out families and workers

- Strategies/Strengths:
  - Change of practice (family plans written by families, not workers)
  - Mandate observation of conference
  - Have direct line workers list concerns/strengths of practice and implement their suggestions
  - Direct line workers, very important because they work with families, find key workers to promote practice peer to peer
  - Keep taking about the conference experience(s) at staff, unit meetings
  - One unified plan that everyone knows and uses
  - Show what’s “in it for me” by highlighting conference successes
  - Breakdown into small steps, may need another conference to address other issues

Administrator Buy-In
- Concerns:
  - If the top people haven’t – practice doesn’t get promoted
  - Practice ends up looking like any other service
  - How will it impact the budget?
  - How much caseworker time will be used?
  - Supervisor (s) looking for immediate solutions/success
  - Lack of understanding of practice
Giving up control
Bought into the practice, but want to move forward before fully understanding FGDM
Supervisors/Case Managers – State they are bought into FGDM, but feel “This family not appropriate.”
Families – hesitate to buy-in to process affiliated with Children & Youth agency.

- Strategies/Strengths:
  - Point out benefits (show stats) budget
  - Peer influence (and family)
  - Get them to take 4 day overview
  - Invite the to FGC
  - Incentives, food, gifts, paid attendance
  - What is (redefine) definition of success
  - Mock conference within the agency
  - Expose doubtful coworkers to success
  - Have administrators, “higher ups” observe a conference
  - Help people understand that they are sharing the responsibility of keeping children safe
  - Consultation with people that have an advanced perspective on FGDM; utilize training program
  - Supervisors/Case Managers – Send referral to a coordinator; let them and the family decide if appropriate.
  - Families – introduce strength based concept to positive parenting classed or other child serve agencies with goal of utilizing FGDM before formal Children & Youth involvement.

Facilitators Paid vs Non-Paid
- Concerns:
  - Availability
  - Quality
  - Comp time
  - Neutrality

- Strategies/Strengths:
  - Strategize
  - Centralized list
  - Contract
## Sample Strategic Plan
Adams County Family Group Decision Making
October, 2003

### GOAL: Building Community Partnerships

#### Objective 1: Educating children and youth workers as well as other agencies and community members in the county on FGDM.

<table>
<thead>
<tr>
<th>Responsible Person</th>
<th>Task</th>
<th>Target Date</th>
<th>Completed Yes/No</th>
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</thead>
<tbody>
<tr>
<td>Peter, Wendy, Tim</td>
<td>Coordinate and plan a one-day overview of FGDM with Jim Nice (Was held on 8/22/03)</td>
<td>9/01/03</td>
<td>Yes</td>
</tr>
<tr>
<td>Peter, Wendy, Tim</td>
<td>Identify a list of participants and send invitations to them offering this overview</td>
<td>8/01/03</td>
<td>Yes</td>
</tr>
<tr>
<td>Peter, Wendy, Tim, Christina, Dewaine</td>
<td>Discuss and decide on future presentations in the community (Advisory Board 10/29/03 and Communities That Care 11/13/03)</td>
<td>Ongoing</td>
<td>Yes</td>
</tr>
<tr>
<td>Peter, Wendy, Tim, Christina, Dewaine</td>
<td>Approve and finalize brochures, training materials and presentations such as Power Point Presentations on FGDM for Adams County.</td>
<td>10/10/03</td>
<td>Yes</td>
</tr>
<tr>
<td>Peter, Wendy, Tim, Christina, Dewaine</td>
<td>Establish an Education subcommittee through the Implementation Team to assist in the ongoing community education/public relations</td>
<td>11/12/03</td>
<td>Ongoing</td>
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### GOAL: Building Community Partnerships

#### Objective 2: Formation of Adams County’s Implementation Team

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<th>Responsible Person</th>
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<tbody>
<tr>
<td>Peter, Wendy, Tim, Christina, Dewaine</td>
<td>Discuss and decide on first implementation team meeting date. Was held on 10/29/03</td>
<td>9/26/03</td>
<td>Yes</td>
</tr>
<tr>
<td>Wendy, Tim, Dewaine</td>
<td>Co-chair the implementation team. Wendy, Tim, and Dewaine to co-chair the team and meetings</td>
<td>9/26/03</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
Section V: FGDM Implementation Resources: General Implementation Resources

<table>
<thead>
<tr>
<th>Implementor(s)</th>
<th>Task</th>
<th>Target Date</th>
<th>Completed Yes/No</th>
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<tbody>
<tr>
<td>Peter, Wendy, Tim, Dewaine</td>
<td>Identify a list of 40 to 50 potential implementation team members throughout Adams County. This list should include and not be limited to people in the juvenile justice, drug and alcohol, mental health, early intervention, faith-based groups, and other local/community-based programs.</td>
<td>10/02/03</td>
<td>Yes</td>
</tr>
<tr>
<td>Wendy</td>
<td>Contact DCCYS (Robin Kirik) about sharing of information in regard to FGDM</td>
<td>10/02/03</td>
<td>Yes</td>
</tr>
<tr>
<td>Wendy, Tim, Dewaine</td>
<td>Draft a letter of invitation to be sent out to potential implementation members.</td>
<td>10/10/03</td>
<td>Yes</td>
</tr>
<tr>
<td>Dewaine</td>
<td>Mail out invitations to invitees (30 days in advance)</td>
<td>10/10/03</td>
<td>Yes</td>
</tr>
<tr>
<td>Christina, Dewaine</td>
<td>Develop a job description and responsibilities for implementation team members.</td>
<td>10/10/03</td>
<td>Yes</td>
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</table>

**GOAL: Staffing and setting up the Infrastructure for FGDM in Adams Co.**

**Objective 1:** Identifying the agency which will be coordinating FGDM in Adams Co. and what roles and responsibilities they will perform. In addition, identifying Adams Co.’s liaison with the coordinator.

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<tr>
<th>Responsible Person(s)</th>
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<tbody>
<tr>
<td>Peter, Christina</td>
<td>Discuss, review, and sign contract with Cornell Companies who will be coordinating FGDM in Adams Co.</td>
<td>9/01/03</td>
<td>Yes</td>
</tr>
<tr>
<td>Christina</td>
<td>Hire coordinator for Adams Co. by Cornell</td>
<td>9/01/03</td>
<td>Yes</td>
</tr>
<tr>
<td>Christina, Dewaine</td>
<td>Train new coordinator (Dewaine Finkenbinder) This was done on July 14th through July 17th, 2003</td>
<td>9/01/03</td>
<td>Yes</td>
</tr>
<tr>
<td>Peter, Wendy, Tim, Christina, Dewaine</td>
<td>Setting expectations and responsibilities for the coordinator, who will be housed at ACCYS.</td>
<td>10/2/03</td>
<td>Ongoing</td>
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### Section V: FGDM Implementation Resources: General Implementation Resources

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<tbody>
<tr>
<td>Peter, Christina, Dewaine</td>
<td>Identifying available resources for the coordinator both from Cornell and ACCYS.</td>
<td>9/26/03</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Peter</td>
<td>Identify the county liaison (s) who will be working closely with Cornell who is the contracted service provider (co- liaisons are Wendy and Tim)</td>
<td>9/04/03</td>
<td>Yes</td>
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</table>

#### GOAL: Staffing and setting up the Infrastructure for FGDM in Adams Co.

**Objective 2:** Identifying Adams Co.’s liaison with the coordinator.

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<tr>
<th>Responsible Person:</th>
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<tbody>
<tr>
<td>Wendy, Dewaine, Christina</td>
<td>Gather Liaisons job description and duties</td>
<td>9/26/03</td>
<td>Yes</td>
</tr>
<tr>
<td>Peter</td>
<td>Identify the county liaison (s) who will be working closely with Cornell who is the contracted service provider (co-liaisons are Wendy and Tim)</td>
<td>9/04/03</td>
<td>Yes</td>
</tr>
<tr>
<td>Peter, Tim, Wendy</td>
<td>Define role of Agency Liaison (s) and clarify interfacing with current responsibilities and job duties</td>
<td>10/10/03</td>
<td>Ongoing</td>
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</tbody>
</table>

#### GOAL: Staffing and setting up the Infrastructure for FGDM in Adams Co.

**Objective 3:** Infuse FGDM philosophy and practice with current ACCYS staff duties

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<tr>
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<tbody>
<tr>
<td>Peter, Wendy</td>
<td>Review and revise existing policies and practices to incorporate FGDM philosophy into practice.</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Peter, Wendy, Tim, Dewaine, Christina</td>
<td>Provide ongoing training and support to ACCYS staff to infuse FGDM philosophy into practice. Four-day training scheduled for March, 2004.</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
**Section V: FGDM Implementation Resources: General Implementation Resources**

<table>
<thead>
<tr>
<th>Name</th>
<th>Task</th>
<th>Target Date</th>
<th>Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peter, Wendy</td>
<td>Make connections from FGDM to Safety Assessments, Concurrent Planning, and all ACCYS policies and practices for ACCYS staff</td>
<td>Ongoing</td>
<td>Ongoing</td>
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</tbody>
</table>

**GOAL: Staffing and setting up the Infrastructure for FGDM in Adams Co.**

**Objective 4:** Identifying facilitators for implementing this practice, including their roles, expectations, and needed training.

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<tr>
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<th>Target Date</th>
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<tbody>
<tr>
<td>Peter, Wendy, Tim, Christina, Dewaine</td>
<td>Identify between 8 to 10 initial facilitators from CYS and JPO to be trained as FGDM facilitators.</td>
<td>11/01/03</td>
<td>Yes</td>
</tr>
<tr>
<td>Christina, Dewaine</td>
<td>Provide job description for new facilitators and responsibilities. Complete all necessary paperwork and training since they will be employed by Cornell</td>
<td>11/30/03</td>
<td>Yes</td>
</tr>
<tr>
<td>Peter, Christina</td>
<td>Provide and coordinate the necessary training for these facilitators. (State training will be provided in early December for these facilitators) Dates are 12/8, 12/9, 12/10, and 12/10 in Harrisburg, Pa.</td>
<td>12/15/03</td>
<td>No</td>
</tr>
<tr>
<td>Christina, Dewaine</td>
<td>Continued facilitating training as needed</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Peter, Wendy, Tim, Christina, Dewaine</td>
<td>Identify cross systems to expand facilitators</td>
<td>2/01/04</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Peter, Wendy, Tim, Christina, Dewaine</td>
<td>Provide and coordinate a countywide training for additional coordinators and facilitators. (Scheduled for March, 2004) 1-day overview, 3-day workshop by Jim Nice Dated are March 15, 16, 17,18</td>
<td>3/15/04</td>
<td>No</td>
</tr>
<tr>
<td>Christina, Dewaine</td>
<td>Coordinate bimonthly facilitator meetings</td>
<td>Ongoing</td>
<td>No</td>
</tr>
</tbody>
</table>
## Section V: FGDM Implementation Resources

### General Implementation Resources

**Pennsylvania Family Group Decision Making Toolkit:** A Resource to Guide and Support Best Practice Implementation

### GOAL: Staffing and setting up the Infrastructure for FGDM in Adams Co.

#### Objective 5: Provide ongoing training to Coordinator, Facilitators, ACCYS Staff

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<tbody>
<tr>
<td>Peter, Wendy, Tim, Christina, Dewaine</td>
<td>Schedule ongoing trainings on FGDM for Coordinator, Facilitators, ACCYS Staff</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Center for Schools and Communities, DPW</td>
<td>Provide Technical Assistance and training resources for such trainings</td>
<td>Ongoing</td>
<td>Ongoing</td>
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</tbody>
</table>

### GOAL: Policy and Procedures for FGDM in Adams Co.

#### Objective 1: Develop written policies and procedures for implementation of this practice.

<table>
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<tr>
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<tbody>
<tr>
<td>Christina, Dewaine</td>
<td>Gather and assess existing policies and procedures</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Peter, Wendy, Tim, Christina, Dewaine</td>
<td>Share and review existing policies and procedures with Peter, Wendy, and Tim in bi-weekly meetings between agencies.</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Wendy, Tim, Peter Christina, Dewaine</td>
<td>Co-facilitate the initial meeting of the implementation team. Present information to implementation team on existing practices throughout the country.</td>
<td>10/29/03</td>
<td>Yes</td>
</tr>
<tr>
<td>Implementation Team</td>
<td>Develop and write policies, procedures, and protocol for implementation of this practice.</td>
<td>1/1/04</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Peter, Tim, Wendy</td>
<td>Contact Dauphin County to schedule a Technical Assistance visit and gather existing policies and procedures during an Implementation Team Meeting</td>
<td>11/15/03</td>
<td>Yes</td>
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</table>
### Section V: FGDM Implementation Resources: General Implementation Resources

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<tbody>
<tr>
<td>Peter, Wendy, Tim, Christina, Dewaine</td>
<td>Establish a subcommittee through the Implementation team to continually review and update policies and procedures</td>
<td>Ongoing</td>
<td>Ongoing</td>
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</table>

**GOAL: Administrative Considerations**

**Objective 1:** Identify costs associated with Family group decision making.

<table>
<thead>
<tr>
<th>Responsible Person</th>
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<th>Completed Yes/No</th>
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<tbody>
<tr>
<td>Peter, Charles, Adams County Commissioners</td>
<td>Submit request for PA Statewide Pilot Project for Family Engagement Process</td>
<td>7/01/03</td>
<td>Yes</td>
</tr>
<tr>
<td>Peter, Charles, Adams County Commissioners</td>
<td>Identify financial resources, including adding Family Engagement into the Needs Based and County Budgets</td>
<td>9/01/03</td>
<td>Yes</td>
</tr>
<tr>
<td>Peter, Charles</td>
<td>Develop and implement Family Engagement Budget including contract with Cornell, staffing, training, program resources and supplies</td>
<td>9/1/03</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Peter, Charles, Wendy, Tim, Christina, Dewaine</td>
<td>Identify resources for program sustainability and expansion</td>
<td>Ongoing</td>
<td>Ongoing</td>
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</table>

**GOAL: Administrative Considerations**

**Objective 2:** To develop a cross system approach to evaluate this project

<table>
<thead>
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<th>Responsible Person</th>
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<th>Completed Yes/No</th>
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<tbody>
<tr>
<td>Peter, Wendy, Tim, Christina, Dewaine</td>
<td>Gather and review existing outcome measures and tools from Dauphin County, existing programs from other states, and PA DPW</td>
<td>12/1/03</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Peter, Wendy, Tim, Christina, Dewaine</td>
<td>Develop outcome measures and tools to effectively gather and assess the practice</td>
<td>1/15/04</td>
<td>No</td>
</tr>
</tbody>
</table>
Section V: FGDM Implementation Resources: General Implementation Resources

<table>
<thead>
<tr>
<th>Persons</th>
<th>Task Description</th>
<th>Status</th>
<th>Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>Peter, Wendy, Tim, Christina, Dewaine</td>
<td>Establish an evaluation subcommittee through the Implementation Team to assist in the development and implementation of practice evaluation.</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Peter, Wendy, Tim, Christina, Dewaine</td>
<td>Implement modifications and recommendation gathered from the evaluations</td>
<td>Ongoing</td>
<td>Ongoing</td>
</tr>
<tr>
<td>Peter, Wendy, Tim, Christina, Dewaine</td>
<td>Establish an ongoing procedure to evaluation process</td>
<td>Ongoing</td>
<td>Ongoing</td>
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</tbody>
</table>

Persons identified in this report:
Peter Veriens ACCYS
Wendy Unger ACCYS
Tim Taylor ACCYS
Charles Locke ACJPO
Christina Fatzinger Cornell Companies. Inc.
Dewaine Finkenbinder Cornell Companies. Inc.

Submitted by: Dewaine Finkenbinder
Date of report: 10/31/03

Dewaine Finkenbinder
Coordinator of Family Group Decision Making for Adams County
## MONTHLY STRATEGIC IMPLEMENTATION PLAN UPDATE

**(Month)**

<table>
<thead>
<tr>
<th>GOAL:</th>
<th>Objective:</th>
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## Section V: FGDM Implementation Resources: General Implementation Resources

### Pennnsylvania Family Group Decision Making Toolkit:
A Resource to Guide and Support Best Support Practice Implementation

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<th>Responsible Person</th>
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<th>Target Date</th>
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**GOAL:**

**Objective:**

Submitted By: ________________________________

Date of Report: _______________________________

Sample Implementation Team Invitation Letter
Adams County Children and Youth Services and It Takes a Village Inc.

October 7, 2003

Name ________________________________
Title ________________________________
Address ______________________________

Dear 

Adams County Children and Youth Services and Juvenile Probation are privileged to invite you to be part of an innovative, prevention focused practice called Family Group Decision Making. Family Group Decision Making empowers families to identify and utilize their strengths to develop their own plans to ensure that their children have a safe and permanent home.

A key component of Family Group Decision Making is the formation of a cross systems Implementation Team. Implementation Team Members help develop policies and procedures, and provide essential knowledge and expertise to ensure that the practice will have lasting success. As someone who works passionately on behalf of children and families in Adams County, we cordially invite you to be part of our Family Group Decision Making Implementation Team. Our first meeting will be held on Wednesday October 29, 2003, from 10 AM to 12 PM at Adams County Children and Youth Services.

Family Group Decision Making is not a new program; it is a new way of thinking. As expressed by Judge Todd Hoover of Dauphin County, Pennsylvania, “This isn’t just what we should be doing, it’s what we should have been doing all along.”

This is an exciting time to work in child welfare and on behalf of families and children. We look forward to seeing you (or a representative on your behalf) on October 29, 2003. Thank you in advance for your work for the children and families in Adams County. Please contact us if you have any questions or need further information or directions. It is also helpful if you verify your attendance so that we can ensure cross systems representation.

Sincerely,

Peter Vriens, MSW, Administrator
Adams County Children and Youth Services

Charles Locke, Chief Probation Officer
Adams County Juvenile Probation

Dewaine Finkenbinder, Coordinator
Family Group Decision Making
Critical Partners

Use this document to brainstorm a list of community partners that should be included in your FGDM practice

Aging Services

Children and Youth Services

Community Leaders (commissioners, mayors, etc…)

Drug and Alcohol

Domestic Violence Providers

Education

Faith Based Community

Family Members
Section V: FGDM Implementation Resources: General Implementation Resources

Juvenile Probation

FGDM Critical Partners

Law Enforcement

Legal Services/Attorneys

Medical Community

Mental Health

Mental Retardation

Non-profits

Private Providers (psychologist, therapists, in-home teams, etc...)

Residential Treatment Providers

Youth:

Others:
Family Group Decision Making in Child Welfare

Purpose, Values and Processes

Context

In the mid-1990s, the American Humane Association was asked by a major U.S. foundation to study family group conferencing (FGC), a New Zealand innovation, to determine whether it was an effective approach to serving families involved with child welfare systems. The change of law in New Zealand that enabled the practice of FGC followed recognition there that the existing child welfare system was affected by institutional racism and paternalistic organizational and professional practices.

At that time, there was some activity promoting family participation in child welfare proceedings in the United States. Several Oregon communities were implementing the Family Unity Model and others were inquiring about the potential use of the New Zealand FGC model. In Newfoundland and Labrador, Canada, a Family Group Decision Making (FGDM) project centering on family violence was implemented using a slightly modified FGC model. In 1996, American Humane selected FGDM as its preferred term to describe both of the initially identified models (FGC and the Family Unity Model).

In the past decade, there has been significant growth in, and a deeper understanding about, the number of family involvement models serving children and families in the child welfare system throughout the United States, and not all of them fit within American Humane’s definition of FGDM. Accordingly, American Humane, assisted by its international and national collaborators and partners, wants to clarify that definition in a way that aids the understanding of FGDM and enables the accurate classification of appropriate family-involvement practices as being FGDM, for the purposes of funding application, research and evaluation, and training and education.

FGDM Purpose

Children and their parents are nested in a broader family group: those people to whom they are connected through kinship and other relationships. Agency decision-making practices that are planned and dominated by professionals and focused narrowly on children and parents can deprive those children and parents of the support and assistance of their family group — and can deprive agencies of key partners in the child welfare process.

FGDM recognizes the importance of involving family groups in decision making about children who need protection or care, and it can be initiated by child welfare agencies whenever a critical decision about a child is required. In FGDM processes, a trained coordinator who is independent of the case brings together the family group and the agency personnel to create and carry out a plan to safeguard children and other family members. FGDM processes position the family group to lead decision making, and the statutory authorities agree to support family group plans that adequately address agency concerns. The statutory authorities also organize service providers from governmental and non-governmental agencies to access resources for implementing the plans. FGDM processes are not conflict-resolution approaches, therapeutic interventions or forums for ratifying professionally crafted decisions. Rather, FGDM processes actively seek the collaboration and leadership of family groups in crafting and implementing plans that support the safety, permanency and well-being of their children.

National Center on Family Group Decision Making

American Humane established its National Center on FGDM in 1999 as a vehicle for promoting and supporting work in this area. The mission of the Center is to build community capacity to implement high-quality, effective FGDM processes that are philosophically congruent with the central values and beliefs of this approach. Together, we are working to create links, share resources, provide training and technical assistance, and broaden knowledge about this practice.

Please visit www.americanhumane.org/fgdm for more information.

January 2008
FGDM Values

The values associated with FGDM include:

- Children have a right to maintain their kinship and cultural connections throughout their lives;
- Children and their parents belong to a wider family system that both nurtures them and is responsible for them;
- The family group, rather than the agency, is the context for child welfare and child protection resolutions;
- All families are entitled to the respect of the state, and the state needs to make an extra effort to convey respect to those who are poor, socially excluded, marginalized, or lacking power or access to resources and services;
- The state has a responsibility to recognize, support and build the family group's capacity to protect and care for their young relatives;
- Family groups know their own histories, and they use that information to construct thorough plans;
- Active family group participation and leadership is essential for good outcomes for children, but power imbalances between family groups and child protection agency personnel must first be addressed; and
- The state has a responsibility to defend family groups from unnecessary intrusion and to promote their growth and strength.

FGDM Processes

FGDM processes are carefully managed and crafted to ensure fidelity to the FGDM values and to ensure that those values drive practice. The following five items are critical to supporting exemplary practice in FGDM:

An independent (i.e., non-case carrying) coordinator is responsible for convening the family group meeting with agency personnel. When a critical decision about a child is required, dialogue occurs between the family group and the responsible child protection agency personnel. Providing an independent coordinator who is charged with creating an environment in which transparent, honest and respectful dialogue occurs between agency personnel and family groups signifies an agency's commitment to empowering and non-oppressive practice.

The child protection agency personnel recognize the family group as their key decision-making partner, and time and resources are available to convene this group. Providing the time and resources to seek out family group members and prepare them for their role in the decision-making process signifies an agency's acceptance of the importance of family groups in formulating safety and care plans.

Family groups have the opportunity to meet on their own, without the statutory authorities and other non-family members present, to work through the information they have been given and to formulate their responses and plans. Providing family groups with time to meet on their own enables them to apply their knowledge and expertise in a familiar setting and to do so in ways that are consistent with their ethnic and cultural decision-making practices. Acknowledging the importance of this time and taking active steps to encourage family groups to plan in this way signifies an agency's acceptance of its own limitations, as well as its commitment to ensuring that the best possible decisions and plans are made.

When agency concerns are adequately addressed, preference is given to a family group's plan over any other possible plan. In accepting the family group's lead, an agency signifies its confidence in, and its commitment to, partnering and supporting family groups in caring for and protecting their children, and to building the family groups' capacity to do so.

Referring agencies support family groups by providing the services and resources necessary to implement the agreed-upon plans. In assisting family groups in implementing their plans, agencies uphold the family groups' responsibility for the care and protection of their children, and contribute by aligning the agency and community resources to support the family groups' efforts.

3 Allen-Eckerd, USA; Daniel Bogue, Canada; Gale Burford, USA; Kelli DeCook, USA; Mike Doolan, NZ; Roque Gerald, USA; Anita Horner, USA; Sharon Inglis, UK; Suzanne Lohrbach, USA; Scott Maloney, USA; Lisa Merkel-Holguin, USA; Jim Nice, USA; Paul Nixon, UK; Joan Pennell, USA; Marilee Sherry, Canada; Paul Sivak, USA; Lani Taholo, USA; Rob VanPagen, The Netherlands; Leslie Wilmot, USA; and Mary Wolf, USA. These individuals are representatives of American Humane’s National Center on FGDM Advisory Committee, invited international guests of the Advisory Committee, and those who responded to an email from American Humane welcoming input from the international FGDM community on the development of this statement.
4 American Humane thanks Mike Doolan, University of Canterbury, NZ, for the initial draft of this section.
Chester County Family Group Decision Making

DCYF’S First FGDM Conference
By: Gerry Dowdell
Reunification Unit Supervisor
December 2007

On a very hot Saturday in August, I had the amazing experience of participating in our Agency’s very first Family Group Decision Making Conference. I thought I’d share with you some of my perceptions and feelings regarding this event. As many of you know, I am a huge advocate for keeping families together, as long as children are loved and safe. In my time here in reunification services, I have seen many parents and children overcome huge obstacles in order to keep their families together. I can’t overstate enough how enriching an experience it has been to share in these “homecomings”. It must be said that a vast majority of our reunification cases have successful outcomes. So if the current reunification system works so well, why do FGDM? In principle it sounded great but my skepticism soon surfaced and I began to question whether or not it would be worth all the time needed to bring it together. That was until I met with our FGDM coordinator Karin Leet. Karen could not be more passionate about this program and it clearly showed as we began the early discussions regarding our target family and beginning the process.

The referral process was simple and is clearly designed with sensitivity towards the caseworker’s current paperwork demands. Once the referral was submitted, Karen went to town organizing the event. Her dedication was impressive as she met with the family and secured possible participants. She immediately began calling and meeting with the family members and it was not long before we had a date and a place and of course, enough willing family members to meet with.

We all arrived at the agreed location on the hottest Saturday of the summer with sweat on our foreheads and hope in our hearts that this would be a success. Karen was wonderful in her way of welcoming everyone and making us all feel comfortable. Our target child sat in the room surrounded by people who came to help and support him anyway they could. It was clear that he had no idea how much he was cared for by those sitting around him. Some relatives came from Philly, some from nearby but the fact is they came. It’s hard to define in words what transpired over the next few hours but something very special was occurring around us. There is a time during the conference when the family is alone together behind closed doors and enjoying a meal. While the “professionals” sat in an adjacent room eating their lunch, sounds of laughter could be heard from within the room next door. Clearly there was magic in air.
After the family had this time together, we all gathered to put together the “plan”. This was the part I was anxious about the most, as this was time the family’s plan met the Agency’s non-negotiables. To my surprise and delight, this exchange went really well and the final plan was created to everyone’s satisfaction. Afterwards, the family shared hugs and phone numbers and a picture was taken to remember the day.

What I will always remember from this day was that Family Group Decision Making works. Despite my reservations and anxieties, families truly do possess the power to heal themselves. All they need sometimes is someone like you who cares enough to give that little extra that in the end can make all the difference in a child’s life and a family’s destiny.
FGDM: Giving Families Hope
Danielle Reese, Tri-Again Homes, Washington County FGDM Coordinator
June 2008

Austin was referred to the Truancy Intervention Prevention Program (TIPP) in the fall of 2007. TIPP is aimed at preventing truancy by assisting with the identification, referral and assessment of high-risk students. The main objective of TIPP is to identify and assist in keeping “at risk” students in school, to reduce and to prevent juvenile citations, petitions, and the placement of children out of their homes. At the time of the referral Austin’s attendance was only a few days missed. Austin’s mother blamed sickness especially migraines, saying that Austin was forgetting to turn in excuses; she was quick to blame and use excuses. As time went on Austin continued to miss school and he did not seem to have many friends and was self-conscious about his body. He did not speak up in class or socialize during school; he was timid and tended to hide behind his long hair. Austin had a lot of anger issues along with his truancy. He became violent at home, either by breaking items in the home or at one point hitting his mother. Austin’s mother did not seem to have the motivation to follow through with having him evaluated and did not provide rules and consequences for his behaviors. The family was feeling hopeless and was expecting to get referred to Children and Youth Services due to truancy. The TIPP counselor referred the family to Family Group Decision Making (FGDM) in the spring of 2008. “I feel that FGDM gives families new hope and a reason to care. All my experiences with FGDM have been positive and I thought this was a great opportunity for Austin’s family,” stated the TIPP counselor.

The family participated in a FGDM Conference. As a result, that child who hid behind his long hair has cut off his hair and has developed a comfortable self-esteem. He has his turned his life around as he is sociable and making new friends and participating in class. Austin has not missed any days of school this year and has become a leader in school. At home Austin’s mother has established rules and consequences for Austin and has been following through them when necessary. With the motivation and confidence that was established at their FGDM Conference Austin and his family have a new outlook towards school and their lives. Austin has been building his relationships with his family members whom he did not realize, until the FGDM Conference, were not positive. “FGDM was great! It was what our family needed as it helped us out a lot,” declared Austin’s mother. FGDM has given this family the ground work to be able to handle whatever comes their way as a family and as a team.
Carl, Gina and Gino: Family Group Decision Making Reunites a Family

BY LAURA MIRSKY

Family group decision making (FGDM, also known as family group conferencing or FGC) has made a big difference in the lives of many families. The story of how FGDM helped one family in Los Angeles County, California, USA, is a textbook example of just how powerful the FGDM process can be. FGDM helped this family ensure the well-being of a child who had fallen through the cracks of the child welfare system. Through an FGDM conference, the child’s extended family was empowered to make a plan for him, and this once troubled boy is now thriving and happy, living with his birth parents.

Not long after Gino Lee was born, his mother, Gina, had a nervous breakdown, and his father, Carl, took her to the hospital. Afraid that Gina might pose a threat to her child, the hospital staff contacted the Los Angeles County Department of Children and Family Services (DCFS).

Because Gina was ill, Carl had already enlisted the help of family members, including his sisters and daughter, to care for Gino. "The whole family was helping out," said Carl. But after Gina was hospitalized, unbeknownst to Carl, DCFS had been unsuccessfully trying to locate Gino at Carl’s home and had posted a note on his door indicating that if he didn’t contact them he would be arrested.

Carl called DCFS immediately and a DCFS worker met him at his daughter’s house, where Gina, then 40 days old, happened to be that day. Finding Gino safe and well fed, the worker decided that the boy should stay where he was. Carl didn’t know it at the time, but his son had just been officially “placed” by DCFS.

Six months later Carl returned to court to bring him home. His daughter was “a marvelous parent, an excellent caregiver,” said Carl, but Gino was his son and he wanted him home.

Carl told the judge that before DCFS became involved he had already enlisted his family’s help in raising Gino and that they didn’t need children’s services. But, said Carl, “Once they get you in that system, they don’t want to change it.” The judge continued the case for six more months. This scenario was repeated six times over the next three years.

Then Carl’s daughter became involved with a new man who began abusing her, her own children and Gino, too. When the abuse surfaced, DCFS sent the children to foster homes.

When Gino was returned to Carl’s daughter’s home, Carl, who saw Gino on weekends and took him to school on weekdays, noted that Gino was still being abused. He felt he had no choice but to
Section V: FGDM Implementation Resources: Child Welfare

The children’s court judge also ordered that Gino receive counseling, as he had been diagnosed with Attention Deficit Disorder. He had failed kindergarten and was, said Carl, “an emotional mess.” Carl had to appear at a special hearing, because he had told his son that Gina was his real mother. DCFS said that he should have let a counselor do it.

Several days later, Carl got a phone call informing him that Gino was in the hospital, following an accident. DCFS denied Carl and Gina permission to visit him. “Nobody would tell us what happened to him,” he said.

When Carl and Gina returned to court (earlier than the 30 days decreed by the judge, because of Gino’s “accident”), they learned that he had been thrown into a wall face first “with such an impact that his face knocked a hole in the wall,” said Carl.

At this point, “even though there was no question of abuse on my part or Gina’s part, the judge ordered us to go to parenting school and anger management school and to get a drug evaluation, rather than doing anything to stabilize where he should be living,” said Carl. Despite the fact that the appellate court ruling had been in their favor, granting them unmonitored visits, phone calls and overnight visits, the children’s court judge changed this to monitored one-hour visits and 15-minute phone calls.

When Carl tried to protest, he said, the judge told him: “‘If you say one more word, I’m going to place him up for adoption and let him get lost in the system.’ And I said to myself, this judge has the power of God. She’s emotionally executing my child.”

Gino was placed in a foster home in another county—illegally—said Carl. The home had no other children and no toys, having never had children before. Carl took some toys to the foster care agency for Gino but was instructed not to.

“You don’t have the slightest idea what a parent goes through when he’s dealing with this,” said Carl. Hoping to learn how to save his son, he attended DCFS parenting school. “They told me of there was something that was going wrong to consult with the social worker, then the supervisor, then my attorney, then the attorney’s firm, then make a written request to the judge, then file an appeal,” he said. “I followed that down to the finest detail.”

Carl filed five petitions and an appeal to save his son, to no avail. He was required to submit to numerous random drug and alcohol tests, all of which he passed. Years later, Carl learned the reason for the tests: His initial DCFS evaluation had contained the misinformation that he had once been in rehabilitation for drugs and alcohol; he had actually been in rehabilitation for a work-related injury. Then one day, Carl got a call from Joselyn Geaga-Rosenthal,
director for family group decision making (FGDM) in Los Angeles County, asking if he’d like to try a new program that could help get his son out of foster care. “You’ve got a program that’ll get my son out of the foster home?” asked Carl. “Yeah, I’ll try it!”

Following FGDM procedure, Joselyn contacted everyone in Carl and Gina’s extended families to attend a conference to decide on the best course of action for Gino. “Gina’s got about a billion people in her family, and she called all of them,” said Carl. Everyone agreed to come, even family members who had never met Gino.

Said Joselyn, “The daughter was the one referred [for an FGDM], because she was being ‘intratransient’ from our perspective. But as it turned out, there was something deeper here; that it was Carl and Gina who were really the actual parents, who should have been getting the child. The FGDM unearthed all of that, pulling the family together.”

Again in line with the FGDM process, the conference began with professionals (social workers, therapists and others) providing information to the family group. During the second part of the meeting, “family alone time,” when the family is left alone to come up with a plan for the child, “We all came up with sending him back with his parents,” said Carl.

In the next phase of the meeting, the family’s plan was presented to the professionals, who initially questioned its safety, because they had been under the impression “that I was on cocaine and had drinking problems,” said Carl. Everyone in the family insisted that these concerns were baseless. The professionals then said they were concerned about Gina’s condition, but, said Carl, “She hadn’t had a nervous breakdown in years. Her doctor wrote the judge about a thousand notes saying she was doing great.” Ultimately, the professionals approved the family’s plan to send Gino back home.

“The system had failed them,” said Joselyn. “Gina had a mental illness. It’s not a crime to have a mental illness. This happens all the time to people who are ill. They get abused, their rights trampled on. And Carl was denied custody of his son, because, according to him, ‘he had red eyes,’ and that meant that he was a drug addict. And in spite of all the documentation he had to the contrary, he was never listened to, so they got lost.”

FGDM facilitated Gino’s return home within six months. “It was the family that turned things around,” said Joselyn, adding, “FGDM was successful in bringing the extended family together, and they all recognized that he should be with his mom and dad. FGDM has its sights on really empowering families. No other approach in child welfare really takes that to heart.”

Carl was now able to help Gino with his “so-called ‘learning disability.’ They said, ‘He won’t focus.’ I said, ‘It’s not that he won’t focus, it’s that he can’t.’ Gino’s former failures were due to his being disciplined for inappropriate behavior, when he should have been coached. He had started thinking that he was the reason that he was in a foster home—that he was a bad kid. When you tell a kid that he’s been bad, subconsciously they start feeling guilty. And if they feel guilty, they say ‘I should be punished,’ and that’s a self-fulfilling prophecy.”

“Eventually, Gino started coming around and getting better report cards. And pretty soon he started trusting me. He’d been gone for almost 10 years, so I had to gradually get him to come around. But once he did, it happened all at once. They said reunification would take a year, but it didn’t.”

Gino went from failing in school and “acting out,” due to stress and anxiety, to excelling in his school’s gifted and talented program and in chess, karate and skating. “Now that he’s back home with his parents, his problems are gone,” said Carl. “He’s on the honor roll and getting all sorts of awards for positive behavior. Ten years of trauma for Gino and surviving by adopting dysfunctional coping strategies could have been avoided with just one conference.”

Carl is now starting a support and training group to help parents and families with children in foster care and to promote FGDM. He envisions “a support group for fathers and families to come together to share their strengths, goals and concerns; training for parents to learn to communicate with social workers, judges, attorneys, therapists and foster parents, and to teach their children to motivate themselves, learn about stress and the consequences of stress-producing behavior; and ongoing coaching to assist with reunification and the skills necessary to distinguish the difference between inappropriate behavior and dysfunctional coping strategies.”

Concluded Carl, “Parents such as myself are human beings and American citizens, and we deserve the right to be treated as other than unfit.” Gino asked me, “Why did God let all of those bad things happen to me?” I answered, so you can help other children get out of foster care.”
1. The mother had difficulty walking, and caring for her active three year old child due to her own debilitating medical condition. A FGDM referral was made to develop a support plan to assist her in caring for her child. Maternal relatives either had the same debilitating medical condition or were otherwise unable to assist and or care for mother and child. Through widening the circle, paternal resources were located via father’s county prison demographic information sheet. Paternal relatives met with the mother and child for the first time at the conference, per their request. Since the conference, the mother and child spend each weekend at paternal relatives’ homes and the paternal side of the family has essentially ‘adopted’ both mother and child.

2. Father was the sole caretaker of his three children. Mother was in active addiction and was incarcerated at the time of the conference for violating the terms of her probation. A FGDM referral was made to develop a support plan to assist father in caring for the children. The conference was held at a local drug and alcohol halfway house, near the family’s home. Father, maternal and paternal grandparents, and paternal aunt were able to come together to work out who could supervise the children before/after school, wash their clothing, take to medical appointments, etc… In addition, the family was exposed to a drug/alcohol facility in order to empower them to learn more about addiction issues. The caseworker through Berks County Children and Youth Services closed out the family shortly after the conference was held, feeling satisfied that the family had developed a plan that addressed all concerns for supervision and other basic needs.

3. Mother was the sole caretaker of her 5 young children. A FGDM referral was made to develop a plan to address having the children’s medical needs met. Both maternal and paternal relatives and several family friends came together to develop a plan. As a result of the conference, a baby-sitting plan, transportation plan and a mentoring plan involving the maternal uncle were developed. The caseworker through BCCSY closed out the family shortly after the conference was held, feeling satisfied that the family had developed a plan that addressed all concerns.

4. Mother and Father were both involved with drugs/alcohol and were caring for their three year old child. A FGDM conference referral was made to develop a support plan for parents in caring for their child to decrease the level of stress in the home. As a result of the conference, paternal relatives were able to come together to develop a plan that addressed the agency’s concerns. As an indirect result, mother has been able to visit with her other 2 children (that are being cared for by their respective fathers), as these fathers are more comfortable allowing the children around mother. In addition, dependency of the 3 year old child was terminated.
# Overlay For Practice Improvement: Family Group Decision Making

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<tr>
<th>Phase</th>
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<th>Action Steps</th>
<th>Strategies</th>
<th>Resources</th>
<th>Benchmarks</th>
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<tr>
<td>Idea Formation</td>
<td>Identify Agency Organizational Needs</td>
<td>• Organizational Needs Assessment (OE)</td>
<td>• Survey Administration/Management</td>
<td>• Assessment: &lt;br&gt; TA Support from Practice Improvement to create and conduct surveys &lt;br&gt; Readiness for change assessment</td>
<td>Identify Family Engagement (FE) as the focus for agency change</td>
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<td>• Assess readiness for change</td>
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<td>• Training: &lt;br&gt; Managing Change Training</td>
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<td>Pre-Planning</td>
<td>Identify current level of FE in Child Welfare Practice</td>
<td>• Form FE Workgroup &lt;br&gt; Conduct Baseline Assessment of FE &lt;br&gt; Analyze the results to identify existing strengths and needs</td>
<td>• Define FE &lt;br&gt; Generate FE Values and Principles &lt;br&gt; Administer Assessment to Managers and Line Staff &lt;br&gt; Compare existing Agency Mission, Vision and Values for congruence with FE Definition</td>
<td>• Training: &lt;br&gt; Strength-based Solution Focused TOL</td>
<td>Completed analysis of current level of Family Engagement &lt;br&gt; Identify specific areas for improvement.</td>
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<td>Planning</td>
<td>Develop Implementation Team</td>
<td>• Identify and invite Agency, Community, and Family Members &lt;br&gt; Create Partnerships &lt;br&gt; Ratify Mission/Vision/Values &lt;br&gt; Incorporate staff at all levels to be part of Implementation Team</td>
<td>• Solicit current advisory boards and collaborative boards for support &lt;br&gt; Individual invitations to county agencies who service youth. &lt;br&gt; Hold community forums explaining FGDM &lt;br&gt; Make time for agency staff to attend meetings.</td>
<td>• Training: &lt;br&gt; FGDM Overview &lt;br&gt; Technical Assistance &lt;br&gt; How to start an Implementation Team &lt;br&gt; Using the Key Decision Point Matrix &lt;br&gt; How to Engage Families</td>
<td>Implementation Team meets on routine basis in correspondence with the strategic plan. &lt;br&gt; Consistent representation/membership at IT meetings. &lt;br&gt; IT membership consists of cross-system, community and family representation</td>
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<td>Develop Vision, Mission and Values</td>
<td>Determine purpose of FGDM based on target population, referral sources and identified desired outcomes</td>
<td>Review common values, principles and beliefs of FGDM</td>
<td>Technical Assistance: Facilitate the Mission/Vision and Values discussion</td>
<td>Vision, Mission and Values are created based on input from all cross-system agencies, communities, and families partners based on the values, principles and beliefs of FGDM.</td>
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<td>Planning (cont’d)</td>
<td>Develop Strategic Plan</td>
<td>Define goals and objectives for achieving FGDM outcomes</td>
<td>Secure a neutral facilitator to guide this development</td>
<td>Technical Assistance</td>
<td>Completed strategic plan based on collaborative efforts of county agencies, community and family members</td>
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<tr>
<td>Formulate Workgroups/Sub-committee</td>
<td>Formulate workgroups</td>
<td>Potential Workgroups/Sub-committees: Education/Outreach, Quality Assurance, Policy and Procedure, IT Membership (Recruitment &amp;</td>
<td>Handouts: County Samples i.e. membership, goals etc.</td>
<td>Consistent representation/membership at workgroup/sub-committee meetings</td>
<td></td>
</tr>
</tbody>
</table>
## Overlay For Practice Improvement: Family Group Decision Making

<table>
<thead>
<tr>
<th>Phase</th>
<th>Goal</th>
<th>Action Steps</th>
<th>Strategies</th>
<th>Resources</th>
<th>Benchmarks</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Planning (cont’d)</strong></td>
<td>Establish staffing and infrastructure</td>
<td>◆ Identify the coordinator</td>
<td>◆ Identify persons to coordinate/facilitate e.g. internal staff vs. contracted providers</td>
<td>◆ Training:</td>
<td>Finalize/contract with Contracted Provider or identify internal staff.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>◆ Identify facilitators</td>
<td>◆ Develop job descriptions for coordinator and facilitator roles</td>
<td>◆ Handouts:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>◆ Identify Project Manager</td>
<td>◆ Develop job descriptions for agency liaison if applicable</td>
<td>◆ County, National and International Samples</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>◆ Develop Job Descriptions</td>
<td>◆ Role of the Caseworker in FGDM</td>
<td>◆ Training:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>◆ Identify training needs</td>
<td>◆ Review Steps of FGDM for guidance on needed policies</td>
<td>◆ Training:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>◆ Identify persons to coordinate/facilitate e.g. internal staff vs. contracted providers</td>
<td>◆ Review target population</td>
<td>◆ Training:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Draft Policies and Procedures</td>
<td>◆ Establish policies and procedures for all key activities associated with FGDM</td>
<td>◆ Define exclusionary factors (e.g. Domestic Violence, Sexual Abuse etc.)</td>
<td>◆ County, National and International Samples</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>◆ Identify the referral process including potential referral sources</td>
<td>◆ Review Steps of FGDM for guidance on needed policies</td>
<td>◆ Training:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>◆ Establish policies and procedures</td>
<td>◆ Role of the Caseworker in FGDM</td>
<td>◆ Training:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>◆ Establishing policies and procedures for all key activities</td>
<td>◆ Review Steps of FGDM for guidance on needed policies</td>
<td>◆ Training:</td>
<td></td>
</tr>
</tbody>
</table>

**Phase:**  
- **Goal:** Establish staffing and infrastructure 
- **Action Steps:**  
  - Identify the coordinator 
  - Identify facilitators 
  - Identify Project Manager 
  - Develop Job Descriptions 
  - Identify training needs 

**Resources:**  
- **Strategies:**  
  - Training: Overview and three day intensive coordinator and facilitator training 
  - Handouts: Sample county RFP, Sample county job descriptions 

**Benchmarks:**  
- Completed manual of policies and procedures representative of cross-system, community and family partners
## Overlay For Practice Improvement: Family Group Decision Making

<table>
<thead>
<tr>
<th>Phase (cont’d)</th>
<th>Goal</th>
<th>Action Steps</th>
<th>Strategies</th>
<th>Resources</th>
<th>Benchmarks</th>
</tr>
</thead>
</table>
| Planning                     | Create Forms, Letters and Other Documentation | ✷ Referral form  
ⱼ Family Plan form  
ⱼ Consent form  
ⱼ Letters to family  
ⱼ Letters to Service Providers  
ⱼ Case note form  
ⱼ Coordinator checklist  
ⱼ Evaluation forms | ✷ Consider demographics of area and population  
ⱼ Consider potential referral sources  
ⱼ Language used in all forms, letters and other documents should be family friendly and easy to understand | ✷ Handouts:  
ⱼ County, National and International Samples | Completed array of forms, letters and other documentation based on input from representatives of cross-system, community and family partners |
|                               |                               | ✷ Review available evaluation tools  
ⱼ Select evaluation tool that best measures the desired outcomes for FGDM | ✷ Statewide evaluation tool | ✷ Handouts:  
ⱼ Statewide evaluation tools  
ⱼ National evaluation tools | Evaluation Process finalized |
|                               | Identify evaluation process to determine if desired outcomes for FGDM will be met | ✷ Satisfaction surveys from families, community members, agency partners, referring workers, coordinators and facilitators | ✷ Handouts:  
ⱼ FGDM Statewide Evaluation Tools  
ⱼ National evaluation tools | Hold Family Group Decision Making Meetings and evaluate them |
| Implementation                | Begin having FGDM meetings    | ✷ Compare to Mission, Vision, and Values  
ⱼ Compare to goals  
ⱼ Compare to planning documentation  
ⱼ Compare to desired outcomes | ✷ Satisfaction survey data  
ⱼ Review of developed family plans, goals, provision of services for congruence with desired outcomes | ✷ Technical Assistance:  
ⱼ Provide evaluation reports  
ⱼ Handouts:  
ⱼ FGDM Statewide Evaluation Tools | Evaluation process is completed  
ⱼ Successes are highlighted  
ⱼ Necessary changes are identified  
ⱼ Implementation continues |
| Evaluation                    | Assess progress of implementation | ✷ Evaluation process is completed  
ⱼ Successes are highlighted  
ⱼ Necessary changes are identified  
ⱼ Implementation continues | ✷ Evaluation process is completed  
ⱼ Successes are highlighted  
ⱼ Necessary changes are identified  
ⱼ Implementation continues |
Sample FGDM Plan
Child Welfare

Washington County
Family Group Decision Making

Summary of the Family Plan

Date: 3/30/08  Location: Church near family’s home
Start Time: 2:00 pm  End Time: 6:30 pm

Family Name: Family’s last name
Child(ren)’s name(s): Teenager Family’s last name
Referral Source/Agency: Caseworker-Washington County CYS
FGDM Coordinator: Coordinator  FGDM Facilitator: Facilitator

Purpose of the FGDM Conference: To keep Teenager safe within the family, drug free, and going to school

Persons in Attendance: (Attach the Conference sign in sheet at the end of this packet)

Persons represented by electronic or other means:
Grandmother who lives in Florida—wrote a very loving, poignant letter that detailed strengths and concerns

Persons Invited, but unable to attend:
N/A

Family Strengths:
- Parents are very caring
- Teenager is likeable and has a great personality
- Family is cooperative
- Family has Teenager’s best interest in mind
- Up until about 2 weeks ago, Teenager had been complying with school
- Teenager is eager to participate with counseling
- Teenager is willing to try all ideas
- Teenager is determined
- Teenager is adapting well to new school
- Teenager is kind, nice, sweet, and has a really good heart
- Parents take pride in their children
- Family support
- Teenager has support in her sisters
- Teenager is intelligent, friendly, and talented
• Teenager is Amazing
• Teenager always supports friends and family
• Teenager is able to do very well in any situation when she puts her mind to it
• Family has come together for the sake of the Teenager and are willing to try anything to ensure her success in life

Family Concerns:
• Teenager’s willingness to change
• Teenager wanting to work toward change
• Following the path of mom and family friend
• Unresolved mental health issues
• Teenager feeling that the rules do not apply to her
• Family not knowing Teenager’s whereabouts
• Lack of appropriate consequences
• Why Teenager’s behaviors are happening
• Father and Mother being on the same page
• Teenager learning bad behaviors at school
• If Teenager goes back to her home school district, what will be the relationship between Teenager and the assistant principal
• Will Teenager be able to keep up at her home school district if she returns to school there
• Teenager not working up to potential
• Teenager isolates herself from family
• Lack of ambition
• Teenager is difficult to reason with-she does not want to listen
• Teenager does not care about possessions or where she goes to school
• Teenager’s actions affecting other people-does she care?
• Physical abuse towards mother-anger from Teenager
• Teenager using drugs and alcohol
• CYS exiting too quickly
• Family is concerned that Teenager is just going to give up
• Teenager belonging to the “other world” and not with family
• Jail, pregnancy
• Teenager being placed
• Teenager’s boyfriend’s negative influence
• Teenager living with mom
• Conflict between Teenager and mom
• Teenager not taking responsibility
• Property damage
• Teenager’s anger outbursts
• Teenager not having a life plan
• Teenager not being emotionally prepared
• Teenager’s friends and who she associates herself with
• Teenager’s attitude and not caring
• Teenager not caring about her future
• No structure in Teenager’s life
- Poor decision making
- Lack of respect for family
- No accountability for Teenager’s actions
- Lack of positive role models outside of the family (viewing her sisters as threats instead of role models and supports)
- School setting—where should Teenager be going to school

## The Family’s Plan

**Purpose:** To keep Teenager safe within the family, drug free, and going to school.

<table>
<thead>
<tr>
<th>Concern</th>
<th>Action to address concern</th>
<th>Who is responsible</th>
<th>When will it be done</th>
<th>Back up plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Living in one home</td>
<td>Teenager will live with Father. Teenager will come home after school, take the bus to and from school, and Teenager will stay at Father’s home until he gets home.</td>
<td>Father and Mother-Do not deviate from plan</td>
<td>Starting Monday 3/31/08</td>
<td>Teenager will call Father from home phone so that he will know she is home. Consequence for not following the plan—no social activities the next day.</td>
</tr>
<tr>
<td>Girls will have to help Father</td>
<td>Sister and Teenager will do the laundry. Sister will get up and ready in time to be able to take Teenager to school.</td>
<td>Teenager, Father, Sister</td>
<td>Monday 3/31/08</td>
<td></td>
</tr>
<tr>
<td>Anger management</td>
<td>Set Teenager up with a therapist. Service Provider and CYS will provide information on therapists around the area but not too close to home. Service Provider will do in home weekly counseling sessions as long as CYS is still active.</td>
<td>Teenager, Father, Sister, Service Provider, CYS Caseworker</td>
<td>Monday 3/31/08</td>
<td>Consequence for not attending and participating in therapy—no one will give Teenager money</td>
</tr>
<tr>
<td>Concern</td>
<td>Action to address concern</td>
<td>Who is responsible</td>
<td>When will it be done</td>
<td>Back up plan</td>
</tr>
<tr>
<td>---------------------------------</td>
<td>---------------------------</td>
<td>--------------------------------------------</td>
<td>---------------------</td>
<td>------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Boyfriend’s negative influence</td>
<td>Teenager’s boyfriend is not allowed to take Teenager to or from school. With Teenager having to be home, boyfriend’s influence is limited</td>
<td>Teenager, Sister, Father, Service Provider, CYS Caseworker</td>
<td>On-going</td>
<td>Family will look up boyfriend’s criminal record. Boyfriend possibly will be going to jail soon</td>
</tr>
<tr>
<td>Decision Making</td>
<td>Teenager will not have any sleepovers. Teenager will come home every night and stay at Father’s</td>
<td>Teenager</td>
<td>3/31/08</td>
<td>Mother will only be used as a back up for Teenager to stay there. Consequence for not following plan would be to accelerate placement</td>
</tr>
<tr>
<td>Drugs and Alcohol</td>
<td>Teenager will not take tobacco products to school. Teenager stated that she is “not doing anything more than Sister”. Teenager will not drink. There is a weekday curfew of 10:00 pm</td>
<td>Teenager and Father</td>
<td>3/31/08</td>
<td>Father will research getting a breathalyzer test for the home. Consequences for not following the plan-no one will give Teenager money.</td>
</tr>
<tr>
<td>Teenager not following the plan</td>
<td>Teenager will be placed. The family will decide where Teenager needs to be if she is not following the plan.</td>
<td>The entire family</td>
<td>As needed</td>
<td>CYS can do a voluntary placement agreement for up to 30 days</td>
</tr>
</tbody>
</table>
Additional Notes

The plan that the family made was tremendous. If everyone follows through, I believe your family will benefit from your plan. Thank you all very much, and good luck. I am looking forward to the follow up meeting.

Decision of the Referral Source: XX Accepted: Not Accepted_________

Comments:
Follow Up FGDM Conference Scheduled: No: Yes: XX
Details: The family agreed to have a follow up conference in 5-6 weeks.

Coordinator Comments: The family was very nice and pleasant to work for. _

Facilitator Comments: The family was very invested in Teenager’s future and wanted the best for her. _____________________________

Other Comments:

List of people in attendance:

- Child
- Father
- Mother
- Step-father
- Paternal Grandmother
- Paternal Grandfather
- Paternal Great Aunt
- Sister
- Maternal Aunt
- Family Friend

- Child’s Friend
- Service Provider
- School Teacher
- Washington County Children & Youth Caseworker
- Washington County Children & Youth Supervisor
- Co-facilitator
- Facilitator
Sample FGDM CYS Plan
Example demographic information from FGDM Conference incorporated into the Family Service Plan (FSP). Family goals are included as written by the family on the FSP goal pages.

<table>
<thead>
<tr>
<th>Date of Initial/Revised Plan:</th>
<th>Case #: 1234</th>
<th>Family Name: Smith</th>
</tr>
</thead>
</table>

**FAMILY GROUP DECISION MAKING/CONFERENCING**

<table>
<thead>
<tr>
<th>Date Conference Held:</th>
<th>Coordinator:</th>
<th>Facilitator(s):</th>
<th>Referring Worker:</th>
</tr>
</thead>
<tbody>
<tr>
<td>11/01/04</td>
<td>Dewaine</td>
<td>Tom Cat and Jerry Mouse</td>
<td>Kerin Kohler</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Length of Conference:</th>
<th>Location of Conference:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4 hours 15 minutes</td>
<td>Gettysburg</td>
</tr>
</tbody>
</table>

**Purpose of Conference:**
Keep the children safe in the home.

**RESOURCE LIST:**

<table>
<thead>
<tr>
<th>Resource 1</th>
<th>Location 1</th>
</tr>
</thead>
<tbody>
<tr>
<td>YWCA Step Program</td>
<td>345 Main St.</td>
</tr>
<tr>
<td>Weber Psychiatric</td>
<td>AHCS 12 Main St. Gettysburg</td>
</tr>
<tr>
<td>At-Turn Afterschool</td>
<td>Cornerstone D&amp;A 2 Main St. Gettysburg</td>
</tr>
</tbody>
</table>

**DECISION OF REFERRING WORKER:**
Approved
Not Approved

**PERSONS WHO ATTENDED:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Smith</td>
<td>Sue Smith</td>
<td>Bill Smith</td>
</tr>
<tr>
<td>John Smith</td>
<td>Kathleen Smith</td>
<td>Cindy Helmet</td>
</tr>
<tr>
<td>Cathy Utz</td>
<td>Mrs. Brown</td>
<td>Bob Green</td>
</tr>
<tr>
<td>Deb Green</td>
<td>Wendy Green</td>
<td>Junior Green</td>
</tr>
<tr>
<td>Kerin Kohler</td>
<td>Wendy Unger</td>
<td></td>
</tr>
</tbody>
</table>

**PERSONS INVITED WHO DID NOT ATTEND:**

<table>
<thead>
<tr>
<th>Name</th>
<th>Provided</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gettysburg Police Department</td>
<td></td>
</tr>
<tr>
<td>Mrs. Principal</td>
<td></td>
</tr>
</tbody>
</table>

**FACILITATOR/COORDINATOR COMMENTS:**

Family decided on a follow-up conference on December 17, 2004 at 4 PM at the YWCA.
Family Group Conferencing: A Realistic Option for Juvenile Justice?

By The Honorable Richard A. Lewis, President Judge Dauphin County Court of Common Pleas

Pennsylvania’s Juvenile Justice System is cutting edge and, like many, increasingly burdened. Progressive concepts such as the Balanced Approach to Restorative Justice (BARJ), community-based probation, and a multitude of delinquency prevention strategies have put Pennsylvania’s system at the forefront. Still the number of youth being served and the increasing challenges facing today’s families demand continued practice innovation.

As a former District Attorney, former Juvenile Delinquency Judge, and now President Judge of Dauphin County’s Court of Common Pleas, I have found the practice of family group conferencing (FGC) to be effective and innovative. Brought to Dauphin County in late 2001, this pioneering and challenging process has raised our county’s juvenile probation expertise and practice to an exciting level.

I was introduced to the concept of FGC by Juvenile Probation Chief Steve Suknaic and by Juvenile Probation Assistant Supervisor Helen Spence. Both believed that FGC could prove beneficial to not only youth and families in the juvenile justice system but also victims and communities. Pennsylvania’s legislated mandates of BARJ (i.e., accountability, community protection, competency development) could be accomplished through FGC – not solely through the efforts of the juvenile officer but through the enlisted help and support of family members, neighbors, friends, ministers, and community members intent on helping a youth. The concept of encouraging families to take responsibility and make decisions for their young people – rather than having a Court order such – was intriguing and worth exploring.

FGC in Action

To this end, in August 2002, I took the opportunity to observe a family group conference in a pending juvenile delinquency case. The juvenile was charged with a misdemeanor assault upon another youngster. However, the juvenile’s family of parents, grandparents, aunts, uncles, siblings, and cousins ranked the seriousness of this relatively minor assault up there with the Lindbergh kidnapping. The family impressed upon the young offender the embarrassment that this conduct brought to him as well as his entire family.

After three years as the Juvenile Delinquency Judge in Dauphin County, I was beginning to feel that the concept of “accountability” had become outdated, even though it was clearly mandated by the state’s juvenile system. My faith in the ability of the juvenile justice system to instill a sense of accountability was teetering. An even more perplexing mystery I found was the lack of family involvement. Where were the parents, especially the dads? Where were the brothers, sisters, aunts, uncles, and grandparents who cared about these youth? I recalled case after case of youths coming before the Court with no adult present. Where were the adults?

Through the family group conference I observed, light was shed on that mystery and my faith was restored not by a government system but by the family system. As the extended family expressed their displeasure at the juvenile’s actions and came together as a team to develop a plan to ensure that the young offender was not only accountable, but also responsible for repairing the harm to his family, victim, and community, it became clear that FGC would be useful and effective. As Coates, Umbreit, and Vos (2002) noted in their review of more than 63 restorative justice processes:
Family Group Conferencing: A Realistic Option for Juvenile Justice?

“The important role of the family in a juvenile offender’s life is acknowledged and emphasized [through FGC]. Family dynamics play a major role in juvenile delinquency, and far too few programs effectively address these issues. FGC offers a restorative justice intervention with great potential for strengthening accountability that can actively involve both the offender’s family and the victim’s family.”

The family I observed was doing a far better job of educating their 12-year-old member about the impact and consequences of his misdeed than any judge or juvenile probation officer could hope to accomplish. I sat in fascination and watched a sleeping giant awake. The sleeping giant was the Great American Family, an old-fashioned resource too often overlooked in addressing the needs of kids in the justice system.

From Margins to the Mainstream

Since March 2002, approximately 150 cases in Dauphin County’s busy juvenile delinquency court system have been resolved through FGC. As of spring 2005, all the resolutions have been successful with no recidivism. The charges in these cases have ranged from simple assault and theft, to offenses involving guns and drugs. The juvenile probation office carefully screens each case considered for FGC. The victim is consulted, and assuming there is victim agreement, the District Attorney then is contacted.

The attraction of FGC to the juvenile justice system is that it plays on the strengths of the family unit and places significant responsibility on the family. It is the family – not a juvenile court judge, hearing officer, or probation officer - that develops a plan to address the BARJ principles contemplated by the Juvenile Act.

For example, instead of a judge ordering community service, the family might implement community service as part of its plan. In the case I observed, the family took it one step further and selected the location for the community service, a local food bank, and coordinated the schedule to ensure that an adult would be responsible on particular days to transport the juvenile to and from the work site. One of the premises of FGC is that family members will be more committed and enthusiastic about following through on a plan they created as opposed to one ordered by a judge. I have witnessed this premise come to fruition.

While FGC may not be appropriate for every case, it clearly empowers a family to create a workable plan that resolves its concerns and that taps the energy and resources of the family unit. It allows the flexibility to mold the plan to ethnic, cultural, and religious philosophies and practices. It alerts the juvenile offender that his or her family is supportive, concerned, committed, and involved.

Moreover, FGC changes the relationship between juvenile justice professionals and those we are trying to serve. It joins family, friends, and community with our justice system in a supportive, rather than adversarial, role. “Community involvement leads to community ownership. Meaningful community involvement leads to meaningful community ownership.” (PA JCJC, 2003) In no other practice I’ve seen is this ownership more apparent than in FGC.

Like many of the researchers to date (Umbreit, 2000; Marsh & Crow, 1998), through FGC I have seen more parents become involved with their children, more creative plans, stronger ownership of those plans, a significant reduction in recidivism, and a positive shift in the relationship between juvenile probation officers and our community. I have seen more youth staying in our community, a growing positive relationship with our faith-based community, and the development of additional resources (e.g., mentorship programs) with little to no additional cost to the formal systems.

The concept of FGC is so simple it is almost comical. Often compared with victim-offender mediation and sentencing circles, FGC is a unique process with specific components. Adhering to these
Family Group Conferencing: A Realistic Option for Juvenile Justice?

Components is critical to successful outcomes for children. Remaining true to the core values of this process, not taking “short cuts” through the implementation, and reaching out to involve as many as possible, including courts, victims, and offenders, is key. Implementing FGC is time consuming and at times frustrating, and it requires a level of patience unmatched in our system, but it is essential for any community that wants to positively impact outcomes for youth.

Despite and perhaps because of the challenges and rewards of the FGC process, FGC will continue to gather steam and expand into a frequently used option to resolve of juvenile cases throughout our nation. A mystery remaining is how the juvenile court system was able to advance into the 21st century before recognizing the benefits of the FGC philosophy.

About the Author

Rich Lewis serves as President Judge of the Dauphin County Court of Common Pleas in Harrisburg, Pennsylvania. First elected to the Bench in 1993, he served as the Juvenile Delinquency Judge from 2000 through 2004 and as the elected District Attorney for Dauphin County from 1980 to 1993. He is the former president of the PA District Attorneys Association.

References


Other readings


Nice, J. Family Unity Model.
A Family Plan Forged Out of Commitment and Love: An FGDM Story

BY LYNN M. WELDEN

Alyssa (not her real name), 18, made some unfortunate choices over the last few years, some with legal consequences. But her situation improved recently, thanks to a Family Group Decision Making (FGDM) conference facilitated by the Community Service Foundation (CSF) in Pennsylvania, USA, one of the IIRP’s demonstration programs. By involving Alyssa’s family and friends and tapping into their collective feelings of responsibility and concern, FGDM encouraged her to commit to positive changes in her life.

On probation and unable to function in school, Alyssa was in and out of alternative programs, youth detention facilities and group homes.

Bucks County Juvenile Probation Supervisor Dean Hiestand brought Alyssa to the attention of CSF’s Conferencing Program, thinking that she and her family were ideal candidates for an FGDM conference. Laura Rush, conferencing program coordinator, and Jolene Head, conferencing staff member, agreed. Alyssa was very enthusiastic about the idea of a “family meeting,” as were her mother and father. With juvenile court concurring, the FGDM process began.

Twenty people attended Alyssa’s FGDM conference, invited by Alyssa and her parents. Said Head, the FGDM’s main facilitator, “This family wanted to do this. They owned it and wanted it to happen,” adding, “The more committed people at the FGDM, the greater the resources and number of ideas generated.”

When the family group met, Rush, Head and Hiestand were present. “The professionals had been invited to this part of the meeting. They wanted us to be a part of their starting prayer,” noted Head.

Everyone stood and held hands for the prayer, led by Alyssa’s mother, who then read letters from friends offering her daughter work. Hiestand provided information and answered questions. Alyssa jumped in to share her own feelings, take responsibility for her past behavior, apologize to her parents and ask forgiveness from others she had hurt. At this point, Rush, Head and Hiestand left the room so the family could get to the heart of the matter: where Alyssa would live and get an education.

Two and a half hours later, the professionals were asked to rejoin the group. The family had come up with a plan for Alyssa, outlining solutions for her living situation, education and work requirements and legal obligations, and stressing reconciliation with family, church and community. The group planned to meet each month to review Alyssa’s progress and to circulate a report to keep everyone informed. This FGDM was an acknowledged success, with everyone proud of having had a voice in the process.

“I was excited about the FGDM concept,” said Alyssa’s aunt. “People talk about doing it, but nobody ever pulls ‘the village’ together formally. To actually have family and friends volunteer to take responsibility, to participate, is great. The FGDM was about bringing our village together in a formal process. It strengthened our relationship with Alyssa and with each other and acted as a reminder of how we have to stick together as a family. There are more kids, younger than Alyssa, coming through our family pipeline, so whatever we can do to save them from making bad choices is important.”

The FGDM participants are determined that Alyssa will follow the plans they devised, because they were directly involved in developing them. “We all know she cannot deal with every point right away,” said Alyssa’s aunt. “But we are happy and hopeful that this conference has encouraged her to take these steps.”

Alyssa now realizes that everybody who was at the FGDM that night loves her. They had met to help her examine her missteps and to contribute constructive ideas for her future.

Hiestand presented the family’s plan for Alyssa to the juvenile court judge, who accepted it. Alyssa is now attending a local high school and is taking cosmetology courses. “No one has a crystal ball,” said Hiestand. “But if the family sticks to the plan, I think Alyssa will be fine.” ♦
Chester County Family Group Decision Making

Family Group Decision Making
By: Dawn Thomforde
Chester County Juvenile Probation Officer
December 2007

As a Chester County Juvenile Probation Officer, I was looking forward to participating in our first Family Group Decision Making Conference. I had received wonderful feedback on FGDM from other counties who have been using FGDM in the juvenile justice system.

It has been my experience that family and community participation in the treatment and supervision of juveniles involved in the legal system produces better outcomes. In addition, with FGDM, the family develops their own plan to comply with non-negotiable conditions as well as household conditions, and is more apt to cooperate with their own plans.

The FGDM referral process is simple. There is a one-page referral form that takes only a few minutes to complete. The form is submitted to Karin Leet, the FGDM Coordinator, and Karin is responsible for contacting all involved parties, scheduling the actual conference, and facilitating the group. This is not an easy task in today’s world, trying to work around the busy schedules of all involved. However, Karin makes this task look easy! I had submitted my referral on September 4, 2007. Karin contacted me on that same day to discuss the particulars of the case, and the actual conference took place on September 20, 2007.

During the FGDM conference, introductions were made, the purpose for the conference was stated, and goals were defined. The next phase involved listing and discussing the strengths of the individual. The juvenile was quite surprised on how many strengths were identified, and how much support and faith that each participant had in the juvenile. Concerns were also listed and discussed, and then we took a break for the family meal. I personally, feel that a lot can be accomplished by sharing a meal! Afterwards, the facilitators guided the family with the planning phase, and all treatment providers, probation, and the facilitators left the room so that the family could develop their plan.

Karin Leet and the co-facilitator did a fantastic job in keeping everyone on track. Redirection was required quite a few times, but it was done with the utmost respect and professionalism required to meet the goals of the conference.
Juvenile Probation
FGDM Purpose and Plan Examples

These examples can be used as a starting point by other juvenile probation agencies

Example #1
Purpose of FGDM:
To develop a transition plan for Johnny so he can return back into the community safely.

Concerns addressed in the Plan:
If released into the community where would Johnny reside that would provide him with a safe, stable, and supportive home environment?

Example #2
Purpose of FGDM:
To develop a plan that holds Susie accountable for her actions while repairing the harm that she has caused to the family and the community.

Concerns addressed in the Plan:
- How can Susie make up for the anger and hurt she has caused her family and her community in an effort to regain their trust?
- How can Susie’s family direct her toward a healthier, more productive lifestyle while she fulfills her obligations to the court?
- How can Dick and Jane improve their effectiveness in co-parenting her?

Example #3
Purpose of the FGDM:
To develop a plan for Sally that would satisfy her obligations to the court. Further, it would assist her towards her transition to independence.

Concerns addressed in the Plan:
- Sally needs to satisfied her obligations to the court regarding restitution
- At times, Sally’s lack of motivation could lead to various situations and misunderstandings regarding the parenting of her child, steady employment and family relationships
- Sally needs to complete her education
- Sally needs a realistic plan to prepare her for living on her own
An Introduction to Family Group Conferencing

An Option for Strengthening Families

October 2005

Family Group Conferencing in Dauphin County

November 7, 2002
Family Group Conferencing: A Message From the Bench

By the Honorable Todd A. Hoover
Dauphin County Juvenile Dependency/Orphan's Court Judge

Protecting children while supporting the integrity of our families has become a complicated and, at times, overwhelming task for child welfare, juvenile probation, and juvenile court systems. The dynamic and fluid nature of this task demands creativity, enthusiasm, commitment, and inclusiveness, as the outcomes of child safety, well-being, and permanency are key objectives for the systems.

Various data indicate that Pennsylvania, like other states, is challenged in meeting these broad goals. The Child Welfare Outcomes 2000: Annual Report, released by the U.S. Department of Health and Human Services Administration, notes that Pennsylvania's rates to permanency, time to reunification, re-entry into foster care, and time to adoption were all lower than the national average (pp. 280-286). The Pennsylvania Annual Report on Child Abuse indicates 22,809 reports of suspected abuse/neglect were received in 2001. This marks a 2% increase from the number of reports received in 1999. Of the reports received in 2000, 5,002 were substantiated. In addition, more than 2,000 Pennsylvania children had substantiated cases of re-abuse in 2000 (this includes in-home and out-of-home re-abuse). Finally, according to the Pennsylvania Department of Public Welfare Point-In-Time Permanency Profile, the federal fiscal year 2000 ended with 21,631 children in out-of-home care. During that year, 65% of children in out-of-home care experienced two or more placements. Included in the 65% were 2,758 children (12.8%) who experienced a dramatic six or more placements.

Compounding complications
While reasons for these results vary by community, the statistics clearly suggest why representatives of multiple formal service systems and community-based agencies, advocates, and members of the informal helping network are increasingly concerned about the safety and well-being of children and families. In our ever-changing world, family life, child safety, and community protection are complicated by poverty, crime, isolation, a multitude of addictions, and reduced financial resources with which to address these concerns.

An additional complication many families and communities experience is the lack of a shared sense of responsibility for children's well-being. The child welfare and court systems are often viewed as the responsible parties for child safety, permanency, and well-being. An alternative suggestion is that child safety, permanency, and well-being must ultimately be a shared responsibility among child/family serving systems, the courts, families, and communities.

Faced with such challenges and complicating factors, we can no longer hope to help children and youth without the active involvement of families and concerned community members. Communities, child/family serving agencies, and the courts need to work collaboratively, tapping into the capacities and resources of individuals, to implement effective and efficient strategies that promote the health and welfare of children and families.

FGDM enters Pennsylvania
One such strategy, spreading rapidly throughout the great Commonwealth of Pennsylvania, is family group decision making (FGDM) or family group conferencing (FGC). This exciting and innovative approach is taking Pennsylvania by storm, as it has throughout many areas of our country and the world. As Dauphin County Juvenile Dependency/Orphan's Court Judge, I
Family Group Conferencing:
A Message From the Bench

know of no other process that brings more enthusiasm, creativity, accountability, and involvement from caseworkers, community members, and, most important, family members.

I first heard of FGC in summer 2001 during an introductory lunch with Sandy Moore, Dauphin County Children and Youth Services administrator, and Jason Kutalakis, Esquire, Dauphin County Children and Youth Services solicitor. Both were enthusiastic about FGC, so I listened and concluded that, in a year or two, I would see this “program” implemented at Dauphin County Children and Youth Services. Family group conferencing struck me as different because it charges families to develop a plan, based on their strengths and the concerns shared by both the agency and the families. It sounded like a real partnership, with families doing much of the planning and agency staff supporting that work.

Two months later, Dauphin County held a training for staff and community members. After attending the training session, it became clear that children and families deserve FGC. As the Honorable Leonard P. Edwards, Superior Court of Santa Clara County, California, observed:

“For so long we have been driven by deficit analysis of families, look how terrible this family is....but one of the wonderful things about family group conferencing is that the process permits everyone to focus on family strengths, because within those strengths are the solutions to the issues that are before the family and the child welfare system.”
(Permanency Toolkit)

An essential shift
The shift from focusing on what was “wrong” in a family to what was “right” seemed to make sense. The more I learned of this shift from deficit thinking to strengths, the more I believed we had an obligation to make this approach available to children and families. Clearly, FGC provides an opportunity to actualize our belief in the value of families. After more than 10 years on the bench, it was obvious to me that even when well-intentioned and competent professionals were, in isolation, defining concerns and creating a plan, a valuable resource was overlooked—the family. This restricted the roles that families could play in defining and creating solutions to their own struggles.

The concerns often litigated in the courtroom are the same concerns that families have historically resolved without the “assistance” of systems. I have noticed the resolution of family concerns being transferred from the kitchen table to the defendant’s and plaintiff’s tables, with the judge making the final decision when parties cannot agree.

Upon seeing FGC in action, I reflected on how I handle concerns with my own children. If my children had behavior, school, or truancy concerns, my family would likely sit around the kitchen table and work out solutions to those concerns. Unfortunately, those concerns are now all too often brought to the courtroom. Family group conferencing is a refreshing way to return those conversations to the kitchen table, with the help of juvenile probation officers and/or county caseworkers.

I have noticed the resolution of family concerns being transferred from the kitchen table to the defendant’s and plaintiff’s tables, with the judge making the final decision when parties cannot agree.

It boils down to a fundamental question: What do professionals working in public systems believe about families involved in the child welfare or juvenile justice systems? Do professionals, and the systems they represent, believe that families have the resources, capacity, and desire to do what we do every day? Our systems play out the belief that total strangers—caseworkers, juvenile probation officers, counselors, or judges—who make decisions for these families will produce the best outcomes. I do not know how that kind of thinking was constructed, but I have seen it in my courtroom numerous times. I have also seen that in over 250 FGCs in Dauphin County, families have
demonstrated that they can and do have the capacity make plans for their children that meet safety and permanency criteria. As noted by Kretzmann & McKnight (1993):

“Every single person has capacities, abilities, and gifts. Living a good life depends on whether those capacities can be used, abilities expressed and gifts given. If they are, the person will be valued, feel powerful and well-connected to the people around them. And the community around the person will be more powerful because of the contribution the person is making.” (p 13)

FGC in action
My belief that families can resolve issues using their collective “capacities, abilities, and gifts” without the need for litigation has been confirmed by watching families in five FGCs create comprehensive plans. In July 2002, I observed an impressive FGC that had more than 40 people in attendance. While the majority were extended family members, also in attendance were schoolteachers, neighbors, friends, and past and present foster parents. The mother had mental health and addiction issues, and the father had recently died of cancer. Of the five children, two had mental health/mental retardation issues, all had serious behavioral issues, and all were living in four different foster homes.

The natural father’s adult siblings and nephew drove all night from North Carolina with their families to attend the FGC. In addition, the natural mother’s three siblings and their families traveled from Mt. Carmel, Pennsylvania. It was interesting to see the young cousins from Mt. Carmel meet their previously unknown cousins. Despite never meeting or having little contact, they had one major common bond—they were “family.”

As I listened to the families share their strengths, as well as financial, mental health, and developmental and behavioral concerns, the situation seemed impossible. How could these five children, whose needs were so great and varied, stay as close to each other as possible and still have all their needs met? Then the family came up with a plan that accomplished just that. After seven hours (not courtroom time, but kitchen table time), the family group created a plan for the children with individual members taking responsibility for elements of the plan. This process was far less adversarial than it would have been in a courtroom. In fact, it was supportive.

This was my first conference, but similar scenarios have played out in over 250 FGCs in Dauphin County. Families are stepping up and accepting both the challenge and opportunity to plan for the care of their children. They come into the courtroom with plans that they not only agreed on, but also actually developed.

FGC: A “no-brainer”
I am known in Dauphin County for saying that FGC is a “no brainer.” What court wouldn’t want families, in partnership with their informal network and the formal system representatives, to engage in an FGC that results in a consensus-based and clear plan that meets the needs of everyone involved? Not only does it involve parents and family members in a way that is rare in mainstream practice, but it also limits or removes future legal arguments that can happen if parents don’t understand what is expected of them or don’t have the opportunity to be part of the planning process. Through FGC, it is the parent, with the extended family, who establishes largely what those expectations will be.

Does Dauphin County have special families that have a unique capacity to plan for their children? While Dauphin County has wonderful things to offer, like many other communities, it has high crime, high poverty, and high addiction rates. And yet, because representatives of the Dauphin County community have invested in the implementation of FGC, there is shared enthusiasm, vision, and energy to sustain this approach.
I put this frankly: I am not a social worker. I am a judge. My professional training is in the legal field, and while I absolutely mean no disrespect to social workers, I never signed up to be one. Rather, I signed up to make judicial decisions when parties come together and cannot resolve issues. That works well in many situations, but not all, and often not when complicated family issues need to be decided. Inevitably, in litigation there is a winner and a loser. Family group conferencing allows for win/win resolutions.

I have often wondered what a judge who does not do social work really has to say about a fundamentally non-judicial practice. But I realize that this really isn't about social work or who's on the bench. Rather, it is about giving people a voice in matters that concern them and doing what works to keep children safe, communities protected, and families stable.

This practice changes judicial and social service systems and relational patterns between agency representatives and family members. In those areas, the leadership of the bench can be critical. Judges’ decisions, provision of supports, and leadership have direct impact on agency practice and, ultimately, children's lives. To this end, what judges have to say is important, and getting involved in a non-judicial practice does matter.

Listening to FGC participants discuss the worries they have for the children, family strengths, and community assets, and then tapping their collective wisdom to develop and implement a plan makes sense. Bringing these “common sense” plans into the courtroom—plain and simple—works!

From the Dauphin County court perspective, FGC has saved significant amounts of time for the court, attorneys, caseworkers, and juvenile probation officers. It also appears there is a correlation between FGC and job satisfaction. In our child welfare and juvenile probation department, the normal staff turnover rate is approximately 15%; yet for those staff involved with FGC, it is about .05%. Family member surveys demonstrate significant success and satisfaction with the process:

- 97% of family participants in FGC say they would recommend the practice to others;
- 92% say the process addressed all their concerns; and
- 99.5% say it provided adequate protection of the child.

Similar results have been seen with caseworkers, juvenile probation officers, and other non-family members.

Hearing people talk about a practice like FGC is one thing, but to see those concepts and theories work in the lives of real families is personally satisfying and professionally rewarding. To see the ongoing exchange among caseworkers, service providers, community members, and families as they focus on using strengths to resolve concerns is something to which perhaps we all aspire, but often fail to deliver. Family group conferencing prevents that failure from occurring.

Ultimately, FGC is a philosophy of hope and trust in the capacity, commitment, and strengths of children, families, and communities, as well as a belief in the value of collaborative efforts to provide for the safety, well-being, and permanence of children. Indeed, with so much depending on the outcome of our efforts, including the future of our society, it is an approach and philosophy worth exploring.

“When you have trust, you gain hope. When there is a sense of hope, the toughest issues can be dealt with.” (Jim Nice, Family Unity Model: An Option for Strengthening Families)
Family Group Conferencing: 
A Message From the Bench

References


The National Center on Family Group Decision Making, American Humane Association. www.americanhumane.org/fgdm


Suggested Reading

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Section V: FGDM Implementation Resources: Legal System Resources

Click Presentation to Open Attachments
INTERNATIONAL CONFERENCE ON
THE FAMILY GROUP CONFERENCE –
“COMING HOME – TE HOKINGA MAI”

Wellington, New Zealand
27-29 November 2006

Youth Justice Family Group Conferences:
A Quick “Nip and Tuck” or Transplant
Surgery - What Would the Doctor Order in
2006?

HIS HONOUR JUDGE A J BECROFT
Principal Youth Court for New Zealand
Te Kāiwhakawa Matua o Te Koiti Taihoi o Aotearoa
INTRODUCTION

Family Group Conferences (FGCs) have been described as the “lynch pin” and the “jewel in the Crown” of the New Zealand youth justice system. With their introduction in 1989 a completely new paradigm for dealing with young offenders was introduced. Indeed after eighteen years of operation, it is hard to imagine our system without them.

Epithets such as “lynch pin” and “jewel” are well justified. The FGC system, which was introduced alongside Police led, community diversionary approaches, revolutionised the youth justice landscape. It empowered families to find solutions for their young people that promoted both accountability and rehabilitation. In this way, FGCs became the prime mechanism for discharging the twin statutory responsibilities in respect of serious young offenders, expressly provided for in the Children, Young Persons and Their Families Act 1989 (CYPF Act). The CYPF Act states that a key object of the Act is to ensure:

(i) ... that where children or young persons commit offences,—  
(ii) They are dealt with in a way that acknowledges their needs and that will give them the opportunity to develop in responsible, beneficial, and socially acceptable ways.

Indeed some commentators, such as Durie J in his speech to the International FGC Conference at which this paper was presented, go so far as to suggest that the FGC is not primarily a “means” to the “end” of ensuring accountability and stopping re-offending, however important these goals are, but is an “end” in itself. The FGC enshrines the rights of families to take responsibility for, and to participate in, decision-making about their own law-breaking children.

The success of FGCs is world renowned. The conferencing system, pioneered in New Zealand, has now been adapted and adopted at greater or lesser degrees in many other jurisdictions. But even the most ardent admirer of the New Zealand FGC would recognise the importance of reflecting upon the past eighteen years of experience and of enquiring as to what lessons have been learned with the completion of over 100,000 youth justice and care and protection FGCs. As with any system, there are issues facing the New Zealand FGC regime which require urgent debate and attention, and deficiencies that require adjustment. Whether the FGC system in New Zealand

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1 Paper prepared by His Honour Judge A J Becroft, Principal Youth Court Judge of New Zealand with assistance from Rhonda Thompson (BBS, LLB(Hons)), Research Counsel to the Principal Youth Court Judge.
4 Note that 76% of youth offending is dealt with by Police diversion or other forms of alternative action and is not the subject of an FGC.
5 Children, Young Persons and Their Families Act 1989, s4(3)(i) & (ii).
needs a quick “nip and tuck” to remedy minor flaws or a major transplant, perhaps in terms of law reform or a philosophical shift, is the subject of this paper.

It is vital that these questions are answered and that an ever-improving FG system is in place. Internationally, there is an increasing trend towards treating youth offenders as junior adults, for whom “adult crime demands adult time”. The pendulum tends to swing between welfare and more punitive justice approaches in different youth justice systems and these changes in policy have historically bedevilled a consistent approach to youth crime. Currently, the pendulum is moving firmly towards a more punitive approach. For example, in the United Kingdom, where ten to fourteen year olds are increasingly considered to be fully competent. Julia Fionda, in Legal Concepts of Childhood, argues:6

“Policy changes and recent legislation have increasingly treated this age group as fully competent, aware of the significance and repercussions of their actions and mature enough to accept responsibility for them. Concomitant with the erosion in the recognition of children’s incapacity and lack of awareness is a trend towards punitive treatment ... Fionda argues that many of these policy changes are politically motivated rather than based on any real change in the nature of childhood or the competence of children.”

New Zealand will not be exempt from these trends. Indeed with the introduction to Parliament of the Young Offenders (Serious Crimes) Bill, introduced 16 March 2006, this country faces a debate on this very issue.

In this context, the FG system is under the microscope as never before. Regrettably, in the land of their birth, FGs are often wrongly perceived as a soft option, a sort of “kumbayah singing, hand holding, Milo drinking, soft response to crime”, that simply “doesn’t cut it”, especially with serious young offenders. In this way FGs are misconceived, and stereotyped as the antithesis of the “lock ‘em up” get tough approach. Certainly, the FG process recognises that young people may be immature, vulnerable and still very much part of and influenced by their families. But, in fact, when well prepared, conducted and followed up, the FG has been a profoundly powerful response to youth crime. It is demanding for the young offender, it facilitates, and indeed necessitates the active involvement of his/her immediate and wider family, and can prove deeply satisfying for victims – all in ways that have surpassed the more traditional approach to dealing with offending. And it is worth noting that FGs are able to recommend stern responses to serious young offenders, including, where accountability demands it, sentences of imprisonment.

In the context of the important national debate about effective responses to youth crime, it is even more vital that New Zealand’s FG system is properly understood, subject to continuing rigorous analysis, and proved to be an effective response to youth crime. The conference at which this paper is presented provides the first national forum to discuss these issues.

Section V: FGDM Implementation Resources: Legal System Resources

II THE YOUTH JUSTICE FAMILY GROUP CONFERENCE

This paper is limited in its scope to youth justice FGCS, which are integral to the youth justice system. For the purposes of this paper it will be important to list and describe the types of youth justice FGCS that can be convened and held and the circumstances in which they arise. In fact the CYPF Act dictates that a youth justice FGCS must be convened in six situations, a little understood feature of New Zealand’s system.

A Six types of Youth Justice Family Group Conference

1 Child offender care and protection conference

If the Police believe, after inquiry, that an alleged child offender (10-13 years inclusive) is in need of care and protection, this must be reported to a Youth Justice Co-ordinator (YJC’s are employees of Child, Youth and Family Services and are sometimes qualified Social Workers). The YJC and Police must consult, after which if the Police believe an application for a declaration of care and protection is necessary in the public interest, an FGCS must be held2 to address the child’s offending. At a care and protection FGCS, the group must determine whether the offence is admitted, and, if so, what steps should be taken, including whether a declaration that the child is in need of care or protection should be filed in the Family Court.3

2 Intention to charge FGCS

This is required whenever a young person is alleged to have committed an offence and has not been arrested (or has been earlier arrested and released) and the Police intend to lay charges. The Police must first consult a YJC. If, after consultation, the Police still wish to charge the young person, an FGCS must be convened.4 This is the second most common type of FGCS, and accounts for between one third and one half of all FGCS annually. At an intention to charge FGCS, the group must determine whether the charge is admitted and, if so, decide what should be done. This may include completion of an agreed plan, which if successful will be the end of the matter, or a decision that a charge should be laid in Court.5

3 “Custody conference” FGCS

Where a young person denies a charge, but, pending its resolution, the Youth Court orders the young person be placed in CYFS or Police custody, an FGCS must be convened.6 At a custody FGCS, the group must decide whether detention in a CYFS secure residence should continue and where the young person should be placed pending resolution of the case.7

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2 Children, Young Persons and Their Families Act 1989, s18(3).
3 Children, Young Persons and Their Families Act 1989, s259(1).
4 Children, Young Persons and Their Families Act 1989, s245.
5 Children, Young Persons and Their Families Act 1989, s259(b), s259(1).
6 Children, Young Persons and Their Families Act 1989, s258(b).  
7 Children, Young Persons and Their Families Act 1989, s247(d).
8 Children, Young Persons and Their Families Act 1989, s259(c).
4 Court directed FGC: “not denied”

Where a (non-purely indictable) charge is “not denied” by the young person in the Youth Court, the Court must direct that a FGC be held.13 “Not denied” is a somewhat odd, but very useful, mechanism. It triggers an FGC without the need for an absolute admission of culpability. It may indicate the young person’s acceptance that they are guilty of something, although not necessarily the charge as laid. Invariably, in such cases, the details can be resolved at FGC. This is the most common type of FGC and accounts for at least half of all FGCS. At a Court ordered FGC, the group must determine whether the young person admits the offence, and, if so, what action and/or penalties should result.14

5 FGC as to “orders” to be made by Youth Court

Where a charge is admitted or proved in the Youth Court and there has been no previous opportunity to consider the appropriate way to deal with the young offender an FGC must be held.15 At a penalty FGC, the group must decide what action and/or penalties should result from a finding that a charge is proved.16

6 FGC at Youth Court discretion

A Youth Court may direct that an FGC be convened at any stage in the proceedings if it appears necessary or desirable to do so.17 An example of where this might happen would be where a young person indicates a desire to plead guilty to a purely indictable charge and there is a possibility that Youth Court jurisdiction will be offered. An FGC would then be ordered to consider whether such an offer should be made. If the FGC recommends that jurisdiction should be offered, it will usually recommend how the Youth Court should dispose of the matter. When the Youth Court exercises its discretion to order an FGC, it may also make directions as to the decisions to be made there.

In the case of an FGC to consider purely indictable charges, the group will be asked to decide whether Youth Court jurisdiction should be offered, and if so, whether the offence has been committed and what should be the result.

B The majority of FGCS in Youth Justice are “Intention to Charge” and “Court-ordered” FGCS

There are two ways in which a “young person” charged with a criminal offence comes to appear before the Youth Court.

Intention to Charge FGC: Firstly, where an offence is alleged and the Police believe criminal proceedings are “required in the public interest”, the Police and a YJC

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13 Children, Young Persons and Their Families Act 1989, s246.
14 Children, Young Persons and Their Families Act 1989, s258(6), s259(1).
15 Children, Young Persons and Their Families Act 1989, s281.
16 Children, Young Persons and Their Families Act 1989, s258(e).
17 Children, Young Persons and Their Families Act 1989, s281B.
consult and the matter is considered by an “intention to charge” FGC.\(^2\) This avenue is taken where the young person has not been arrested (or has been earlier arrested and released).

Court-ordered FGC: A second route by which a young person may find themselves in the Youth Court occurs where a young person is arrested for an offence and is brought before the Youth Court to answer the charge.\(^3\) In this situation, the offence is either “denied”, in which case the charge is dealt with according to sections 273 to 276 of the CYPF Act, or “not denied” and the Court orders a YJC to convene a FGC and proceedings are adjourned until the FGC has been held.

These two routes to the Youth Court demonstrate that the FGC is the “machine room” of the New Zealand youth justice system in its dealings with serious young offenders. In the vast majority of cases, it is the forum for making decisions about “guilt” and “punishment” and the Youth Court merely supervises the process and accepts the recommendations of the FGC.

Most young people being dealt with by youth justice FGC are serious young offenders, sometimes described as “Persisters”. Some researchers have divided young offenders into two groups - “Persisters” and “Desisters”.\(^4\) The majority of youth offenders are “Desisters” – they commit at least one crime, but usually start offending after 13 years and stop or age out of offending by 24 to 28 years of age.\(^5\) The real challenge to the youth justice system is posed by the “Persister” group which describes the difficult 5 to 15% of youth offenders,\(^6\) who start offending before age 14 and are responsible for at least 50% of youth offending in New Zealand.

The common personal characteristics of Persisters are that: \(^7\)

- 85% are male. However, the number of young women who offend, especially violently, seems to be increasing.
- 70-80% have an alcohol or other drug problem, and a significant number are drug dependent/addicted.
- 70% are not engaged with school – most are not even enrolled at a secondary school. Non-enrolment, rather than truancy, is the problem.
- Most experience family dysfunction and disadvantage; and most lack positive male role models.
- Many have a form of psychological disorder, especially conduct disorder, and display little remorse, let alone any victim empathy. Some will also have a

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\(^{18}\) Children, Young Persons and Their Families Act 1989, s245.

\(^{19}\) Children, Young Persons and Their Families Act 1989, s246.


\(^{23}\) These statistics are provided by the New Zealand Ministry of Justice, the New Zealand Police and anecdotal evidence from Youth Court Judges.
specific learning disability eg dyslexia, although research is required to establish
the extent of this problem.
• At least 50% are Māori and in some Youth Courts, in areas of high Māori
population, the Māori appearance rate is 90%. This figure is a particular challenge
to the youth justice system, and to all working with young offenders.
• Many have a history of abuse and neglect, and previous involvement with Child,
Youth and Family Services.

C The function, method and process of FGCs

It is beyond the scope of this paper to set out how an FGC operates, what processes
are followed and who is entitled to attend. These issues are well documented in other
publications and papers.25

III IN CELEBRATION OF FAMILY GROUP CONFERENCES

Family Group Conferences are demonstrably an effective and appropriate means of
dealing with serious youth offending. New Zealand can rightly be proud of having
developed FGCs which have been described as its “gift to the world”.26

A FGCs - One Component of a Comprehensive New Approach in 1989

However, the FGC “gift” was just one part of a two pronged approach. The second part
was a commitment to diversion that was mandated by the CYPF Act and
embraced by the New Zealand Police. The CYPF Act states that any exercise of
powers relating to youth justice must be guided by the principle that:

(a) … unless the public interest requires otherwise, criminal proceedings should not be
instituted against a child or young person if there is an alternative means of dealing
with the matter:

The CYPF Act mandates three levels of alternative action - diversion, warnings and
“intention to charge” FGCs:

1. Warning: these are often given by the attending officer and followed up by a letter
from the Youth Aid Officer acknowledging the warning.

24 Youth Offending Strategy: Preventing and Reducing Offending and Re-offending by Children and
Young People, Te Haonga (Ministry of Justice & Ministry of Social Development, Wellington, 2002)
11 available online at <http://www.justice.govt.nz/pubs/reports/2002/youth-offending-strategy/youth-
strategy/index-strategy.html> (last accessed 2 August 2006).
25 See for example Judge A J Becroft, Family Group Conferencing: A New Zealand Model for Young
Persons’ Participation in Youth Justice Processes, an Address to the XVI Youth and Family World
Congress, Melbourne, Australia, October 27, 2002; Judge A J Becroft, Family Group Conferences as a
Model of Justice, Melbourne, IAJFCJ, 2002.
26 Former Chief District Court Judge David Carruthers, Wellesley Club Luncheon, Wellington, 6 June
2001 quoted in Hon Justice J Bruce Robertson What is Distinctive about the New Zealand Law and the
Zealand, 25 August 2006.
2. *Alternative Action*: a diversion plan is put in place by the Youth Aid Officer that may include an apology, reparation and/or community work.

3. *Intention to Charge FGC*: for offending that cannot be dealt with by way of warning or diversion and where Police intend to lay a charge and there has been no arrest. About one third of the 8,000 FGCs held annually are of this type.

These three approaches have been embraced by the Police with the result that around 76% of youth offenders are now diverted away from the criminal justice system. The remaining 24% are dealt with by FGC -- about 8% of this number via intention to charge FGC.

**B FGCs Work!**

Thus, around 83% of young offenders are diverted away from the formal Court process. This is a world leading statistic and an important one as it can be very difficult to extract young people from the formal criminal justice system once they have been dealt with by it.

This emphasis on alternative action and the use of FGCs for the most serious cases has resulted in a marked decrease in the use of youth justice residences and a drop in the use of imprisonment, as demonstrated by the graph and table below.

*Figure 6 Custodial Sentences for Youth Court Cases, 1987–2001*

<table>
<thead>
<tr>
<th>Year</th>
<th>Corrective training</th>
<th>Franch</th>
<th>Total custody</th>
</tr>
</thead>
<tbody>
<tr>
<td>1987</td>
<td>100</td>
<td>0</td>
<td>80</td>
</tr>
<tr>
<td>1988</td>
<td>90</td>
<td>0</td>
<td>60</td>
</tr>
<tr>
<td>1989</td>
<td>80</td>
<td>0</td>
<td>60</td>
</tr>
<tr>
<td>1990</td>
<td>70</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>1991</td>
<td>60</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>1992</td>
<td>50</td>
<td>0</td>
<td>50</td>
</tr>
<tr>
<td>1993</td>
<td>40</td>
<td>0</td>
<td>40</td>
</tr>
<tr>
<td>1994</td>
<td>30</td>
<td>0</td>
<td>30</td>
</tr>
<tr>
<td>1995</td>
<td>20</td>
<td>0</td>
<td>20</td>
</tr>
<tr>
<td>1996</td>
<td>10</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>1997</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

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Section V: FGDM Implementation Resources: Legal System Resources

Notes:
1. Age taken at time of finalisation.
2. Final court hearing location has been used.
3. Some cases had their final court hearing in a Youth Court yet had other court details as the District Court (perhaps sentencing location) and so these have been categorised under District Court.
4. Figures are provisional.
5. Source: Ministry of Justice.

The graph shows custodial figures plummet after the CYPF Act was passed in 1989 and the table demonstrates the very limited use being made of imprisonment of under 18 year olds in New Zealand.

Importantly, statistics show that FGCs have a positive impact on re-offending.\(^{28}\)

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Custodial</td>
<td>18%</td>
<td>18%</td>
</tr>
<tr>
<td>Minor Risk</td>
<td>23%</td>
<td>41%</td>
</tr>
<tr>
<td>Medium Risk</td>
<td>22%</td>
<td>63%</td>
</tr>
<tr>
<td>Improving Persisting</td>
<td>9%</td>
<td>72%</td>
</tr>
<tr>
<td>Serious/Resistant</td>
<td>7%</td>
<td>100%</td>
</tr>
</tbody>
</table>

These figures demonstrate that, once young people who had been subject to a FGC “aged out” of the Youth Court jurisdiction, a third did not offend at all and a further 22% offended but only to a minor degree. Thus, 55% of the most serious young offenders in New Zealand either do not offend or offend only to a minor degree following FGC. This is a strong outcome given that every Western jurisdiction struggles to deal with this difficult group who are often impervious to rehabilitation.

One of the strongest success rates we are aware of is a 48% reduction in re-offending recorded in the State of Oregon, USA where young offenders were put through a two to three year programme of multi-systemic family and cognitive behaviour therapy. The Oregon re-offending rate compares well with the results of New Zealand’s experiences with FGCs. Although the New Zealand approach is much less intensive and expensive, arguably 55% of serious young offenders do not continue to pose a significant problem for the criminal justice system.

C “Restorative Justice” Approach Taken - Although No Legislative Mandate for it

The New Zealand FGC system has been practised using a restorative justice approach although this is certainly not mandated by, or mentioned in, the CYPF Act under which FGCs are held. Indeed a restorative justice approach is not even necessary in order to conform to the provisions of the CYPF Act. It is now recognised that at the time the Act was debated and formulated, the restorative justice movement was in its infancy, and was not even in the minds of those who formulated the Bill. That said, a restorative justice approach is entirely consistent with its objects and principles.

FGCs have been practised as a restorative justice initiative for the past seventeen years. New Zealand has become a recognised world leader and since 1989 other jurisdictions have “woken up to the fact” that this small country is practising an example of restorative justice in its youth justice system.

The FGC system is now systematically entrenched and the current government is committed to ensuring that FGCs continue to be promoted as the primary means by which decisions are made for children and young people who offend or who are at risk or in need.29

D Youth Offending Stable

Contrary to headlines announcing youth crime is out of control, offending by under-17 year olds has only increased a small amount each year over the last six years.30 Youth offenders have remained at about 22% of the total number of apprehended offenders meaning that youth offending has not increased at any greater rate than adult offending. Although there was a significant increase in youth offending statistics in the first half of the 1990s, most categories, such as apprehension rates and the number of charges processed in the Youth Court, have been stable since about 1998. Despite an increase in the population, the number of cases finalised in the Youth Court has declined over recent years.

However, particular categories of violent offending present a cause for concern. Statistics show that aggravated robberies and grievous/serious assaults increased up until and including 2005. Figures showing rates of offending per 10,000 of population of 14 to 16 year olds apprehended by Police for non-traffic offences, show that aggravated robberies increased 36% between 1996 and 2005 inclusive and serious/grievous assaults increased 32% over the same period.31

IV SOME “BIG PICTURE” CHALLENGES FOR THE FGC

A Is Sufficient Emphasis placed on Rehabilitation and Reintegration at Family Group Conference?

As noted in the introduction, the CYPF Act emphasises the need for accountability and rehabilitation of young people. New Zealand’s FGCs have been an excellent forum for achieving accountability and ensuring that any wrong is put right but have been less successful at helping to rehabilitate and reintegrate young people.32 The

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following table from *Achieving Effective Outcomes in Youth Justice* demonstrates the success of the system in achieving accountability and restorative outcomes, and its lack of success in reintegrating and rehabilitating (sometimes called “enhancing well being”); the majority of young people being dealt with at FGC:

**Table 11.1** Recommendations of agreed family group conference comparing the combinations of primarily restorative, restrictive, rehabilitative and reintegrative measures for the retrospective sample; number and percentages (n = 904)

<table>
<thead>
<tr>
<th>Type of element</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Restoration - any</td>
<td>762</td>
<td>84</td>
</tr>
<tr>
<td>Restriction - any</td>
<td>529</td>
<td>59</td>
</tr>
<tr>
<td>Some accountability</td>
<td>878</td>
<td>97</td>
</tr>
<tr>
<td>Reintegration – any</td>
<td>349</td>
<td>39</td>
</tr>
<tr>
<td>Rehabilitation - any</td>
<td>279</td>
<td>31</td>
</tr>
<tr>
<td>Some provisions to enhance wellbeing</td>
<td>548</td>
<td>61</td>
</tr>
<tr>
<td>Nothing</td>
<td>26</td>
<td>3</td>
</tr>
<tr>
<td>Combinations of elements</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Restorative only</td>
<td>201</td>
<td>22</td>
</tr>
<tr>
<td>Restorative and restrictive</td>
<td>195</td>
<td>22</td>
</tr>
<tr>
<td>Restorative, restrictive, rehabilitative and reintegrative</td>
<td>103</td>
<td>11</td>
</tr>
<tr>
<td>Restorative, restrictive and reintegrative</td>
<td>91</td>
<td>10</td>
</tr>
<tr>
<td>Restorative, rehabilitative and reintegrative</td>
<td>75</td>
<td>8</td>
</tr>
<tr>
<td>Restorative, restrictive and rehabilitative</td>
<td>44</td>
<td>4</td>
</tr>
<tr>
<td>Restorative and reintegrative</td>
<td>37</td>
<td>4</td>
</tr>
<tr>
<td>Restorative and rehabilitative</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>Restrictive only</td>
<td>61</td>
<td>7</td>
</tr>
<tr>
<td>Restrictive, rehabilitative and reintegrative</td>
<td>15</td>
<td>2</td>
</tr>
<tr>
<td>Restrictive and rehabilitative</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Restrictive and reintegrative</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>rehabilitative and reintegrative</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>rehabilitative only</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Reintegrative only</td>
<td>4</td>
<td>1</td>
</tr>
</tbody>
</table>

This may suggest that a “restorative approach”, emphasising accountability and putting right the wrong, has relegated addressing the well-being of youth offenders to a secondary position. A guiding principle of the CYPF Act, and of youth justice in New Zealand, is that criminal proceedings may not be instituted against a young person solely to access welfare services. This principle was one part of the CYPF Act’s move away from a “welfarist” approach and it is possible that the failure of the

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34 Children, Young Persons and Their Families Act 1989, s208(b).
system to achieve adequate rehabilitative outcomes at FGC reflects zealous adherence to a justice, rather than a “welfarist” principle.\textsuperscript{33}

Those working under the CYPF Act have, at times, considered that section 208(b) disallowed any welfare help for youth offenders. This is not the case – section 208(b) forbids initiating criminal charges to gain welfare assistance but if charges have been appropriately instituted, there is no prohibition against accessing welfare assistance.\textsuperscript{36} Indeed, it would be contrary to the CYPF Act, and section 4(f)(ii) in particular, not to do so. It must be stressed that it is not welfarism to address the causes of offending at FGC.

The CYPF Act contains avenues to transfer young people with welfare needs to the Family Court for assistance.\textsuperscript{37} However, although the CYPF Act mandates care and protection assistance, it is not always easy in practice to access this assistance. Further, transfer to the “care and protection” jurisdiction can be difficult. Although cases may be referred to a care and protection co-ordinator,\textsuperscript{38} they are rarely accepted by that service. As the care and protection system is extremely overburdened, understandably a very high threshold is set which cases must meet before they will be accepted.

This is a significant problem as a large number of young offenders have care and protection issues. A minimum of 20% of young people appearing before the Youth Court are already subject to care and protection custody orders.\textsuperscript{39} These young offenders require careful and often intensive treatment and yet while under the custody order they appear to be insufficiently supervised by Child, Youth and Family Services and continue to offend.

These issues demonstrate that the FGC system is not adequately addressing the rehabilitative goals of the CYPF Act. A change in the practice of FGCs is surely required.

B Has the Commitment to the Primary of Family Decision-Making been used to Excuse Important Information from “Professionals” being put before FGCs?

Family participation in decision-making is of primary importance but there should also be sufficient “professional” information and knowledge made available to assist families in the decision-making process. Youth Justice Co-ordinators are empowered to take steps to ensure that the FGC has all necessary resources\textsuperscript{40} but the “family knows best” approach understandably taken in New Zealand often means that

\begin{itemize}
\item \textsuperscript{33} Morris and Maxwell, \textit{Juvenile Justice in New Zealand: A New Paradigm}, n.3, 13.
\item \textsuperscript{36} Judge A J Beecroft, \textit{A Report Card on How Our Legal Systems Deal with the Inter-Relationship Between Child Protection and Youth Crime}, AllA Youth Justice Child Protection Conference, Hobart, Tasmania, April 2006.
\item \textsuperscript{37} Children, Young Persons and Their Families Act 1989, s280.
\item \textsuperscript{38} Children, Young Persons and Their Families Act 1989, s10.
\item \textsuperscript{39} Children, Young Persons and Their Families Act 1989, s101, s110. As a snapshot view, on one day in November 2006, 18 of 66 young people on remand at a youth justice residence were the subject of a s101 or s110 order. Source: CYPs official note.
\item \textsuperscript{40} Children, Young Persons and Their Families Act 1989, s255.
\end{itemize}
insufficient use has been made of the knowledge and skills of professionals at FGC. There has been an understandable “distaste” for professional decision-making and take-over. However, while the family must remain at the centre of the decision-making process, the family also requires good information to make good decisions.

Experts that can inform the decision-making process include psychologists, psychiatrists, alcohol and other drug counsellors, social workers and medical personnel. For example, if a young person has addiction issues, information establishing the addiction/dependency background and about the treatment that is likely to be the most effective might be vital to the family. Besides risk and needs assessments and forensic psychiatric reports, relevant information could include any of the following reports:

- strengths, risks & needs assessments
- drug and alcohol assessments
- health & education assessments
- psychological assessments
- in rare cases, even psychiatric assessments.

This is not to say that experts always know best. It is certainly true that the State’s officials can too often be paternalistic. History has taught this lesson in New Zealand. However, it is fair to ask whether we have “thrown the baby out with the bath water” over the last 16 years and excluded good input from professionals with the knowledge and skills to assist and help families in their decision-making.

One group of professionals who are by law excluded from the Family Group Conference are social workers. They are only entitled to attend the FGC in very narrow circumstances set out in section 251 of the CYFS Act:

(h) a Social Worker, in any case where—
(i) the [chief executive] is a guardian of the child or young person; or
(ii) the chief executive has the role of providing day-to-day care for the child or young person under the Care of Children Act 2004, or is entitled to custody of the child or young person under an order or agreement made under Part 2 of this Act; or
(iii) the [chief executive] is required, pursuant to an order made under section 91 of this Act, to provide support to the child or young person; or
(iv) the young person is under the supervision of the [chief executive] pursuant to an order made under section 283(k) or section 307 or section 311 of this Act;

In practice, they attend very rarely.

Further, a current concern is that risk and needs assessments are not available at every conference contrary to CYFS’ own clear policy. Yet knowing the risks faced by young people and their needs is a vital part of working out an appropriate outcome. CYFS policy states that Risk and Needs Assessments should be carried out:

- for repeat offenders;
- all young people detained under section 238(1)(d) or section 238(1)(e);
Section V: FGDM Implementation Resources: Legal System Resources

- whenever a Youth Justice Co-ordinator feels, during the course of a FGC, that an assessment should be carried out; and
- where social work reports and plans will be recommending supervision, supervision with activity or supervision with residence orders.

Most families, whatever challenges they face, want the best for their young people. The best outcomes need the best inputs and it is possible to achieve this without sacrificing a family’s privacy.

C is there Scope for more Formalised “Community” Input at FGCs

Justice is a community concern and a community responsibility. The FGC process partially handed power to the community to allow a negotiated, community response to crime.41 Judge McElrea has described the three key elements of the FGC process as:42

1. The partial transfer of power from the State, principally the Courts’ power, to the community.
2. The Family Group Conference as a mechanism for producing a negotiated, community response.
3. The involvement of victims as key participants, making possible a healing process for both offender and victim.

Unlike care and protection FGCs, there is scope for wider community input in the youth justice FGC process. Perhaps this could be achieved by way of two “panel members” being invited to a FGC who have experience working with challenging young people and access to community programmes, training and jobs. Essentially they could inform the conference about appropriate training and opportunities that are available and explain how they could be accessed.

D Are “Subject to Finance” FGC Plans or Recommendations Consistent with the Principles of the CYPF Act?

Section 268(1) CYPF Act states that effect should be given to FGC plans unless this is “clearly impracticable or clearly inconsistent with the principles” of that Act. This does not mandate the presenting of FGC plans “subject to finance”. FGC Co-ordinators should be trusted to ensure necessary and appropriate plans are formulated. All the relevant people are, ideally, at the FGC and hear all the relevant information – if this group of well-informed people decide that a programme is required and agree upon its implementation at FGC then that plan should be implemented save in very rare cases.

New Zealand has experienced an erosion in youth justice expertise and an attendant degradation of community-based youth justice residential programmes and facilities.

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Section V: FGDM Implementation Resources: Legal System Resources

This has left some FGCS with severely limited options as to effective or appropriate programmes for their young people. More such programmes are required.

The CYPF Act provides a great deal of flexibility as to the content of plans that may be devised for young people. Plans may be detailed and tailored to fit a young person’s specific needs. Even where a charge is proved, a range of programmes can be chosen for the young person under the “supervision with activity” order provided for in the CYPF Act. Of course, this relies on a range of programmes being available.

The CYPF Act provides for a range of orders to be imposed on a young person including supervision, supervision with activity and supervision with residence. Supervision with activity involves three months of supervision during which the young person must attend and undertake a specified programme or activity. The three months may be followed by a further period of supervision for up to three months. Supervision with residence places a young person in the custody of the chief executive of Child, Youth and Family Services for 3 months and after this order is completed, a period of up to six months supervision follows.

The supervision with activity order is a true statutorily mandated alternative to supervision with residence. Section 289 CYPF Act states that a Court shall not make a supervision with activity order unless, “but for the availability of that order”, the Court would have considered making a supervision with residence order.

Critics have argued that too little use is being made of the supervision with activity order while the custodial supervision with residence order is over-used.

E. Improved Training for Youth Justice FGCo-ordinators

FGCo-ordinators are pivotal to the New Zealand system. Arguably, their role has been eroded and devalued. Originally, FGCo-ordinators were intended to lead and manage youth justice work in their geographical area.

A social work qualification is not necessary for the position as Co-ordinators are an independent, unique set of skill-based individuals. However, it is vital that the unique skills of the Co-ordinator be enhanced through formalised training. A Diploma or Certificate in FGCo Practice would provide useful training to Co-ordinators and assist in ensuring good practice throughout the country.

This is something that has been overlooked by Child, Youth and Family services for too long.

44 Children, Young Persons and Their Families Act 1989, s283(m).
45 Children, Young Persons and Their Families Act 1989, s283(k), s283(m), s283(n).
46 Children, Young Persons and Their Families Act 1989, s307(2).
47 Children, Young Persons and Their Families Act 1989, s311.
Section V: FGDM Implementation Resources: Legal System Resources

F

Is the Youth Court too Involved in Monitoring of Plans; Should we Beware of “Judicial Creep…”

As noted, the Youth Court acts as a type of “referee” to the FGC process, in certain circumstances directing that FGs be held or deciding whether the plan formulated by the FGC is sufficient.49 If the FGC plan is too lenient or too onerous, the Youth Court has been known to alter elements of the plan. For example, it may reduce the number of community work hours required where the FGC recommends this in response to a less serious crime. In this role the Youth Court safeguards the restorative FGC process and ensures that individual rights are upheld and that outcomes are proportionate to the crime.

Over time there has been increased use of multiple appearances before the Youth Court which has meant more “check-ups” and more monitoring by the Court. The first reason for this trend is the growth and acceptance of the “therapeutic jurisprudence” model. This asserts that Court processes potentially impact participant wellbeing and therefore these processes should be developed with a view to promoting wellbeing or at least limiting any negative impact.50 This may be used, for example, in a Drug Court where the young person makes repeat appearances before the same Judge to ensure adequate monitoring of their treatment plan.

A less positive reason is the historical lack of confidence by the Court in plans (and top end orders) being properly monitored and implemented. This unease is often shared by FGC Co-ordinators. The Court has, over time, assumed a much greater role in monitoring the performance and completion of a FGC plan. It is a legitimate debate as to whether the trend is desirable. Perhaps a suitable response to this problem is for the Youth Court to make greater use of restorative processes within the Courtroom. If interested parties are able to take greater ownership of the process, perhaps they will also undertake a greater commitment to proper monitoring and implementation of plans.

It is difficult to transplant restorative processes into the formal adversarial Court arena. However, a more restorative approach may be achieved by improving the participation of victims in Court, increasing young people’s participation and comprehension of the Youth Court and increasing community involvement.51 For example, the CYFF Act makes provision for the appointment of “lay advocates” in Youth Court, non-lawyers who appear in support of the young person, but these are rarely if ever appointed.52

V SOME “SMALL PICTURE/TECHNICAL” CHALLENGES

49 Although note that the Youth Court has no input into diversionary conferences.
51 These issues are dealt with in more depth in Judge A J Becroft, Restorative Justice in the Youth Court, A Square Peg in a Round Hole?, Towards a Restorative Society Symposium, Institute of Policy Studies, October 2005, Wellington.
52 Children, Young Persons and Their Families Act 1989, s326.
Section V: FGDM Implementation Resources: Legal System Resources

There are several smaller challenges facing the FGC process. For example, Family Group Conferences could be improved if members of the young person’s wider family group were more regularly in attendance. Further, concerns have been raised that FGC plans have become too uniform, for example, they may regularly include similar requirements for community work and an apology letter. These problems stem from the fact that the caseloads facing YICs can be too large to allow a thorough handling of a case. However, it is hoped that this will change with the recent renewed focus on youth justice.53

VI CONCLUSION

This is a crucial time for the FGC system. It is an effective and ground-breaking process and a sound model of practice which supports the spirit and intent of the CYPF Act. At its best, the FGC system is effective in reducing re-offending, in involving families and giving them the right to effect change and in meeting victims needs. It constitutes a profoundly appropriate response to youth offending and is a system the community can trust.

The FGC system faces several challenges, as outlined, and these undermine its effectiveness. It is vital that these problems are dealt with and the system functions, and is seen to function, effectively for young people, their families and the community. Arguably, the alternative is the global move towards imposing “adult time for adult crime” and processing and punishing youth offenders as “small adults” which is likely to be ineffective and possibly even dangerous.

The FGC system requires more than “nip and tuck” surgery. But it is structurally sound and does not require a full “transplant surgery” approach. There is significant support for the system in New Zealand54 and, imitation being the sincerest form of flattery, around the world. However, practice must improve and big picture issues must be addressed urgently if the system is to remain one worthy of giving to the world.

54 Symposium on Child and Youth Offenders hosted by the Children’s Commissioner, 22 August 2006, presentations available on http://www.presentationcentral.co.nz/meediasite/viewer/?oid=af45e84d-4d11-4abc-8e63-e0406ee105df.
Pennsylvania FGDM and the Legal System

(Notes as adapted from the January 23, 2008 PA FGDM Statewide Implementation Team Meeting Legal Panel including The Honorable Judge Charles H. Saylor, Northumberland County Judge; The Honorable Judge Richard Lewis, Dauphin County Judge; Jason Katalakis, Dauphin County CYS Solicitor; Joan Shullo, Bradford County Hearing Officer; and Mike Potteiger, Northumberland County Adult Probation)

Notes from Presentation

- Suggestions on how to engage your legal partners in your FGDM practice
  - Invite legal partners to observe a FGDM conference
  - Have regular meetings with the Courts and legal partners to keep them informed of agency practices and to address any areas of concern
  - Relationships are important. Communication and trust are critical.
  - Coordinate trainings/educational sessions for legal partners. (Explore if CLE credits can be offered)
  - Share FGDM presentation at conferences/meetings of legal partners (panel members reported hearing more about FGDM in their network systems)
  - Have attorneys, judges, hearing masters, GAL, CASA Volunteers, etc… from other counties who have had success with FGDM speak to their colleagues
  - Internalize the philosophy
  - Meet with your new commissioners to explain FGDM and encourage their participation and support
  - Children’s Roundtables are an opportunity to have your legal partners learn more about FGDM
  - Panel members noted support through Justice Baer and the Administrative Offices of PA Courts as very helpful

- Benefits of FGDM as seen by the legal system
  - FGDM saves the court time-people come into court already in agreement so that the agreement/family plan can be entered into the court order instead of having a hearing of facts (Plea bargains and agreements occur frequently in other legal proceedings)
  - Locating absent parents-FGDM better identifies the child’s parents and provides contact information for them. FGDM also assists parents who are incarcerated. FGDM engages the absent parents in the decisions of their children
  - FGDM identifies extended family resources earlier in the process (example provided that often times in traditional services, a relative will be found only after the child has been in care 6 months or more and say that they had no idea that the child was in placement and that they have a wonderful home for the child)
Section V: FGDM Implementation Resources: Legal System Resources

- FGDM is an empowerment tool at the front end—it lets families know that the plan is theirs
- Families hold each other accountable, often to a higher degree than formal systems
- FGDM helps the agency and the Court address legal mandates of reasonable efforts to prevent removal from the home as set forth by federal regulations and the Juvenile Court Act. Courts frequently ask workers, “What has been tried” and “Have you considered”. Because FGDM is comprehensive in its identification of resources, the court is better able to find that reasonable efforts were made. (Legal representatives have stopped hearings to ask if the family was offered a family conference. A panel member said, “I can’t think of a better reasonable effort (than FGDM)”)
- FGDM also can establish reasonable efforts in Termination of Parental Rights (TPR) cases
- Plans are more individualized and creative
- FGDM improves communication
- Improved relationships between worker and families (panel members noted that judges and attorneys notice the interactions that take place before, during, and after hearings)
- FGDM can address emerging issues of younger siblings not yet involved with the CYS/JPO system
- FGDM brings multiple services providers involved with the family together. In tradition interventions plans/goals are developed and implemented independently by the different organizations involved with the family (i.e... adult probation, CYS, etc...) and may conflict. FGDM breaks down barriers between the organizations, helps workers get along better, and encourages the combining of resources. It also encourages the workers to visit with the family together. Cross training on the roles and responsibilities of the different organizations is helpful. (Northumberland has a cross systems orientation for new workers where new staff learn about the different agencies within the county)
- FGDM plans include information related to CYS/JPO mandates that the court is already required to include in the court order—i.e.... child safety, best interest of the child, and BARJ principles.
- Time spent at the front end in an FGDM can decrease length of dependency status and length of involved with the system.
- FGDM is an extremely flexible tool. “Options” is a word judges like to hear.
- FGDM can help teens aging out of the system plan for their future. Since it is known when the child will age out, a conference should be held well in advance to identify resources and supports. (Panel members spoke about the negative consequences of youth who age out with no plan—prison, homeless, negative peer/family groups, etc..)
- FGDM can be used to facilitate a plan regarding an open adoption (PA does not have open adoption)
- FGDM is a key tool for domestic violence issues
FGDM has been used in treatment court
FGDM has been used as a diversionary track for incarceration of parole/probation offenders (not for new crimes/violent offense but for minor violations). Northumberland and Adams County Courts have allowed the offender to have a FGDM conference to address the issues in lieu of going to jail. (Panel members noted that if offenders are sent out of county they are not afforded the same treatment options as in county so they are sometimes just warehoused when placed in another county for parole/probation violations)
FGDM can stop the cycle of dependency leading to delinquency leading to incarceration
FGDM can address re-entry and placement changes
FGDM addresses the issues of the entire family not just the individual involved with services (ex. Tradition interventions of sending a child to placemen/parent to prison and providing no support/treatment to the support system at home or the community in which the individual resides)
FGDM develops plans that “live on” beyond the agencies involved. The plan is a living document and address life long issues instead of just the mandates of the agency. (Ex. An example was provided of a mother who used her FGDM plan in custody court to say that what the father was presenting was not what he agreed to at the family conference)
FGDM supports a practice shift within organizations and with interactions with families. FGDM counters the “lock them up and throw away the key” probation philosophy
FGDM leads to better outcomes for children and families in a more timely manner. “Let the outcomes speak for themselves”. “Use them to sell the practice”.
Speakers said that the superior court is also starting to understand FGDM and new court decisions regarding FGDM and reasonable efforts may be issues in the near future
New definitions for the acronym that speak to the success of FGDM were also suggested: Family Groups Do More, Frequently Great Decisions Made, Facilitates Good Determinations for Families

- **Suggestions for successful implementation of FGDM**
  - Identify who your key stakeholders are and include them in the beginning of the practice (don’t forget to include commissioners, judges, attorneys)
  - Develop a cross systems implementation team
  - Have a shared vision for where you want to go
  - Have strong leadership
  - Hold ongoing trainings/educational sessions for everyone (include legal representatives)
  - Speakers noted support from AOPC helpful
Questions

How can agencies encourage their Court not to order FGDM (ie... allow it to remain a voluntary process for families)?

- Counties should meet with the Court on a regular basis to help the Court understand agency initiatives and address areas of concern.
- Agency should express concern to Court regarding court ordering conferences.
- Agency can ask the Court to court order the agency to offer the family a conference versus court ordering the family to have a conference.
- Agency can encourage options for families.
- Coordinator/facilitator in the county should stress voluntary nature to families when explaining the process.
- Defense attorneys will probably object to court ordering their client to have a conference.
- Courts would rather be corrected locally than by the appellant courts.

What constitutes a good plan to the Court?

- Individualized
- Addresses issues of safety
- Clear communication of goals
- Plan an ongoing process for the family
- Comprehensive
- Consequences included if the plan is not followed
- Timelines included (ASFA information provided to family)

What if the plan fails?

- Most FGDM plans are followed. Plans don’t fail-families fail to reach their goals. When plans fail, children reach permanency—which is a success. The plan can be used as evidence to demonstrate reasonable efforts toward TPR.

Our CASA volunteer was not invited by the family to attend the conference and our Court is upset. What should/can the agency do?

- Continue to explain to the Court that the process is the family’s and they choose who comes to the conference. It is an empowering process for families.

How do you address confidentiality issues in your treatment court? We were told we are not allowed to attend pre-hearing meetings.

- Criminal hearings are public. The offender can sign a waiver for others to participate in other meetings. In some counties the visitors/observers also sign waivers.

What have you heard as the barriers to implementing FGDM? (asked from panel members to the audience)

- Time. Workers do not want to spend hours on an evening or a Saturday attending a conference. This barrier can be addressed by pointing out the positive results from the front-end time (Ex: worker/probation officers being able to close a case while another worker/probation officer is still struggling with the original issues that brought
the family to the agency’s attention)

- Liability. Agencies/attorneys are worried that FGDM is a liability risk. Panel members suggested that this barrier can be addressed through continual training and education on the FGDM practice. Attorneys need to understand that the caseworker still have to approval the families plan, that the plan still has to meet agency mandates, and the casework will continue to provide services to address/monitor/support child and family. The attorney is an important quality assurance piece for the agency. Caseworkers can connect their attorney to an attorney in another county to find out more about FGDM and discuss their concerns.

What are the selling points of FGDM to Juvenile Probation?

- Probation officers need to see that something will be different as a result of an FGDM conference
- Show that more family and informal resources are identified through FGDM
- Tell them about the increased participation of community partners in the FGDM process
- Emphasize the engagement of youth, families, other agencies, etc…
- Stress greater accountability by the family (one of the BARJ principles)
- Let them know that safety is addressed through FGDM-both victim and community safety
- Show the connection between violations and placement and how FGDM can address this negative and costly trend. FGDM can be a diversionary tool for delinquent youth.
- Highlight the positive outcomes of FGDM-concerns are addressed, youth do not re-offend, long term solutions, addresses issues for siblings, cases are closed…)
- Show how FGDM can address root issues to the delinquency issues (supervision, lack of parental control, peer networks, etc…)
- Have them observe a conference
- Have other probations officers share their positive FGDM experiences
Children and Family Resource

“I think it is wonderful we have such a service. You really don’t know what is out there until it concerns your own family. Everyone did a great job. God bless you all and keep up the good work.” (Family Member)

Many families have found FGDM to be extremely helpful in keeping their children safe and bringing the family together. Because FGDM is for children and families, it is not only fitting, but critical, that the PA FGDM Toolkit include a section of resources specifically designed for children and families. The resources included, mostly written or reviewed by families for families, provide general information about Family Group Decision Making. It is our hope that children and families will turn to this information when they have questions about the practice.

Many of the other resources included in this Toolkit should also be shared with families to help explain the practice. Additional resources, including comments, public relation materials, and videos listed in the resource section will also assist agency workers in explaining FGDM to children and families.

Specific documents in this section include:

- Families in Charge of their Own Lives
- My Experience with FGDM
- FGDM: Two Years Later
- Including Children in conferences
Families in Charge of Their Own Lives
Family Group Decision Making Overview
Troy Tate, parent, and Wendy Unger, Child Welfare Training Program
October 2008

What is Family Group Decision Making (FGDM)?
Family Group Decision Making is a practice that recognizes the role and long tradition that families have the best understanding of how to care its members. It respectfully invites families to come together as the best possible people to make decision on keeping their children safe and their family together.

Family Group Decision Making Family Values
- Family Members should be the primary decision makers for their family
- All families have the greatest investment in seeing their children safe and successful
- Family Members know their family’s best
- Families should choose which relatives, friends and providers will attend their conference. For example, you could invite anyone like your pastor, teachers, people you feel support your family, not just your relatives.
- All families have some resources and support people that they can count on to help them in times of need
- Children are best raised in families
- Families should be respected.
- Workers should be sensitive to the needs, culture and feelings of the family. Workers should have the best interest of the family at heart.

How is Family Group Decision Making different than other agency services?
In FGDM, the family decides how they are going to address the agencies concerns. In traditional services, the agency worker (caseworker, probation officer, mental health provider, etc...) sometimes tells families what needs to be done, by who, and by when to address the concerns. Sometimes traditional services focus on what is wrong. FGDM focuses on what is working in the family and uses this as a starting point toward family identified solutions.

Who can participate in a Family Group Decision Making meeting?
FGDM is for children and families to join with the community. Family members decide who to invite to their family meeting. FGDM is offered in many counties in Pennsylvania. You should ask your agency worker how your family can participate.

What other Family members have said about Family Group Decision Making
“I think it is wonderful we have such a service. You really don’t know what is out there until it concerns your own family. Everyone did a great job. God bless you all and keep up the good work.” (Family Member)

“They should use the program with more people. I think it is a very good program. It lets
everyone speak and make their plan. “(Family Member)

What will I be asked to do?
Meet with the coordinator
Make a list of relatives and friends who care about your child and family to invite to your family meeting
Help choose a date, time and location for your family meeting
Decide how your family would like to welcome members
Come to your family meeting, share your views and openly listen to others
Help ensure that everyone is safe to participate in the meeting
Complete the steps your family identified in your family plan
Request support and resources from the agency and the community

Steps in FGDM
- Someone (family member, agency worker, or provider) indicates that they are interested in having a FGDM meeting.
- A trained, neutral coordinator will meet with the family to explain the process. The family will identify when and where the family meeting can be held and who they want to invite.
- The coordinator will also meet with the agency worker and others attending the meeting to ensure that everyone understands why the meeting is being held and what will happen during the meeting.
- The coordinator will also ask everyone about their safety and how everyone can participate in a safe and comfortable way.
- The family conference is scheduled and invitations are sent.
- The family and those invited by the family attend the gathering and share strength, concerns, and resources.
- After the information sharing part of the meeting, the family gathers together without any non-family members to discuss the information shared and to develop their plan to address the agency’s concerns.
- The entire group then comes back together and the family presents their plan to the agency.
- The agency accepts the plan if it meets the agreed upon agency concerns.
- After the conference, the family implements their plan with the support of the agency and community.
- If the family is involved in the court system, the plan will be presented to the court.
- Additional family meetings can be held to celebrate successes or tweak the plan to continue to meet the needs of the children and family.

“At our best level of existence, we are all part of a family, and at our highest level of achievement, we work to keep the family alive”
Maya Angelou
My Experience with Family Group Decision Making
Troy Tate, a father and family member
October 2008

I had the opportunity to experience FGDM on many levels. My first experience was with my daughter and Juvenile Probation, and I was asked if I would like to have a Family Group conference. At first I was reluctant because I did not want to be viewed as a bad parent or father, however, I agreed to the FGM and it worked as a real intervention tool and my daughter has not been in any trouble since. She was 15 at that time and she is 19 years old now.

I also was involved with other family members through C&Y and I am pleased to say how I seen their lives change because a plan was in place and at times we had our own family conferences using this model of FGDM.
About two years ago, I had the pleasure to work for a very young mother who was then pregnant with her third child. This young mother grew up in the system, having seven siblings, and all of them, including herself were placed by CYS and their parents’ rights were terminated. So, to say that her opinion of the Child Welfare system was not overly positive when I was assigned her family would be a tremendous understatement.

The mother’s first child, a little girl with some medical issues was taken from her because of suspected drug use during pregnancy, lack of pre-natal care, and unsuitable housing. The father wasn’t around, as the family’s file stated, and about a little over a year, that child was adopted by her foster family.

The mother’s second child, a little boy, again with some medical issues, was taken from the mother at the hospital due to the mother not addressing the concerns that predicated her first child being adopted. This time it was a different father, but his involvement was very limited, not visiting or coming to the court hearings. Eventually, this child was adopted as well, never living with the mother. During the adoptive process for child number two, the mother got pregnant, again. This is when I was assigned to be the caseworker.

I did what all caseworkers do when you get a new family-I read the case file, saw that the mother had a long, torrid history with the agency. I noticed that the mother’s family was never really involved with her two previous children. I looked over all of the unsuccessful discharge summaries for the mother from the various service providers. I was informed by the previous caseworker that this is father number three and that he and the mother are still together, but for how long who knows? That previous caseworker also told me that the father was, and this is a quote, “very strange looking. He is not someone I would want dating my daughter”. So, as I prepared to meet the mother and father for the first time, I thought I had a pretty clear picture what was going to happen when child number three was born.

My first meeting with the mother and father was nothing as I imagined it. I was prepared for a hardened mother and a disinterested father; who I actually met was a scared young lady with tears in her eyes and a young man willing to do anything to be a great dad. Getting to know them was great; the determination, honesty, and self-awareness was refreshing, but the reality was that these were two young parents-to-be who needed a lot of support and trust to make their dream and plan of being a family come to fruition.

During this first meeting, I expressed the concerns that the agency had, which were based on the previous two children of the mother, spanning the past three years. With each concern expressed, the mother and father detailed what their plan was for addressing it. They made some very valid points, such as the father being different and working, the mother attending every pre-natal appointment (they had verification of that), the mother and
father working with in-home providers for parenting and supervision (they had verification for this as well), and the mother was working, too. Basically, the mother and father took it upon themselves to change the situation for the slim chance to keep this child, another little girl, with them when she was born. There was one glaring problem that the mother and father were not able to solve—they were virtually homeless. They really didn’t ask much from me, only to keep an open mind and work with them in the very little time we had before the baby was born so that everyone involved would be able to decide what needs to be done to keep the newborn on the way safe with the mother and father. How could I say no to that? So, I explained FGDM to the mother and father, they gave me several names and telephone numbers of family members and friends, and I made the referral for a FGDM meeting.

The Coordinator worked with the family, got a date and time set, and we had the meeting, with one small snag; a key member of the meeting did not show up, so we had to reschedule, which turned out to be a saving grace. That key family member was the paternal grandfather, who lived in the area. The mother and father worked out a deal with him to live there until a more permanent solution could be found. That was going to be their plan. The rescheduled meeting happened a week later, with the mother’s due date being only three days after the rescheduled meeting (time was tight!) Within that week between the meetings, the paternal grandmother surfaced, all the way from Georgia. The father and his mother were not on the greatest terms and he never told her that his girlfriend was pregnant. When she heard this and found out that there was a good chance the newborn baby would be placed if the family wasn’t able to develop a plan, she became involved… really involved.

The paternal grandmother and I talked several times within that week. She gave me all the information I requested, I talked to the County Child Welfare Agency in Georgia, and they did everything that was needed to make the paternal grandmother a resource for the mother and father, which was great because the family needed options if their soon to be newborn was to stay safely in the parents’ care.

At the meeting, the family was all business. There were several family members in attendance, some friends and a few service providers. The adoptive mother of the second child was also there. It was a decent size gathering, but by no means a large crowd. I continued to have hope for the mother and father, but I also knew this was going to be difficult for them, especially for the mother. Throughout her life, people, the community, and especially providers and agencies have let her down, not trusted her, and didn’t give her a chance. She remained strong, but was still skeptical about an agency, CYS, allowing her and her family to make decisions. It just never happened that way for her before.

Everyone had a lot of strengths to share; even the paternal grandmother who had just met the mother less than a week ago had some very positive things to say about the situation. Then the concerns were expressed. It was the first time at a FGDM meeting that I didn’t have to share a concern—the family covered it all. We had our meal. I got to know the paternal grandfather, paternal grandmother, and some cousins a little bit better. Then the
family broke into Private Family Time. They met for a little over an hour; then they called us back in. One of the cousins read the plan that the family made. After each part of the plan, the mother and father would look towards me, almost trying to read my face for approval. Once the entire plan was presented, I paused for a split second, wanting to digest what this family had just done for the past three hours. Before I could say a word, I saw the father put one hand on the mother’s hand, and the other tickled the mother’s stomach. Finally the words came to me-I absolutely agree to the family’s plan.

Their plan was tremendous and totally unexpected. The mother and father will live with the paternal grandfather until the baby is born. After the initial doctor’s visit, the mother, father and baby will move to Georgia to stay with the paternal grandmother and her husband. The paternal grandmother will arrange for a U-Haul for the parents. The paternal grandmother will help the mother and father get a house, not an apartment, a house. She will also use her connections to get the father into a technical program with on the job training for computers. The mother, once the baby is on a schedule, will enroll to get her GED. Before the family moves to Georgia, the paternal grandmother will find a pediatrician, have all of the records transferred down there so that the baby can have her second doctor’s appointment without delay. And finally, the adoptive mother of the second child will set-up a visit between the mother, her newborn baby, and the second child before the family relocates to Georgia.

This is why, two years later, I think of this FGDM meeting as a success. The mother, a high school drop out, got her GED and applied for college and was accepted. She wants to work in the Juvenile Justice or Social Work fields. The father, whose previous jobs included KFC and Burger King, is now working on a military base making over $20.00 an hour as a computer technician. They own a house, with a fence and the biggest back yard neither of them ever had. They call me from time to time, usually every other month or so. Our conversations usually start out with either the mother or father giving updates on their little girl and indications that they are going to email me pictures, which they usually do. As the conversation winds down, without exception, both parents take their turn doing something; they thank me for giving them a chance, for allowing them to show anyone looking that they can be a family, for empowering them to make decisions for the most important thing in the world to them-their child and their family. This family is a success.
Involving Children in Conferences
Pennsylvania Toolkit Committee
October 2008

Many families and agencies ask questions about how to involve children in the Family Group Decision Making process. “The question about involving children at the conference is perhaps not whether they should be involved, but how we best achieve their participation” (Nixon, 2007).

*Throughout this document, the word child/children shall include everyone under the age of 21.

Considerations Regarding Child Participation:
1. What steps are in place to encourage the child’s participation in the process?
2. How will the child’s interests and wishes be conveyed during the FGDM process?
3. Does the FGDM practice have policies in place regarding the meaningful involvement of children?
4. Are there concerns regarding the child’s safety during the process?
5. What if the child’s wishes are different than the agency’s or family’s wishes? How will a collective decision be reached?
6. Does the child need an impartial support person or spokesperson? If so, the role of this person needs to be defined.
7. Who does the child want to invite to the conference?
8. How will the agency ensure that the child participates in the development and monitoring of the family plan?
9. How will the agency get feedback from children about what they like and don’t like about the process?
10. How will the agency engage children in improving services for all children involved in the system?
11. How can the agency support children in facilitating FGDM conferences and talking to others about FGDM.
12. How can the agency support children in mentoring other youth through the FGDM process.
Involving Children in Conferences (cont’d)

Children’s Participation – What Helps?
(Sinclair & Franklin, 2001).

1. Give Information
2. Stay in contact with the child
3. Prepare everyone, including the child, to participate in the process
4. Take into account the child’s agenda
5. Consider the child’s needs
6. Facilitate independent support for the child
7. Treat children with respect
8. Give feedback to the child and other participants in the conference and FGDM process

Specific Strategies to Involve Children in their FGDM Process
1. Role playing during preparation
2. Creating the invitation for their FGDM meeting
3. Ask children what their favorite meal/foods are and make that the meal at the meeting
4. Ask children what their favorite toy is and have them bring it to the meeting (if child is placed, what toy can parents bring from home that child would like)
5. Seating chart-have the child make a seating chart, complete with name tents-you can also have child write something nice (Strength) or make drawings for that person on the name tent
6. During the meeting, have the child pick out what color markers the co-facilitator should use
7. Have the child do the welcome and do introductions
8. Never forget to ask children what they like about their family and themselves (strengths) and what they would change if they could (concerns)
9. Spend time getting to know the child and how they would like to participate in their meeting
Family Group Decision Making
Community Partners
Jennifer Wallis, Berks County Children and Youth Services

Community partners help make Family Group Decision Making (FGDM) a community practice. They share the mission, vision, and values in improving the lives of children, families, and all community members. Community partners provide many in-kind services to support the implementation of FGDM including space for meetings, child care, transportation, resources (food, clothes, mentoring, beds, etc...), and child and family supports. In return, community partners witness the positive changes that FGDM has on organizations and families. FGDM Implementation Teams should explore how the resources available in their communities can assist in their practice.

The following is a start of possible community partners to invite:

Churches/Synagogues/Mosques/Jesuit Centers
Schools
Big Brothers Big Sisters/ Boys and Girls Clubs/other mentoring organizations
Fire Companies
Elk, Kiwanis Clubs, Masons, Grange Halls
Salvation Army
YMCA, YWCA
Junior League
Women in Crisis/domestic violence programs
Libraries
Council on Chemical Abuse/drug and alcohol organizations
Community Centers
Auxiliary groups
AA site locations
Colleges/technical and business schools
Industries with conference rooms
Hospitals
Treatment facilities
Public Assistance Office
Shelters/residential treatment facilities
Assisted Care facilities
Public housing offices
County Recreation Parks
County United Way
Fitness Centers
Day care centers
Parenting programs
Prison and probation staff
Family Group Decision Making
Roles of Community Members
Jennifer Wallis, Berks County Children and Youth Services

You may be asked to:

- Attend a pre-conference/family conference
- Share strengths and concerns
- Discuss how you can assist the family
- Uphold confidentiality
- Support the family and their plan
- Follow through with implementation of the plan
- Become a member of the FGDM Implementation Team
- Help develop policies and procedures to sustain and expand the practice
- Explore ways that FGDM can be used by you and/or your program to help children and families
- Speak to other community partners about FGDM
- Develop and analyze shared communities needs and FGDM services
- Contribute to the evaluation of FGDM outcomes including the outcomes for your agency

You may also be able to provide:

- Site location for conference
- Transportation assistance
- Lodging
- Food
- Day-care
- Outreach to community services
- Mentoring services
- Facilitation
- On-going support to family
- Translation
Family Group Decision Making
Community Partnerships
Jennifer Wallis, Berks County Children and Youth Services

Points to consider when offering a site location

1. Families feel welcome and comfortable
2. Facilities- large, open room with another room nearby to have service providers break during private family time with limited exposure for interruption
3. Restroom availability
4. Parking
5. Room for children- safe, clear of clutter, etc…, including toys and activities
6. Kitchen access- sink, microwave, refrigerator
7. Handicap accessibility
8. Safety of all participants

Other Ways to Help

1. Donations
   a. Supplies (paper, tissue, plates, cups, utensils, pens, markers)
   b. Equipment
2. Time
   a. transportation
   b. day-care (consider safety, family approval)
3. Expertise in accessing community resources
4. Guest speaking
5. Translation
6. Services for children and families
   a. Mentoring
   b. Food, clothes, other assistance
Family Group Decision Making
Sample Letter to Community Member
Shared by Berks County Children and Youth Services

Date _____/_____/_______

Dear ___________________,

We are writing to you because we know that you are interested in preserving and strengthening families. Here at our agency we have started a new initiative called Family Group Decision Making.

The emphasis of Family Group Decision Making is to bring families and stakeholders together to build on the family’s strengths including their ability to set goals, own them, and join forces to resolve the concerns which affect the children in and out of the home. By engaging in Family Group Decision Making, families may take control of their own situation.

Since we know you share our commitment to preserving and strengthening families, we are respectfully asking for your help. There are several ways you can help make Family Group Decision Making successful in our community.

Our biggest need right now is site locations in which to hold these conferences. What we look for in terms of site locations include a meeting room large enough to hold a group of 30 people, a smaller room nearby for service providers to gather during private family time and restroom facilities. In addition, daycare facilities and kitchen access are also considered helpful (but not always necessary).

Another way you can help is to donate your time and resources to help with transportation, daycare, lodging assistance and expertise with accessing community resources.

Enclosed you will find more information on Family Group Decision Making. This information will give you an overview of the process, the mission and vision, what a conference looks like, and reasons why Family Group Decision Making works.

Thank you for taking the time to look over this information and for considering our request. We hope that you will agree to become a partner with us as we continue to offer Family Group Decision Making to help improve the lives of children and families in our community.

With thanks and appreciation,
Chester County Family Group Decision Making
Anna Caffarelli

Chester County FGDM is one of the seven Integrated Services Initiatives serving children and adolescents. FGDM in conjunction with the other Human Service departments and JPO, are currently involved in the presentation of county and community based trainings, highlighting each of the seven Integrated Services Initiatives and presenting the benefits of integrative planning.

* Juvenile Justice Mental Health Initiative
* Family Group Decision Making
* Juvenile Justice Aftercare Project
* Evidence Based Practice

* Children’s Review Team
* System of Care Pilot (SOC)
* CANS

As for The Department of Children, Youth and Families we have been busy planning, developing and implementing creative ideas in which to integrate the FGDM process, into the everyday casework service delivery to the families in which we serve.

This is a very exciting time for Karin Leet and I, as the months have flown by since May of this year, when we first began accepting conference referrals. During this initial start up phase, integrating FGDM into the everyday DCYF casework practice has proven to be a very valuable and multi-faceted learning experience for all involved.

You have heard a lot about FGDM and there will be exciting updates in the future, but for now, we wanted to take this opportunity to share the perspectives of the referral sources from our first two successful FGDM conferences, one from DCYF and Juvenile Probation Office.
Practice Expansion Resources

This section includes information about expanding your Family Group Decision Making practice. FGDM communities across Pennsylvania are using the values and principles of FGDM and the FGDM model across all service delivery systems. Recent expansions have including using FGDM to facilitate internal organizational change meetings, use with adult probation and prison re-entry services, and use in adoption cases, to name a few. More information will be added to the Toolkit as resources regarding these expansions are shared.

Specific practice areas in this section include:
- Independent Living conferences
- Expedited conferences
- Domestic violence considerations
Independent Living “Roots and Wings” Conferences for young men and women transitioning into adulthood
Mike McClure, Washington County Children and Youth Services

At first, we treated these conferences as we would any other—using the same language to present the practice to the youth, offering the same resources, and running the meeting in what we thought was the correct order. It was brought to my attention by one of our IL workers that some of the youth were shying away from these conferences because it was called “Family Group Decision Making”, and the reason why was eye-opening. A lot of these youth have not spoken to or seen the majority of their family in several years and were not comfortable inviting them to the meeting. So we had to re-think our approach for these young men and women. The changes were minor, but the results were great.

- The permanency supervisor talked with his workers and had them name the top 3 priority children on their caseload. Priority was given to those kids aging out soon (21), turning 18, or having a change in placement.
- Coordinators worked with the caseworkers and went to meet with the youth
- Participation Agreement was changed to have more IL friendly language (I will attach the PA) and proposed the meeting as a celebration and rite of passage for the youth
- The Participation Agreement was titled “Roots and Wings”
- Private Family Time participants are still chosen by the youth, which now sometimes includes service providers because the youth bonded with them. In the pre-conference, these providers were instructed to be only a resource and not come up with parts of the plan. The referral source, if a CYS worker, is still not permitted in Private Family Time.
Participation Agreement

Independent Living FGDM Conferences
Washington County Children and Youth Services

____________________ is inviting you and the important people in your life to participate in a Connection/Transition Meeting called “Roots and Wings”. This is a completely voluntary practice that empowers you and the important people in your life to plan how they will work with you so you can transition to the next successful part of your life. This will also limit the influence of outside agencies.

This is how your Roots and Wings Meeting will work: the referral source, you, and all of the people that care about you and you have invited will celebrate the accomplishments you have made share all of the strengths that everyone sees in you. Then everyone will discuss any concerns they may have that could affect your plan. After this, anyone who is not considered a “connection” for you will leave the room, allowing you and the important people in your life to figure out how to address the concerns that relate to the purpose in private. When you have finished your discussion and developed your plan, you will call everyone else back into the room and present your plan to them. Everyone will review with you how the plan will work and what will need to be done to help you and support your plan.

Please read and sign the Authorization for Consent below, if you wish to have a Roots and Wings Meeting.

(The referral source) _____________________, and I _______________________ have discussed and agreed to the Purpose of the Roots and Wings Meeting listed below. I give my consent to the referral source to refer me to the Meeting Coordinator or Program Specialist. Purpose: __________________________________________________________

I have read or have had read to me and understand all of the information above. I give my consent to ___________________, (Referral Source) to refer me to the Meeting Coordinator or Program Specialist for the purpose of participating in a Roots and Wings Meeting.

Signature: _________________________________ Date: _________________
Signature: _________________________________ Date: _________________
Signature: _________________________________ Date: _________________
Referral Source Signature: ___________________ Date: ___________________

*Date a copy of this agreement was provided to the youth: _______________________

Referral Source: Please attach a copy of this Agreement to the Referral Form.
Washington County
Family Group Decision Making

Summary of the Family Plan

Date: 2008   Location: Church near family’s home
Start Time: 1:00 pm End Time: 6:00 pm

Family Name: Anonymous   Child’s name: Teenager
Referral Source/Agency: Washington County CYS Independent Living Caseworker
FGDM Coordinator: Michael McClure   FGDM Facilitator: Michael McClure

Purpose of the FGDM Conference: To find permanency and a Guardian for the teenager and to plan for his needs.

Persons in Attendance: (Attach the Conference sign in sheet at the end of this packet)

Persons represented by electronic or other means:
Letter written by the mother.

Persons Invited, but unable to attend:
• Uncle
• Uncle
• Aunt
• Father
• Cousin
• Cousin
• Cousin
• Brother

Family Strengths:
• Teenager has a great sense of humor
• Willing to get help that he needs
• Wants to graduate and his family wants to see him graduate
• Very respectful
• Family is willing to work with providers
• Strong support network
• Teenager has a great desire to succeed
• Family is caring and pleasant
• Teenager wants to learn life skills
• Teenager cares strongly for family
• Helps with chores
• Loves to work outdoors
• Enjoys sports
• Very successful at his summer job through the township
• Only needs to be asked once
• Family, after being away for so long, really wants to be involved in Teenager’s life
• Teenager once saved his grandmother’s life
• Teenager is able to accomplish what he wants when he really tries
• Teenager is loving and compassionate
• Teenager loves both his biological family and his foster family
• Teenager has a way to lift your spirits
• Teenager is good at helping the disabled
• Grandmother takes a lot of her time to be there for Teenager (Calls, visits, meetings)
• Everybody cares for Teenager and wants him to succeed

Family Concerns:
• Transportation for Teenager if he lives with grandmother
• Graduating
• Hygiene
• Teenager’s weight
• Medical concerns for Teenager because of unhealthy diet
• Managing his money (counting money, where to spend, how to pay bills)
• Learning all necessary life skills and using them
• Teenager’s inability to read
• Teenager’s feelings are hurt when family doesn’t do what they promise (call or visit)
• Smoking
• Keeping Teenager out of trouble when visiting or living with grandma and family
• Teenager trusting people (new counselors that he has not worked with)
• Follow through from the family
• Behaviors in school
• Stealing
• Teenager not always being honest
• Teenager’s poor impulse control
• Following others in negative ways
• Teenager’s happiness, what does he want
• Visiting with former foster mother
• Family understanding what being a “Guardian” entails
• Family’s full knowledge of Teenager’s disabilities
• Teenager ending up homeless
• Permanency for Teenager
• Teenager communicating what he wants
• Appropriate consequences for Teenager’s actions, and Teenager taking responsibility for those actions
• Previous property damage and paying for those fines
• Understanding and following the rules
• Previous instances of Teenager acting as a sexual perpetrator
Resources:
- Medical Assistance
- Offender Counseling (Current Service Provider)
- MR services-Teenager is on the Emergency Waiting List for services
- CYS and continuing dependency (until he is 21 years old)
- Psychiatrist
- Cousin-a positive role model
- Family able to visit at current foster parents’ home
- Independent Living Program through Try Again Homes (until he is 21 years old)
- Office of Vocational Resources (OVR)-continue education, job coach (lasts forever)
- Family therapy through a current service provider
- Scheduling family visits-current service provider can help family and foster family make a schedule
- Transportation-Brother and Cousin are able to provide transportation, as can current placement provider

The Family’s Plan

Purpose: To find permanency and a Guardian for the teenager and to plan for his needs.

<table>
<thead>
<tr>
<th>Concern</th>
<th>Action to address concern</th>
<th>Who is responsible</th>
<th>When will it be done</th>
<th>Back up plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Teenager Smoking</td>
<td>Service provider will make a doctor’s appointment for teenager to explore options-possibly get teenager on the nicotine patch</td>
<td>Service provider</td>
<td>ASAP</td>
<td>Family will support Teenager and offer help to get him to stop smoking</td>
</tr>
<tr>
<td>Graduating High School</td>
<td>Teenager promises to graduate High School. He will continue to go to school no matter where he is living until he graduates</td>
<td>Teenager, Brother, Grandma</td>
<td>Until graduating</td>
<td>If Teenager lives with grandma, she will wake him up every morning. If he does not want to go to school, brother will be called and he will come and motivate teenager to go to school and then drive him to school.</td>
</tr>
</tbody>
</table>
### Section V: FGDM Implementation Resources: Practice Expansion Resources

<table>
<thead>
<tr>
<th>Life Skills</th>
<th>Brother, Cousin and Cousin will work with Teenager to teach him how to read, learn other life skills and how to manage money.</th>
<th>Brother, Cousin, Cousin, Teenager</th>
<th>ASAP</th>
<th>Teenager will continue to participate in IL program until he is 21. Family and service providers will work together.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follow through from family</td>
<td>Cousin will be the point person for Teenager. Teenager will call cousin if a family member does not call or visit when they say they will. Cousin will then follow up with that family member and then report to the entire family to make sure everyone is doing what they say they will.</td>
<td>Teenager, Cousin</td>
<td>ASAP</td>
<td>Telephone calls to the foster home should occur between 6:00 pm and 8:00 pm</td>
</tr>
<tr>
<td>Visits with family</td>
<td>Teenager will continue to have a community visit with grandma and family, supervised by service provider. The next visit will then be unsupervised in the community. Then there will be a home visit during the day at Grandma’s home, followed by an overnight visit at Grandma’s home, then a weekend visit, and eventually a week long visit. The visits will depend on Teenager’s behavior at the foster home and at the school. The foster parents, service providers, and Grandma will discuss Teenager’s behaviors to see if he earned the visits.</td>
<td>Teenager, Grandma, Service Provider, Foster parents</td>
<td>Visits start this week, then progress</td>
<td>Service provider will work with family to make a schedule for visits. Foster parents have offered to host visits at their home if the family would want to visit there.</td>
</tr>
<tr>
<td>Section V: FGDM Implementation Resources: Practice Expansion Resources</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>---------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Teenager’s physical conditioning and health</th>
<th>Cousin and Brother will work with Teenager on a good diet and will exercise with Teenager during visits. Cousin will make a routine.</th>
<th>Cousin, Brother, Teenager</th>
<th>During visits with family</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Transportation</th>
<th>Cousin and Brother will make sure Teenager has transportation to and from appointments when he is at Grandma’s home. Service provider and foster parents will provide transportation when Teenager is in foster home.</th>
<th>Brother, Cousin, Foster parents, service provider</th>
<th>When Teenager needs a ride</th>
<th>Medical assistance also provides transportation and will be used as necessary</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Teenager expressing what he wants</th>
<th>The family will set aside at least 15 minutes each day to listen to what Teenager wants to talk about. Teenager promises to be open and honest about his feelings and what he wants. Service provider will provide family therapy.</th>
<th>Entire family</th>
<th>During visits, and every day</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>More follow through from the family.</th>
<th>Grandma has earned the most respect in the family—everyone listens to her. The family made the Grandma the Sheriff—if someone is not following through with the plan, Grandma will fix the situation and talk to that family member about how their actions are affecting Teenager.</th>
<th>Grandma</th>
<th>When someone isn’t following the plan</th>
</tr>
</thead>
</table>

<p>| Sexually acting out | Service provider will set-up offender counseling sessions around the foster home area. Service provider will transport Teenager while he is in foster care. | Teenager, Family, Service Provider | There is an active search for counselors now |</p>
<table>
<thead>
<tr>
<th>Section V: FGDM Implementation Resources: Practice Expansion Resources</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Teenager’s behaviors and consequences</th>
<th>If Teenager acts out, he will have consequences such as not being able to do activities and not visiting. Family, foster family and service providers will enforce.</th>
<th>Family, foster family and service providers</th>
<th>At all times</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Teenager meeting his goals-where is he going to live?</th>
<th>Teenager will continue to work towards his treatment goals and then possibly move in with his Grandma if he is doing well. The entire family and service providers will meet and offer opinions about Teenager’s progress and decide when he is ready to leave foster care.</th>
<th>Everyone involved</th>
<th>When the goals are achieved</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Finding a Guardian</th>
<th>CYS will meet with Grandma and Aunt to discuss more in depth the role of a guardian. CYS wants to make sure that all the responsibilities that come with being a guardian are discussed and agreed upon by the family. The family wants Grandma to be the guardian and possibly have a back up guardian.</th>
<th>CYS, Grandma, Aunt</th>
<th>ASAP</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Fines that Teenager already has</th>
<th>Teenager will get a job to pay for the $60.00 fine from when he destroyed the bus seats. IL worker is currently helping Teenager look for a job. Grandma will not give Teenager money towards the fine so that Teenager will be able to take responsibility for his actions.</th>
<th>Teenager, Grandma, IL Worker</th>
<th>On-going and will continue until the fine is paid off. Teenager will continue to keep the job he gets</th>
</tr>
</thead>
</table>

The family will tell Teenager if he is not working hard enough to reach his goals and will work with him to achieve them.

CYS, Grandma, Aunt

Explore other options for guardianship-CYS will present other options to the family and will get written information to the family about being a guardian.

Teenager, Grandma, IL Worker

If Teenager has trouble finding a job right away, he will take some of his allowance and pay a little on the fine each month so that the bus company does not take him to the magistrate.
Additional Notes

Although some of the invited family did not come to the conference, I believe that those who did show up did a fantastic job and were really able to address the concerns that needed to be addressed. Teenager has a lot of family members who care about him, and it was a privilege to be a part of your meeting. If everyone follows through with the plan, Teenager will be able to move forward with his life as he becomes an adult. Teenager is a great young man, and it was a pleasure working for all of you. Thank you all very much, and good luck. I am looking forward to the follow up meeting.

Decision of the Referral Source: XX Accepted: Not Accepted

Comments:
Follow Up FGDM Conference Scheduled: No: Yes: XX

Details: The family agreed to have a follow up conference in a few months to gauge the progress.

Coordinator Comments: The family was very nice and pleasant to work for.

Facilitator Comments: Although some family members did not show up, the meeting was tremendous.

Other Comments:

List of people in attendance:

- Teenager
- Aunt
- Brother
- Sister-in-law
- Cousin
- Cousin
- Grandmother
- Cousin
- Friend
- Foster mother
- Foster Father
- Service Provider
- Service Provider
- Washington County Children and Youth Supervisor
- Independent Living Worker-Try Again Homes
- Washington County Children and Youth Caseworker
- Co-facilitator
- Facilitator
Expedited Family Group Conferences
Jenna Shickley, Director of Social Services,
Dauphin County Children and Youth Services
August 2008

Expedited conferences utilizing the practice of FGDM has become a steady means of addressing specifically what families are in need of in a very short period of time. Their ultimate purpose is to assist and guide a family to quickly look at all of the resources available to them within their own family and community and all of their options with each decision made.

Expedited conferences are highly similar to traditional conferences with the coordination time and time from referral to conference being drastically cut down to occur within 1-3 days.

Expedited conferences are utilized in many scenarios and can adapt to whatever a family may be facing. Most referrals originate from the intake (GPS) unit at Children & Youth. Some of the more common themes include; Truancy, Parent-Child Conflict (i.e. “I'm dropping my child off, I can’t handle him/her”) and Chronic runaways. Referrals are occasionally generated from other areas of service where there is an immediate crisis that must be addressed in order to assure safety of children and families.

The most unique aspect of expedited conferencing is that of the referral form being completed with the coordinator and caseworker during the initial meeting. As soon as a caseworker identifies a family in need, a phone call is made to the coordinator and he/she goes to the caseworker for a face to face consultation and information gathering.

Upon the coordinator gathering all known resources and assessment of necessary time frames for the conference they will begin calling family members.

Due to the emergent nature of the conference a verbal authorization to call family members is provided by a parent/guardian. During the initial phone calls; availability for the next 2-3 days is obtained so as to begin the scheduling process and share the purpose identified that resulted in a referral being made.

Once Contact is made with all identified participants and availability is noted, the coordinator will re-connect with the parent/guardian to identify a date and time as well as discuss who will/will not be able to participate.

During the Conference there is a high emphasis on flexibility to meet the families’ needs at the moment. Frequently, this is the first involvement a family has had with a formal system and is unsure of their place. Offering support and flexibility often eases tension and allows for more creative planning to occur. Some examples of this flexibility include: structure of how strengths and concerns are shared. If some concerns come out of a family member talking, the coordinator notes them and will reference them again during the “concerns”
phase of conferencing. There is more allowance for the family to “talk” rather than remain focused on specifically strengths or concerns. For non-court involved cases it is beneficial for the plan to look like the family wants it to look. There are some constraints when a family is court involved and has court ordered objectives to achieve.

The success in expedited conferences continues to be evident in allowing families to openly and safely talk about the current situation and work hard to resolve it.
Guidelines for Conducting FGDM Meetings
When There is a History of Domestic Violence
Adapted from the Family Violence Prevention Fund and Child Welfare and Practice Group Article
Carrillo, R. & Carter, J. 2001

Information Gathering and Assessment
Screening for Domestic Violence
Given the prevalence of domestic violence in Child Welfare cases, the impact of domestic violence on the safety of children, and the impact of unidentified domestic violence on Child Welfare interventions, there should be routine screening for domestic violence in all cases reported to Child Welfare. The worker preparing for a FGDM should ask again about the presence of domestic violence, even in agencies such as the Jacksonville Department of Children and Family Services and the Cedar Rapids Department of Human Services where there are protocols requiring inquiry about domestic violence at the beginning of all Child Welfare referrals. In some cases, this will encourage disclosure that perhaps was not possible at the beginning of the case prior to trust developing between the worker and the family. In other cases, coordinators learn about the domestic violence during the course of preparation.

Sample questions to ask referral source:
1. In addition to the information provided about the child, has anyone else in the family been hurt or assaulted? If so, describe the assault or harm (what and when)? If so, who is the victim? Who is the perpetrator?
2. Has anyone in the family made threats to hurt or kill another family member or himself? If so, describe what happened. Do you know who the intended victim is? Do you know who the perpetrator is?
3. Do you know if weapons have been used to threaten or to harm a family member? If so, what kind of weapons? Are the weapons still present?
4. Have the police ever been called to the house to stop assaults against adults or children? Have arrests ever been made?
5. Has anyone threatened to run off with the children?
6. Has any family member stalked another family member? Has anyone taken a family member hostage?
7. Do you know who is protecting the child right now?

Deciding Whether a Family Group Decision Making Meeting will be Helpful and Safe for a Family with a History of Domestic Violence
In order to decide whether an FGDM meeting would be helpful and safe for a family with a history of domestic violence, an overall assessment of the nature, extent, severity, frequency, lethality, and impact of the violence should be conducted. The assessment should be conducted separately with all of the parties involved—the victim, the domestic violence perpetrator, and the children, where appropriate. Some child protection agencies conduct assessments of domestic violence as soon as domestic violence is identified, and therefore may not need to do such an in-depth assessment when considering an FGDM meeting. However, even when the assessment has already occurred it is a good idea to revisit the main conclusions of the assessment with the domestic violence survivor when deciding if a FGDM meeting would be helpful to her.
There are several reasons why an FGDM meeting that includes the adult victims and the perpetrator of domestic violence should not be conducted when there has been a history of domestic violence. These include:

- The domestic violence survivor does not want a meeting because she feels she or her children would be in danger or because she feels intimidated and therefore unable to represent what she feels is in the children’s best interest.
- The victim has secured a "no contact order." In some cases, a FGDM meeting may be in direct violation of a protective order.
- The worker believes the adult victim or the children could be in danger if the meeting took place.
- The family of the victim or perpetrator either denies or enables the abuse.

Specific questions to explore with the domestic violence survivor to determine whether an FGDM would be helpful include:

1. Does the domestic violence survivor want an FGDM meeting? If she does, and if the domestic violence perpetrator is still involved in the family, does she want the perpetrator present?
   - Some women will see involving the perpetrator in a FGDM as a safe way to negotiate agreements with him around safety planning, visitation issues, etc. They may also see the meeting as a way of bringing community pressure to bear on him for stopping his violence.
   - Other women may want a FGDM, but only if the domestic violence perpetrator is not present. They may see the perpetrator’s presence as threatening and intimidating. They may feel unable to speak their mind in the meeting, and they may feel such a meeting will put them in danger of being retaliated against for public discussion of the violence.
   - If a survivor says she does not want the domestic violence perpetrator present, then an FGDM meeting should not be held in his presence. A variety of options are available for the domestic violence perpetrator to participate in a FGDM without his presence:
     - He may videotape his response to the questions being asked in the conference, and inform the participants of his desires and wishes.
     - He may write a letter, explaining the same, to be read by his representative.
     - A support person may represent the perpetrator’s views.
   - In some cases, the woman may want a FGDM to be held without the domestic violence perpetrator present, but she is afraid that if he is not involved, he will retaliate. In these cases, the coordinator should explore with the woman setting up a safety plan so that the FGDM can happen without fear of retaliation from the perpetrator. Cooperative efforts among a team, which may include representatives from criminal justice, substance abuse, domestic violence, and mental health and will always include the FGDM coordinator and facilitator will assist in the development of safety planning and violence prevention strategies.
   - When a FGDM involving both the survivor and domestic violence perpetrator is not convened, there are times when offering a separate FGDM to each party is useful. This would not be useful in all situations but at times could enhance safety. Once again, each situation should be evaluated on an individual basis.
2. Does the domestic violence survivor or the worker believe that the FGDM meeting will place anyone in jeopardy?

- The answer to this question should be explored with the domestic violence survivor by reviewing the results of the assessment, focusing on the following concerns:
  - Is the domestic violence survivor afraid of the domestic violence perpetrator?
  - Is the perpetrator threatening to harm the victim, the children, or himself?
  - Is the severity and frequency of the violence escalating?
  - Are the perpetrator and/or the victim chemically dependent?
  - Have there been weapons involved in prior assaults?
  - Is the perpetrator threatening suicide or homicide?
  - Has the criminal justice system been involved?
  - How have the children been used to threaten the victim or keep the perpetrator from inflicting further violence?
  - What has been the extent of the victim's injuries? Have there been injuries requiring hospitalizations?
  - Is there a history of mental illness?
  - Does the perpetrator or the victim have access to weapons?

- In some cases the most differentiating indicator of lethality is that the relationship is over for the survivor and the domestic violence perpetrator is aware that she is leaving. The violence has increased in severity and frequency, and he believes that he cannot live without her. In turn, he believes that if he cannot have her, no one else will. Therefore, death, either by suicide, homicide or both, becomes a viable option for the perpetrator.

- Of course, assessing the dangerousness posed to the victim by the perpetrator should also include an assessment of protective factors, which may mitigate indicators of potential lethality. For example, are there community safeguards for the family? Does the victim have support for her safety? Has the perpetrator responded positively to efforts by his community to hold him accountable for stopping his violence?

- In some cases, the domestic violence survivor may want an FGDM meeting, and may want the domestic violence perpetrator present, but the coordinator and the case worker may believe it is too dangerous to proceed in this manner. In this instance, the coordinator and the caseworker should explain to the woman why she/he believes that it would be unsafe to conduct the conference with the perpetrator present.

- The caseworker should help her develop a safety plan addressing the immediate safety concerns. In these cases, the worker has the difficult job of determining how to both validate the survivor's sense of her own safety and also consider the factors that alert the worker to possible danger.

- The bottom line is that if the worker, the coordinator or the domestic violence survivor believes it is too dangerous to conduct an FGDM meeting with the perpetrator present, it should not be done.
Preparation for the Family Group Decision Making Meeting

Once the coordinator has determined that none of the conditions discussed in the previous section exist, the question of whether the domestic violence perpetrator should be present at the conference should be explored with the domestic violence survivor, assuming he is still involved with the family. Questions to be explored with the survivor could include:

1. Does the victim want to discuss the domestic violence in the meeting?
2. How safe does the victim feel discussing the domestic violence without the domestic violence perpetrator present? With the perpetrator present?
3. If the children will be present, how does she want the domestic violence dealt with?
4. What does she want to do if the children or other parties bring it up?
5. What has she already discussed with the children regarding the violence?
6. How have the children been impacted by the violence?
7. What will the impact be on the children if their father’s violence is discussed in the conference without him present? With him present?
8. How safe does she feel having the domestic violence perpetrator participate physically in the session?
9. How will the domestic violence perpetrator react if his violence towards her is brought up? By her? By others?
10. What has happened in the past when his violence has been discussed? At the time? Afterward?
11. Does she want someone else who is an expert in domestic violence, like a batterer treatment counselor who is working with the perpetrator or a domestic violence victim advocate, also present at the conference? (Encouraging clients to include domestic violence experts is recommended.)
12. What if she wants one thing for the family and the perpetrator wants something different?
13. Does she feel she could speak out about her wishes and concerns should that happen at the conference?
14. Can she disagree with him publicly? What would his reaction to her disagreement be?
15. How will the facilitator know if the domestic violence survivor begins to feel afraid during the conference?
16. Of all the people she wants to invite to the conference, whom has she discussed the domestic violence with? What have their reactions been? Have they been supportive to her? Have they been unsupportive?
17. What does she think the reaction of people at the conference will be to disclosure of the violence?
18. Will they support her need to be safe and his need to be non-violent?
Facilitating the Family Group Decision Making Meeting

Some women may only want to talk about certain aspects of domestic violence during the meeting. For example, a woman may feel reluctant to explore the impact that witnessing the violence against her has had on her children if the school principal or child’s teacher is present. The facilitator has the difficult task of striking a balance between respecting what family members want to talk about and ensuring that issues impacting family safety are adequately addressed.

FGDM meetings are emotional events. They raise a high level of affect. The facilitator must be aware that during such stressful situations, family members will resort to coping mechanisms that have worked for her/him in the past. A thorough assessment of the range of possible emotional responses will help the facilitator identify and contend with participants’ behaviors during the meeting. Some of the questions that facilitators must attempt to answer are:

- Will he escalate?
- Will she shut down and acquiesce?
- Will the children begin to act out?
- Are there warning signs/triggers?
- What are the nonverbal cues?

The FGDM meeting could be stopped in the middle if the facilitator thinks the batterer is getting angry and escalating. However, in many instances, an FGDM meeting can be used to help members of the family learn to deal with anger appropriately. This can be accomplished if in fact there is sufficient planning. This is a type of situation when extra facilitators and/or a range of expertise in the room (a domestic violence advocate, a coordinator, and a domestic violence perpetrator specialist) can be helpful.

Often it is reasonable to call a break if a domestic violence perpetrator becomes angry. During the break, an assessment can be done to help determine whether the FGDM should end or reconvene.

- What does the survivor think should happen?
- Does she feel safe?
- When there are enough people present so that each key party can be escorted from the room and consulted with, there can be better control of the ending or re-convening of the meeting and safety is enhanced. For these reasons, it is recommended that someone with expertise in working with perpetrators be a regular consultant in planning FGDM meetings. In most cases, re-convening a FGDM meeting that has been halted to re-assess safety or to deescalate tension should occur when all of the following exist:
  - During the break, the survivor says she wants to continue with the meeting;
  - It appears that the perpetrator is constructively managing his anger;
  - Continuation of the meeting would be productive; and
  - The safety of the victim would not be compromised.

Domestic violence advocates and domestic violence perpetrator specialists are well aware of some of the manipulative tactics abusive persons may use to dominate and control situations. To effectively respond to situations in which domestic violence comes up unexpectedly, the facilitator should always have in place a strategy that allows a co-facilitator or coordinator to check in with the survivor privately, during and after the conference, about her safety.
Follow-up After the Conference
Safety planning with the survivor should be standard when conducting FGDM meetings with families experiencing domestic violence. This does not mean that a coordinator merely hands the victim written suggestions but rather that the coordinator be sufficiently trained to help the survivor assess her level of danger and then strategize on how best to protect herself and her children (For the purpose of holding a meeting, this safety plan in no way replaces the required safety plan completion by child welfare professionals to ensure the children’s safety). No matter how careful and thorough an assessment of danger posed by domestic violence is, it is impossible to know for certain if and when violence will escalate again. This is particularly true at times when the domestic violence perpetrator perceives his authority or control over the victim to have been challenged by an intervention, such as a FGDM. For this reason, it is crucial that follow-up be done with the domestic violence survivor immediately after the FGDM to assess any impact the meeting may have had on her or her children’s safety.

Before each FGDM meeting, a plan should be made with the victim about how the coordinator and the caseworker can get feedback after the conference about her safety. If the domestic violence perpetrator was present at the meeting, and his violence was discussed, the coordinator and/or the caseworker should always call the survivor the next day, and ask such questions as:

- Have you been afraid of him since the conference?
- Has he been or threatened to be violent since?
- What was the impact of the disclosure on you, on him, and on the children?
- Did you discuss the conference with him?
- Where possible, the child welfare worker should ask the victim if a home visit can be made after the conference to make sure she is safe. However, this should be done only in situations in which the worker’s safety will not be compromised.

Conclusion
FGDM meetings can be a useful tool for families facing both child abuse and domestic violence by fostering the formalization of community and social supports. The presence of domestic violence necessitates that thorough assessment and preparation processes be implemented in order to ensure the safety of child and adult survivors. Once the security of all victims is assured, the worker, the coordinator and the participating family can then embark upon a process that can likely result in a safer, healthier and stronger family.
Domestic Violence and FGDM

Victim Questions
Tell me about your relationship. What is good and not so good about it?

How does your family resolve conflict?

What happens when your partner gets angry?

What happens when you and your partner fight or disagree?

How do you and your partner make decisions about parenting, money, social activities, etc.?

Do you ever feel afraid of your partner? Do you feel you are in danger?

Has your partner ever ridiculed, berated you? In what ways?

Has your partner ever threatened you, your children or himself?

Has your partner ever destroyed property during an argument or harmed a pet?

Has your partner ever threatened to take the children away from you?

Has your partner ever pushed, kicked, hit, chocked or otherwise hurt you? If yes, tell me about the worst episode. What was the most recent episode?

How frequently do the violent episodes occur? Have there been changes in the frequency or severity of abuse over the past year?

Have weapons been used to threaten or harm you or other family members? What kind and are they still present?

Have your children ever tried to stop the abuse?

Have the police ever been called to the house to stop assaults against you or the children?

Are there any pending charges or have you filed for/received a protection order?

If a positive assessment for the presence of domestic violence occurs, then additional assessment should focus on:

Does your partner limit your access to friends, family, and/or co-workers?
Have you considered leaving your partner?

How has the abuse affected the children?

Do you have support people you can contact?

Do you have a safety plan for you and your children?

**If the decision is made to proceed with the Family Group Decision Making Meeting, when no PFA is present and the abuser intends to participate, the following must be assessed and/or developed:**

Do they currently live together?

Is domestic violence a subject that has been addressed publicly with him, by the police, a judge, the child welfare worker or other family members? How did he react?

What are her goals for having her partner there or not?

What is her biggest fear if he does participate/doesn’t participate?

What is her hope if he is present?

Is he involved in any services? What and for how long? Are there any stresses in his life that might make him more violent?

What are the triggers, signs, signals that your partner may become aggressive?

Create an in-depth safety plan with the victim by the coordinator, the child welfare worker and/or the domestic violence advocate to use before, during, and after the meeting.
Section V: FGDM Implementation Resources: Practice Expansion Resources

Child Questions

Do your mom and dad (boyfriend, step-parent, natural father, or partner) ever fight?

What kinds of things do your mom and dad fight about?

What happens when they fight?

Do they yell at each other?

Does either of them throw things?

What do you think about when this happens?

Do things happen like hitting, punching, kicking? Tell me a little about that.

How does the hitting usually start?

Has anyone ever gotten hurt?

If someone got hurt, what happened after that? (Hospital, police)

What did you do when someone got hurt?

Did you ever get hit or hurt when mom and dad were fighting? Did your brother or sister get hurt?

How do you feel when they fight?

Has anyone told you not to tell about the fighting?

What do you do when they are fighting?

What would you do in an emergency?

What would you like to see happen to make it better?

If the decision is made to proceed with the Family Group Decision Making Meeting, when no PFA is present and the abuser intends to participate, the following must be assessed and/or developed:

What are the triggers, signs, and/or signals that dad is getting upset?

What is the safety plan for you, your brother’s and sisters, and your mom?

What would be your biggest fear if dad came to the meeting?
Batterer Questions

Tell me about your relationship. What is good and not so good about it?

How does your family resolve conflict?

What happens when you get angry?

What happens when you and your partner fight or disagree?

How do you and your partner make decisions about parenting, money, social activities, etc.?

Have you ever ridiculed, berated your partner? In what ways?

Have you ever threatened your partner, your children or yourself?

Have you ever destroyed property during an argument or harmed a pet?

Have you ever threatened to take the children away?

Have you ever pushed, kicked, hit, choked or otherwise hurt you? If yes, tell me about the worst episode. What was the most recent episode?

How frequently do the violent episodes occur? Have there been changes in the frequency or severity of abuse over the past year?

Have you used weapons to threaten or harm your partner or other family members? What kind and are they still present?

Have your children ever tried to stop you from hitting your partner?

Have the police ever been called to the house to stop assaults?

Are there any pending charges or has your partner filed for/received a protection order?

If a positive assessment for the presence of domestic violence occurs, then additional assessment should focus on:

Do you limit your partner’s access to friends, family, and/or co-workers?

Has your partner ever left you or tried to leave you?

How has the abuse affected the children?
If the decision is made to proceed with the Family Group Decision Making Meeting, when no PFA is present and the abuser intends to participate, the following must be assessed and/or developed:

Do they currently live together?

Is domestic violence a subject that has been addressed publicly with him, by the police, a judge, the child welfare worker or other family members? How did he react?

What are his goals for being there?

What is his biggest fear if he does participate/doesn't participate?

What is his hope if he is present?

Is he involved in any services? What and for how long? Are there any stresses in his life that might make him more violent?

What are the triggers, signs, and signals that you may become aggressive?

Create an in-depth safety plan with the perpetrator by the coordinator, the child welfare worker and/or the domestic violence advocate to use before, during, and after the meeting.
Domestic Violence Protocol
Armstrong County Family Group Decision Making

With every referral for Family Group Decision Making routine screening questions for Domestic Violence will be asked of the referring agency and/or family.

If Domestic Violence is determined to be part of the family dynamics the following procedure is to be followed:

1. This information will be gathered to present to the team:
   a. Type of relationship & if there are children
   b. Length of the relationship & how long it has been abusive
   c. Are there previous violent relationships
   d. Has there been isolation from family and friends
   e. Have the children witnessed any violence
   f. If there is a PFA in effect
   g. If there have been PFAs filed and dropped
   h. Is there any history of PFA violation
   i. Most recent incident of abuse
   j. Severity of the abuse
   k. The violence used and with whom
   l. A description of the violence in physical, emotional, sexual, financial perspectives.
   m. Has the offender attended and completed the DAC Program.

2. Special Implementation Team meeting called to assess safety for proceeding.
   a. A minimum of 5 members required to be in attendance
   b. Required representation: Referring agency, Coordinator, HAVIN, and at least 2 other Team members. DAC involvement could be requested.
   c. A majority agreement needed to proceed.
   d. Minutes will be kept to reflect approval of FGDM Team meeting.

3. With Approval to proceed all precautions are consistently taken to ensure the safety of all participants.
Coordinator/Facilitator Resources

Research tells us that the coordinator plays a significant role in the FGC process and that there is evidence that the coordinator’s effectiveness is a predictor of success for all (Lisa Merkel Holguin, American Humane Association, 2003)

“Great job. The Coordinator went above and beyond the call of duty to get this group together” (Non-family participant at a PA FGDM family meeting)

The FGDM coordinator and facilitator create an environment where family members and their friends can join together with social service agencies and communities to plan for the safety and well being of the family. From the details of arranging the family conference to ensuring that everyone understands the process and feels safe and comfortable participating, the coordinator spends on average 30-40 hours getting ready for the meeting day. In Pennsylvania, coordinators are employees of social services agencies or contracted through a private provider. Coordinators frequently report the benefit of ongoing support, professional development opportunities, and peer networking as valuable resources in improving their skills to better assist children and families.

In modeling the cross systems implementation of FGDM in Pennsylvania, many FGDM practices contract with facilitators from a variety of human service agencies, as well as with families and youth, to lead the FGDM meetings. The facilitator has a critical role in ensuring that the family meeting follows the guidelines established by the group so that everyone feels safe and comfortable participating to address the purpose of the meeting. Sometimes, the coordinator also functions as a facilitator.

A lot of resources have been developed and shared to assist coordinators and facilitators. This section of the PA FGDM Toolkit aims to provide samples of some of these resources. The resources are presented in the order they would typically be used. Documents may be used together or separate. Coordinators and facilitator may also find resources in other sections of the toolkit. Our hope is that FGDM communities will be able to adapt the sample forms to reflect and strengthen their practice.

Specific documents in this section include:

- Family Group Decision Making Coordinator’s Role and Responsibilities
- Mastering the Art of Coordination
- Referral Process Adams County Children and Youth Services
- Washington County FGDM Prescreening Form
- Northumberland County FGDM Exploratory Form
- Sample Consent Form
- Referral Forms
  - Washington County
  - Northumberland County
  - Chester County
- Sample FGDM Meeting Invitation Letter
Section V: FGDM Implementation Resources: Coordinator and Facilitator Resources

Washington County
Berks County
Chester County Preparation, Facilitation, Service Planning and Follow-up
FGDM Preparation Checklist Northumberland and Berks County
FGDM Coordinator Checklist
FGDM Coordinator Contacts
Widening the Circle
Communicating with “I” Statements
Pre-conference Meetings
FGDM Facilitators Guide
Considerations for Facilitators
FGDM Guidelines
Sample Family Plan Template for Facilitator
The story begins with a Child Welfare/JPO worker (*referral source*) who is delivering services to a family that they believe would benefit from participating in the FGDM process.

This would lead to bringing family members together who would be encouraged and supported in developing a family plan that would address the agency’s concerns regarding their child’s care and protection.

To begin the process itself, the referral source would generate a discussion with the identified family and provide general information regarding Family Conferencing. If the family agrees to schedule a meeting with the FGDM Coordinator to learn more about the practice, the referral source will submit a one-page referral form to the Coordinator.

The FGDM Coordinator receives the referral and assesses the information contained within, and then will confer with the referral source and their supervisor to review the likely purpose that will drive the conference. In addition, they will prioritize the agency’s specific concerns regarding the care and protection of the family’s child(ren). Once clarification is received, the Coordinator will then proceed to initiate contact with the family and schedule introductory meeting with or without the referral source.

It is vital that the coordinator maintains neutrality by remaining as independent as possible of the family’s case history regarding their involvement with the Child Welfare/JPO child serving systems. They need to remain focused upon building the family conference foundation, the purpose, and the family’s strengths.

When meeting with the family, the Coordinator then explains in detail the FGDM philosophy, process and the benefits to the family if they choose to hold a conference. The Coordinator needs to possess engagement skills so that the trust building process can be set in motion during this initial contact with the family.

The Coordinator relies on their knowledge and professional expertise to ensure that the family members are well informed of the FGDM procedures, expectations, and voluntary participation and that the family’s confidentiality will be respected except with information surrounding issues of child abuse. Once the family voluntarily agrees to hold a conference, the Coordinator reviews with the family and has them sign a Participation Agreement and an Authorization for Release of information. In addition, the coordinator assists the family in completing an invitation list comprised of family members, service providers, and any community support persons that the family deems as appropriate to attend the FC.

Once the invitation list is complied, the Coordinator’s real work begins! A large amount of the coordinators time is devoted to making conference arrangements. Coordinating the conference involves comprehensive preparation. The Coordinator needs to ensure
that every detail of the process, participant preparation, planning activities, the dynamics of the conference as well as the follow-up activities, provides a safe atmosphere and is approached in a strength-based, family-centered, child-focused, and culturally sensitive way.

The following are coordination activities that the FGDM Coordinator might be responsible in carrying out.

- Meet face-to-face with individuals deemed to have an important role in the family
- Have phone contact with all other individuals that will be invited to the conference
- If phone contact is not successful, the Coordinator will send a letter and/or written description to the individual invited to participate
- Request written or recorded statements from individuals deemed to have an important role but who are unable to attend the Conference
- Contact and prepare the Facilitator and Co-Facilitator for the FGDM Conference
- Arrange a Pre-Conference with the Referral Source and all invited professionals
- The Coordinator will work with the family to identify and secure a location for the conference that:
  - Can accommodate the FGDM Conference, such as space, bathroom facilities, tables, etc.
  - Is as convenient to the family as possible
  - Is a neutral venue
  - Is handicap accessible
- The Coordinator will work with the family to identify the date and time for the FGDM Conference and will notify all participants of the date and time
- The Coordinator will review with the family what type of meal they wish to serve at the meeting.
- The Coordinator will oversee the arranging for food during the conference and ensure delivery
- The Coordinator will oversee arranging for transportation/lodging issues if needed
- The Coordinator will oversee in identifying childcare needs, if applicable
- The Coordinator will have the family identify the family ritual and inform Facilitation Services (Facilitator) of the ritual
- The Coordinator will assess that all persons can participate safely
- The Coordinator will serve as the Co-Facilitator at the FGDM Conference when applicable

One of the most critical components was determining the location for the conference. If the family cannot identify a neutral location to hold the family meeting, the coordinator could contact nearby churches, community based organizations or fire hall, a neighborhood community centre, or a women’s organization.

Second, role preparation is also a major factor in planning a successful conference. The
coordinator will schedule a pre-conference meeting with the referral source and facilitator to review very concrete information in family specific language. The areas addressed are the family’s strengths, the propose of the conference and the agency’s concerns which the family needs to focus on when developing their family plan.

In addition, information preparation needs to take place with extended family, support persons, and service providers about their role and the general process of conferencing. This aspect strongly influences the conference outcomes. The primary conference foundation is built upon a strength-based model so that the family may receive the best possible message without needing to consistently clarify statements.

The Coordinator will attend the family conference and assure that any last minute participant preparation is done, sign in sheets are distributed, and that all of the planning details are carried out.

- The Coordinator will schedule and arrange for all follow-up conferences, as requested by the family
- The coordinator will obtain all follow-up surveys from the family and professionals
- The Coordinator will maintain all necessary paperwork in a confidential and secure location
- The Coordinator will be responsible for re-writing the approved family plan interagency format and circulating the plan to all participants

This conference has concluded…till the next conference planning begins!
Mastering the art of Coordinating

☆ Validate the Family views vs. Support the Child Welfare Professional

☆ Support the bottom lines vs. Control heavy-handed/oppressive Influences

☆ Control of the meeting vs. Don’t take control of the meeting

☆ Share life experiences and beliefs vs. Hold back biases and assumptions

☆ Take charge vs. Be neutral
Referral Process
Family Group Decision Making
Adams County Children and Youth Services

1. Have hope for the family.

2. Determine the purpose for the Family Group Decision Making Conference.

3. Discuss the available options with your supervisor (if applicable) to determine if a conference should be offered to the family. Discuss the conference purpose, issues of current domestic violence and sexual abuse which would make the family ineligible for FGDM, family supports, commitment to see the family through the entire process, and willingness to consider the family plan.

4. Discuss FGDM with the family including that the process is voluntary and the purpose of their conference. Identify the key elements of FGDM including private family time; family decision making in determining who comes and in the development of a plan; trained and neutral Coordinators and Facilitators; and opportunity for cultural customs like meal, openings and closings.

5. If the family is interested, get a release of information (your agency’s, if necessary) to make a referral to the Coordinator. You may also give the information to the family to contact the Coordinator directly.

6. Have the family complete the FGDM Consent Form to begin the process.

7. Discuss the referral with the Coordinator.

8. Complete the Referral Form with the family.

9. The Coordinator will contact the referring worker to go over the purpose, hope, commitment, and the referral to determine the appropriateness of FGDM.

10. If accepted, the Coordinator will meet with the family to go over the process, determine available dates and times, and to help the family expand the circle of support. Invitation letters will be sent within five working days and a pre-conference set for service providers. A conference should be held within 30 days.

11. If criteria for a conference are not met, the Coordinator will discuss the reasoning with the referring worker to see if necessary adjustments can be made. The referral will be put on hold for an agreed upon time so the worker can make the adjustments. If adjustments cannot be made of there are current domestic violence or sexual abuse issues, notification of denial letters will be sent to the worker and the family within five days of this decision.

**The Coordinator is available to discuss the referral process and general information about the appropriateness of referrals.
Washington County FGDM Prescreening Form

Referral Source: ___________________________ Date: __________________
Family Referred: __________________________

1. Are you, as the Referral Source, open and committed to the FGDM Process?
   □ YES □ NO

2. Have you discussed an identified Purpose, with the Family, for the FGDM Conference?
   □ YES □ NO

   **Purpose** - is the result or effect that is intended or desired and will be a major area of concentration that will be addressed during the FGDM Process. The purpose has to be agreed upon by the family and all the individuals participating in the FGDM Process.

3. Would you, as the Referral Source, be willing to accept the plan that addresses the identified purpose as developed **by the Family** at the FGDM Conference?
   □ YES □ NO

4. Do you think the Family will voluntarily participate in this process?
   □ YES □ NO

5. As far as you know, can the Family participate in this process safely?
   □ YES □ NO

6. Did you check with your Supervisor and/or your supervisor on the appropriateness of your referral?
   □ YES □ NO

7. As far as you know, is this Family free and clear of any domestic violence or sexual/abuse issues?
   □ YES □ NO

8. As far as you know, is this Family currently free and clear of any legal issues that would be a barrier to the plan? (Custody, active P.F.A., Incarceration)
   □ YES □ NO

9. Would you be willing to approve follow-up Conferences if necessary?
   □ YES □ NO

10. How many people would attend the conference?
NORTHUMBERLAND COUNTY
FGDM EXPLORATORY FORM

Family Name ________________________________

Primary Caregiver ________________________________

Address___________________________       Phone _____________

Natural Mother ________________________________

Address___________________________       Phone _____________

Natural Father ________________________________

Address___________________________       Phone _____________

Brief description of circumstances and any other important information that you feel would be helpful:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

When would you be available to staff this briefly with the FGDM supervisor and a coordinator? ________________________________

Referring Caseworker: ________________________________

Referring Agency: ________________________________

Assigned Coordinator: ________________________________

Date Assigned: ________________________________

Results: __________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Sample Consent Form
Shared by Adams County Children and Youth Services and It Takes A Village Inc.

This form indicates that you consent to participate in Adams County Family Group Decision Making (ACFGDM). You understand that __________________________ has invited you to join with the rest of your family in a Family Group Decision Making Conference because we believe in your ability as a family to come up with a good plan to provide for the safety and care of __________________________. We and the other service providers will be with you at the beginning of the meeting to let you know all of our concerns and our understanding of your family’s strengths. You will have an opportunity to ask us any questions you may have. Next, all of the service providers will leave your family alone to discuss, in private, what you have heard and make a plan for your family. When you have finished your private discussion, you will call us back into the room and let us know your plan. If the plan meets the purpose, our job will be to come up with ways to help support that plan.

You will be contacted by an ACFGDM Coordinator to secure your list of people you want to participate in the conference. In order for the conference to take place, you must give us consent to contact all the members you choose from your extended family/provider agencies. This consent will allow us to share information with these individuals regarding the concerns that have brought us together and the purpose for the conference. We will ask that each person with whom we speak to respect your privacy and confidentiality.

Please read and sign the release of information statement below if you wish to proceed with the conference. This consent form is valid after the signature of the parent or primary caregiver is completed. It becomes null and void if the parent or primary caregiver chooses not to participate in Family Group Decision Making.

I have read and understand all of the above information. I voluntary give my consent to __________________________ to refer my family to the ACFGDM Coordinator for the purpose of participation in the conference. Further, I give my consent to the ACFGDM Coordinator to share information regarding the situation that made the conference necessary. I give this consent only for the purpose of organizing the Family Group Decision Making Conference and communications required to support the plan.

Signature
(Date)
(Parent or Primary Caretaker)

Signature
(Date)
(Youth)

Signature
(Date)
(Witness)
Date of Referral:________________  Referral Source:________________________

Washington County Family Group Decision Making
Agency Referral Form

Family Name:_________________________  Key Contact Person:____________________________

Contact’s Phone Number:_______________ Relationship to Youth:__________________________

Family Group Decision Making is a voluntary practice based on strengths and values. As the referral source, it is necessary for you to have hope for the family you are referring; hope that they are able to develop a plan using their strengths. It is also necessary for you to believe that the family can participate safely in their meeting and will have enough supports to carry out their plan as they developed it.

If the family you are referring has a FGDM meeting and they develop a plan that appropriately addresses all of your concerns in regards to the agreed upon purpose and you accept the family’s plan, the expectation is that you will adhere to the family’s plan and monitor the family’s progress following their plan. Follow-up meetings are available to gauge progress, add concerns, or celebrate completions of parts or all of the plan. If the family is court active, the expectation is that the family’s plan will guide your recommendations to the court. The family sets the date and time of their meeting, but all efforts will be performed to work with your schedule. As the referral source, you must be present at the FGDM conference.

1. Have you discussed the practice of FGDM with the family?
   ___ Yes    ___ No
   If no, when are you available to meet with the family and a FGDM coordinator to discuss the possibility of having a meeting? ______________

2. Purpose—What do you hope to accomplish with this referral?
   Purpose: _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________
   _____________________________________________________________

3. What are the main concerns that HAVE to be addressed by the family at the meeting for you to accept the family’s plan? These are the NON-NEGOTIABLE concerns that address safety, permanency, and well-being and should guide the PURPOSE of the meeting. These will be shared with the family during coordination.
   Concerns:
   1. _____________________________________________________________
   2. _____________________________________________________________
   3. _____________________________________________________________
4. Any other information you would like us to know? __________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
___________________________________________________________________
*Attach the two page family case profile sheet
FGDM Referral Form
NORTHUMBERLAND COUNTY FAMILY GROUP DECISION MAKING

Referring Agency: ____________________________________________________________

Referring Worker ___________ Phone ______________
Supervisor ______________

Referral Date: ______________ Next Court Date: ______________
Case Number: ______________

*Information pertaining to the child/ren’s current caregiver/s

Name ________________________________________________________________

Address ____________________________________________ Phone __________

Biological Mother

<table>
<thead>
<tr>
<th>Name</th>
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<tbody>
<tr>
<td>Address</td>
<td></td>
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<tr>
<td>Home Phone</td>
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</tbody>
</table>

Biological Father

<table>
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<th>Name</th>
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<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Home Phone</td>
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</tbody>
</table>

What is the purpose of the Family Conference? _______________________________________
___________________________________________________________________________
___________________________________________________________________________

*Have you discussed the possibility of a Family Conference with your supervisor?
YES  NO

Overview of family’s strengths: _____________________________________________
___________________________________________________________________________
___________________________________________________________________________
What are the bottom lines that must be addressed in order for the plan to be approved?

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

FAMILY PARTICPATION INVITATION LIST

I/We ________________________________, give Northumberland County Family Group Decision Making coordinator permission to contact the following individuals on behalf of _________________________________. This list of invited individuals is subject to change during the process of coordination as agreed upon by the coordinator and myself/ourselves. I/We realize that in signing this document, I/We give the coordinator permission to discuss only that information pertinent to the purpose of the meeting.

PERSON TO BE INVITED TO THE CONFERENCE

<table>
<thead>
<tr>
<th>NAME</th>
<th>ADDRESS &amp; ZIP</th>
<th>PHONE #</th>
<th>RELATIONSHIP TO CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

Signature                     Signature

______________________________  ______________________________
Relationship to child/ren       Relationship to child/ren
## CHESTER COUNTY

### FAMILY GROUP CONFERENCE REFERRAL FORM

*The FGDM Manager/Coordinator will contact you to review the family information*

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Referral By:</td>
<td></td>
</tr>
<tr>
<td>Referral Date:</td>
<td></td>
</tr>
<tr>
<td>Referral Agency:</td>
<td>DCYF  JPO</td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
</tr>
<tr>
<td>Court Involved?</td>
<td>Yes   No</td>
</tr>
<tr>
<td>Mother’s Name:</td>
<td></td>
</tr>
<tr>
<td>Age:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
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<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Black</td>
<td>White</td>
</tr>
<tr>
<td>Asian</td>
<td>Bi-racial</td>
</tr>
<tr>
<td>Father’s Name:</td>
<td></td>
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<tr>
<td>Age:</td>
<td></td>
</tr>
<tr>
<td>Phone:</td>
<td></td>
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<tr>
<td>Address:</td>
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<tr>
<td>Black</td>
<td>White</td>
</tr>
<tr>
<td>Asian</td>
<td>Bi-racial</td>
</tr>
<tr>
<td>Child(ren) Names:</td>
<td></td>
</tr>
<tr>
<td>Age:</td>
<td></td>
</tr>
<tr>
<td>Do the child(ren) live with parents?</td>
<td>Yes   No</td>
</tr>
<tr>
<td>Are any of the child(ren) living outside the home?</td>
<td>Yes   No</td>
</tr>
<tr>
<td>If yes check one of the following:</td>
<td>DCYF/JPO placement</td>
</tr>
<tr>
<td>Have you discussed FGDM with the family?</td>
<td>Yes   No</td>
</tr>
<tr>
<td>Is the family receptive to meeting with the FGDM Coordinator?</td>
<td>Yes   No</td>
</tr>
<tr>
<td>What have you and the family agreed would be the purpose/goal of the conference?</td>
<td>__________________________</td>
</tr>
<tr>
<td>Are there crucial deadlines that the Coordinator needs to be aware of?</td>
<td>Yes   No _____________</td>
</tr>
<tr>
<td>Will your supervisor participate in the pre-conference meeting?</td>
<td>Yes   No</td>
</tr>
<tr>
<td>Is English the family’s primary language?</td>
<td>Yes   No</td>
</tr>
<tr>
<td>Primary language:</td>
<td>__________</td>
</tr>
</tbody>
</table>

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**Pennsylvania Family Group Decision Making Toolkit:**
A Resource to Guide and Support Best Support Practice Implementation
Check all family issues that apply:  (* indicates further discussion with FGDM Manager/Coordinator)

* Domestic Violence  * Sexual Abuse  Mental Health  Drug/Alcohol  Mentally Challenged

When are you and your supervisor available for the conference (you may want to specify pre-arranged commitments such as vacations, classes, etc.). _____________________________

_______________________________________________________________________________

_______________________________________________________________________________

Referral Supervisor’s Signature: ________________________________

Phone: _______________________

Date FGDM Referral received:

_____________________________  ac/FGDM/3-07
FAMILY GROUP DECISION MAKING MEETING
Invitation Letter
Adapted from Northumberland and Berks County

You are cordially invited to participate in a Family Group meeting on behalf of: ____________

DATE:
TIME:
PLACE:

TENTATIVE AGENDA
Gathering and Introductions
Opening
Information Sharing
Private family time-meal sharing
Plan presentation, agreement, and initial plan start-up
Closing

CONFIRMATION FORM
Yes, __________________________ will attend the Family Group meeting.
(name of family participant)

No, __________________________ will not attend the Family Group meeting.
(name of family participant)

Your participation is greatly needed and appreciated. If you do not plan to participate in the Family Group meeting, please briefly indicate your reasons for not attending. You may submit something in writing for us to share at the family meeting.

PLEASE RETURN IN THE SELF-ADDRESS ED ENVELOPE BY _________________.
(date)
THANK YOU FOR HELPING _________________.

Pennsylvania Family Group Decision Making Toolkit:
A Resource to Guide and Support Best Support Practice Implementation
Dear Family Member/Service Provider,

This letter is regarding the Family Group Decision Making meeting that has been scheduled for Child’s Name on November 30, 2007 at 2:00 p.m. at The Local Church, 1313 Mockingbird Lane, Washington, Pa 15301 (Directions Enclosed). This conference is an alternative way for the family to work together and plan for the safety and well-being of the children in their lives. In this approach, we contact all the people who the family considers to be important and instrumental in their lives. On behalf of the family, we then invite these people to the Family Group Conference.

At the conference, the neutral coordinator and facilitator will assist the family in focusing on the predetermined purpose, which is: (Type the purpose of the meeting here)

The Family Group Conference is divided into three basic parts. First, each individual has the opportunity to share his/her impressions of the family’s strengths, as well as his/her concerns, all revolving around the agreed upon purpose. Also, everyone will be provided with an opportunity to share any resources that may assist the family as they develop their plan. At the conclusion of this segment, there is a meal served for all participants. Next, any service providers attending the conference leave the room, giving the family the opportunity to privately discuss the concerns that were presented and develop a plan that fulfills the purpose of the conference. Once the family has completed its plan, the service providers will return to the room and the family will present their plan.

In this approach, we recognize that the family members are the experts of their own family. We are confident that the family will develop a plan that fulfills the purpose and is safe. Your opinions are very important to the family. Please contact me at your earliest convenience to confirm your participation or to address further questions or concerns regarding this practice. I can be reached at (724) 555-1234 or 888-555-1234.

Sincerely,

__________________________
Michael McClure
Family Group Decision Making
Program Specialist
Chester Chester County  
Family Group Decision Making Conference (FGDMC)  

Preparation, Facilitation, Service Planning and Follow-up  

**Preparation Checklist**

<table>
<thead>
<tr>
<th>Family Name:</th>
<th>Meeting Date:</th>
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<tr>
<th>Purpose / Goal of FGDMC:</th>
<th>Meeting Time:</th>
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<tr>
<th>Referring (Agency) DCYF Caseworker/JPO Officer:</th>
<th>Meeting Location:</th>
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<tr>
<th>Facilitator Name:</th>
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<th>________</th>
<th>Date Received Referral</th>
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<td>Date Referring (Agency) DCYF Caseworker/JPO Officer Contacted</td>
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<tr>
<td>________</td>
<td>Date Reviewed Referral with DCYF Caseworker/JPO Officer</td>
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<tr>
<td>________</td>
<td>Date Obtained Family Strength and Concerns</td>
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<tr>
<td>________</td>
<td>Date Reviewed Participation Agreement and Release of Information</td>
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<tr>
<td>________</td>
<td>Date Sent Acceptance Form to Referring DCYF Caseworker/JPO Officer</td>
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<tr>
<td>________</td>
<td>Date Contacted Primary Family Member</td>
</tr>
<tr>
<td>________</td>
<td>Date Met with Primary Family</td>
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- Secured a List of Guests  
- Established / Verified Date, Time and Location of the FGDMC  
- Established time/location of Facilitator Pre-Conference Mtg.  
- Contact Referring Agency Providing Details of the FGDM Conference  
- Contact Extended Family / Guest Explain FGDM  
- Obtain Confidentiality Forms from Providers/Guests  
- Obtain Confidentiality Forms from Extended Family  
- Contact Each Service Provider including Referral Worker for Pre-Conference Mtg.  
- Sent Follow-Up Letter to Each Invited Guest/Provider  
- Secured Written Views From Those Unable to Attend and Formatted
Strengths / Concerns for FGDMC
Secured Menu Choice From Family
Contact Facilitation Service with Family Menu and Discuss Conference Set-Up

**MADE SURE:**
- Sign-In Sheet
- Agenda
- Name Tags
- Pens
- Family Evaluation Forms
- Service Provider Eval. Forms
- Service Provider Cards
- Flip Chart/Markers *(at least 4 two different colors)*

**FACILATATOR SERVICE – FOOD/DRINK:**
- Family Food Items
- Ice
- Serving Utensils
- Paper Products
- Drinks
- Coffee/Filter/Can Opener/Creamer/Sugar
- Table Covers
- Ensure Conference Room was Clean After FGDMC
- Received Evaluations
- Typed Up FGDMC Plan (with attached evaluations for all Service Providers)
- Mail to Referring Agency Worker
- Mailed to All Attending Participants
- Enter Statistical Data

_________________________________
*Chester County FGDM Coordinator*

* This Form to be completed by Family Group Decision Making Coordinator **ONLY.**
## FGDM Preparation Checklist
Northumberland and Berks County

Mother’s Name: ____________________  Father’s Name: ____________________  
Referred by: ________________________  Case Number: ____________________  
Child(ren): _________________________  Coordinator: ________________________  

<table>
<thead>
<tr>
<th>Task</th>
<th>Date</th>
<th>Comments</th>
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<tr>
<td>FGDM packet received</td>
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<td></td>
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<tr>
<td>(Referral Consent, family list)</td>
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<td></td>
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<tr>
<td>Family Notification Complete</td>
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<td></td>
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<tr>
<td>Date, Time, Location of FGDM established</td>
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<tr>
<td>FGDM family participants confirmed</td>
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<td>FGDM service providers confirmed</td>
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<td>Facilitator/Co-Facilitator confirmed</td>
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<tr>
<td>Food arrangements made</td>
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<td>Room arrangements made</td>
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<tr>
<td>Transportation Arranged</td>
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<tr>
<td>Childcare Arranged</td>
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<tr>
<td>Confirmation letters mailed</td>
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<tr>
<td>Pre-FGDM meeting held</td>
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<tr>
<td>Meeting Held</td>
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<tr>
<td>Follow up letters mailed</td>
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### Resources Utilized to Convene the Meeting:

<table>
<thead>
<tr>
<th>Resource</th>
<th>Y</th>
<th>N</th>
<th>Cost:</th>
<th>Notes:</th>
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<tr>
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<td>Transportation</td>
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<td>Other</td>
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FGDM COORDINATOR CHECKLIST

Date of Consultation/Consent forms signed: _________________

Referral Source: ____________________________________________________________________________

Purpose: ___________________________________________________________________________________

Bottom Lines: ______________________________________________________________________________

Support Persons: _____________________________________________________________________________

Service Providers: __________________________________________________________________________

Date and Time of Conference: __________________________________________________________________

Location of Conference: _______________________________________________________________________

Pre-conference Date and Location: __________________________________________________________________

Observers: __________________________________________________________________________________

Transportation needs: _________________________________________________________________________

Family Traditions: __________________________________________________________________________

Guest Speaker: ______________________________________________________________________________

Meal Arranged: ______________________________________________________________________________

Beverages Arranged: __________________________________________________________________________

Babysitters: ________________________________________________________________________________

Name of Facilitator: __________________________________________________________________________

Name of Co-Facilitator: _______________________________________________________________________
FGDM COORDINATOR CONTACTS
Washington County Children and Youth Service

This form can be used to document all of your FGDM contacts.

DATE: __________

PERSON CONTACTED: ____________________________

RELATIONSHIP TO FAMILY: ________________________

FACE TO FACE: _______ TELEPHONE: ____________

COORDINATOR ACTIVITY:
____________________________________________________________________________________
____________________________________________________________________________________
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COORDINATOR

Questions for Widening the Circle

☆ Who are the positive resources for your family members?
☆ Who cares about you and your family?
☆ Can you identify three resources for each of your family members?
☆ If you could list everybody that has ever had a positive impact on you, who would you list?
☆ Let’s talk about who should be there instead of who you want there?

Techniques for Widening the Circle

☆ Family Resource Exercise
  o Family, Church, Neighborhood, Community, Provider, etc
☆ Family Tree
☆ Genogram
Communicating with “I” Statements
Resources for Coordinators and Facilitators
Washington County Children and Youth Services

FGDM conferences are not about blaming anyone for any problems or concerns going on in the family. Coordinators and facilitators assist service providers and families in sharing strengths and communicating concerns without shaming or blaming.

Blaming is often done with “You” statements. Example-“You told Lynn my secret!”

“I” statements are more effective and a less offensive way to give the same information. Example-“I am angry that you told my secret to Lynn. “I” thought “I” could trust you. The next time “I” have a secret, “I” will be afraid to trust you.

There are 3 parts to an “I” statement

1. Use “I” followed by an emotion
   a. I am angry
   b. I am worried
   c. I am nervous

2. State the situation
   a. when you tell my secrets
   b. about how late you’re staying out
   c. that you are missing so much school

3. Tell what you would like to have happen
   a. Please keep my secrets private
   b. Can you call so I don’t worry?
Family Group Decision Making
Pre-Conference Meeting
Pennsylvania Child Welfare Training Program

Some FGDM practices hold a pre-conference meeting with service providers and referring workers prior to the FGDM Conference to discuss the FGDM process, the family driven purpose and goals of the conference, and the roles during the process. The coordinator also encourages the service provider to identify strengths regarding the family and available resources that can be offered to support and encourage positive outcomes. The pre-conference meeting is meant to clarify the process not to make any decisions regarding possible solutions to address a referring agency’s concerns. Key to the process of FGDM is that the family leads the decision making which is then supported by agencies, service providers, and communities.

Sample Agenda for an FGDM Pre-Conference

- Introductions
- Paradigm Shift
- FGDM Overview
- FGDM Values
- FGDM Roles
- Review the Family’s Purpose and goals
- Discuss Strengths / Concerns
- Identify Resources
- Next steps
FGDM Facilitator Guide
Washington County Children and Youth Services

Prior to beginning meeting
- Restrooms-get up doing your meeting
- Snacks
- Introductions; self, co-facilitator, observers
- Thank family
- Family tradition/prayer/elder’s statement
- Go over purpose
- Guidelines-get agreement
- 3 Part meeting-referral source has faith, new different approach
- Intro of family/providers-ask referral source brief statement of why we are here

Phase I
- Strengths-start with providers/caseworker
- Concerns-start with family
- Anything to add to either Strengths or Concerns
- Pull out concerns to be accomplished today
- Break for meal

Phase II
- Get family to refocus on purpose and concerns that need to be addressed today
- Have family appoint someone to maintain focus and to write family’s plan
- Resource book; not necessary but helpful
- Where we will be- out of earshot

Phase III
- Have the family spokesperson present plan
- A lot of hard work, do you recognize anything you left out?
- Then ask referral source if they can accept the plan
- Did great job, offer follow-up conference
- Let family know about summary sent out within 1 week
Considerations for Facilitators
Adapted from It takes a Village, Inc.

In an effort to best prepare you, the Facilitator, for the FGDM Conference, please find below some necessary items to remember. This is NOT a script. Please remember that meaningful engagement and safety of the family and conference participants are your first priorities. The practice is family driven-please accept the family’s guiding their meeting. At any time, if you encounter a question or concern, please do not hesitate to call the Coordinator. The Facilitator’s main focus should always be that of keeping a neutral stance and continually guiding the participants back to the purpose. In keeping with the model, please ensure that all participants have an opportunity to be heard. Thanks for a great job!!!

- Arrive at least 30 minutes prior to the FGDMC for best preparation. Set out coffee, beverages, snacks and paper products, etc…
- Familiarize self with the building in which the FGDMC will occur. (Coat area, restrooms, exit doors, etc…)
- Post a welcome to the family sheet in the room where the FGDMC is held.
- Write the purpose on the flipchart paper and post it on the wall
- Write the guidelines on the flipchart paper and post it on the wall. When presenting to the family, ask them to add any additional guidelines to the list
- Greet participants as they arrive. Offer participants a beverage and snack located at a table in the meeting area where FGDMC will occur. Show them where they will be seated.
- Check off their name on the guest list and add any additional names to the list

Introduction
1. Begin the FGDMC by welcoming everybody, introducing yourselves as the facilitators (include your role in terms of maintaining neutrality and staying focused on the purpose). Utilize this time to state the purpose posted.
2. Get commitment from worker that he is willing to support the family’s plan if it adequately addresses his bottom line concerns.
3. Get commitment from family that they are willing to take the time to adequately address at least the worker’s bottom line concerns.
4. Review guidelines with family and ask for any additions they may want. Ask for their agreement on all the guidelines. *Talk to the family about the guideline re: confidentiality. Explain the exceptions as it relates to mandated reporting-threat to self, others, allegations of abuse. Ask all mandated reporters in the room to identify themselves by raising their hands.
5. Review any housekeeping items (i.e. breaks, restroom location, etc…)
6. Ask for permission from family for observer to be present (if applicable). Explain that they will not be commenting, questioning or taking notes. If everyone is not in agreement for the observer to stay, he/she will have to leave.
7. Pass out the tablet for people to sign their name and address if they want a copy of the typed plan.
8. Pass out family evaluation forms. Indicate to the family that they can fill out these forms throughout the course of the FGDMC and hand them in at the end.

9. Introduce family traditions/protocol agreed upon by family.

10. Ask participants to introduce themselves and their relationship to the child in question.

11. Reiterate the purpose of the FGDMC by stating it again.

**Information Sharing Stage**

12. Allow the Referring Worker the opportunity to present the case as it relates to the stated purpose.

13. STRENGTHS: Provide each participant an opportunity to reflect and share his or her views re family strengths. Explain what this means. Make sure that the referring worker responds first. The non-family members should go next followed by family members. Write these strengths on the flipchart (use alternating colors for strengths vs concerns).

14. CONCERNS: Provide each participant an opportunity to reflect and share their views re: concerns. Explain what this means. Make sure that family members respond first, followed by non-family members. Write these concerns on the flipchart. **The scribe should wait until the facilitator has fully connected the concern amongst participant before they begin writing the concern.**

15. When the Referring Worker responds, please circle the concerns that the Referring Worker needs addressed on the flipchart paper. **This is extremely important, as these are the minimum concerns the family needs to address during private family time.**

16. Indicate written views of members unable to attend via listed strengths/concerns.

17. List the resources Service Providers can offer to the family.

18. Break for a meal. Explain that upon completion of the meal the family will gather for Family Private Time. Make sure they understand that this is when they develop the plan. Reiterate that the plan must be specific in terms of who, what, when, where and how. Write the format on the flipchart paper. It is important that this plan can be quantified. Give them a timeframe of approx. 20 minutes to eat. Guide all participants in the one room to eat together.

**Private Family Time**

19. Upon completion of the meal (approx. 20 min.), excuse all service providers so that the family can begin Family Private Time and develop the Family Plan. Ensure that the family has an identified member to record Family Plan on the flipchart. Reassure the family that the facilitators will be easily accessible if needed for any reason.

20. Direct non-family members to an area where they can comfortably wait for the conclusion of Family Private Time. If a Service Provider is leaving at the break, the facilitator needs to have him/her fill out the Service Provider Evaluation Form. Please advise them that they will also be receiving another evaluation form with the copy of the Family Plan sent to them within a week of the FGDMC. The evaluation forms are different. The second evaluation form addresses the Family Plan in which the Service Provider would not have seen as they left before it was developed.
Presentation of the Family Plan

21. Upon indication from the family, gather everybody back into the room so that the family can present the Family Plan. Guide the family through this process. Allow the Referring Worker the opportunity to ask for necessary clarification/adjustments of the plan. If the plan is not complete, remind the family of their earlier commitment and ask them to go back into family private time to address the concern. Ensure that the worker can agree to the plan in its entirety and is willing/able to support it.

22. Let all participants know they will be receiving a written version of the plan within a week if they signed the tablet.

23. Offer the family an opportunity for a follow-up FGDMC if they so desire. Otherwise make clear the option of contacting the Referring Worker to request a FGDMC in the future if the need should arise.

24. Have each family member complete a Family FGDMC Evaluation Form. Please make sure that they are filled out completely and handed back.

25. If applicable, close the FGDMC with a family tradition. Otherwise thank the participants for all their hard work and cooperation.

- Ensure that the room is cleaned up with assistance from the family. This simply means that all trash is disposed of properly and the room is generally in an orderly fashion.
- Finish writing up the Family Plan. Put the plan and all completed Evaluation Forms together in the folder left by the Coordinator. (If the Coordinator is not at the FGDMC)
- If the Coordinator is present and time allows, there will be opportunity for a brief processing of the FGDMC. Otherwise the Coordinator will contact the Facilitator within two workdays to review the FGC.
- Fill out time sheet and put in the Coordinator’s folder. The time sheet must be signed and completed in full.

Follow Up

Follow up meetings can be scheduled at the end of the meeting. The purpose of follow up is to celebrate success or strengthen the families plan. All decisions regarding the family should be made by the family. Please contact It Takes a Village for more information on FGDM follow-up.

REMEMBER: Do not use abbreviations when writing strengths/concerns. Use people’s names so that it is clear whom the strength/concern applies to.
Welcome and Introduction

Introduce your role as facilitator
Introduce your co-facilitator

‘Hello everybody, my name is ____________ and this is ____________, my co-facilitator for tonight. It is my privilege to welcome you to the _________Family Group Conference. _________ will be my scribe tonight as it is easier for me to pay attention to everything that you share if I don’t have to write things down. My role is to facilitate tonight’s conference by remaining a neutral party, evident in the fact that I haven’t met any of you before tonight, and ensuring that we stay focused on the purpose of tonight’s conference. I have been told that the purpose of tonight’s conference is _____________. Is this the purpose as you all remember it?

Review Housekeeping Issues

1. Restrooms- location
2. Breaks
3. Childcare

Observer(s) Present
Facilitator should ask the family’s permission to have an observer present for the family meeting. If they are uncomfortable with it, the observer must leave.

‘At this point, I would also like to ask the members of the family if it is okay for __________ to observe today’s conference. He/She will only be concerned with watching how this process unfolds and will not be participating in any way. Is this alright?’

Introductions
The facilitator begins introductions by starting with Provider(s) first. Then ask all members of the family to identify themselves by name and their relationship to the child whom this conference is about.

‘Now, since you all got to hear who I was, I’d like to get to know who all you are. I would like everyone to briefly introduce themselves by name and please share your relationship to (Child conference is about). I think I am going to begin with the referring caseworker and go with the providers first. Then I’d like the family to start their introductions. To keep things simple, let’s go around the room in this direction (signal clockwise or counter clockwise).

When complete: ‘OK, great! Welcome and thanks for coming to today’s conference. Once again, before we get started I just want to reiterate the purpose of today’s conference (READ purpose statement).’
Identification of Commitment
Facilitator requests a statement of commitment from both the referring caseworker and supervisor and the members of the family.

‘To begin, I’d like to ask (Referring Caseworker + Supervisor) if you are willing to support this process and the plan that the _____ family develops here today, as long as it addresses the bottom-line concerns that you will share later?’

‘Likewise, I’d like to ask all of the members of the _____ family if you are also committed to developing a plan that addresses, as the very least (Referring Caseworker) bottom-line concerns.

If they are: ‘Great, and as a follow up to that, are you willing to remain here for entire conference today?’

FGDM Guidelines
- Focus on the purpose
- Be respectful of each other
- One person speaks at a time
- It’s okay to disagree
- No blaming or shaming
- Additional family guidelines
- Child(ren) must be supervised
- Confidentiality (what is said in here, stays in here)

Confidentiality - Exceptions
Mandated Reporting: ‘certain people in this room are required by law to report and disclosures of intone to harm yourself or another person’

***Ask Mandated Reporters in the room to identify themselves by raising their hand(s).

Evaluation Forms and Plan Tablet
Facilitator passes around a tablet for the family to sign if they want a copy of the plan. Also, family/non-family members are given the evaluation form(s) so they can begin to complete them and turn them in at the conclusion of the conference.

‘I am now going to pass around a tablet. If you would like to receive a copy of the plan you all develop tonight, please provide your name and address so we can make sure that you get that once it is completed. Also, I am going to pass around an evaluation form. I ask that you complete it during the conference, or immediately after it is over, and there will be an envelope up here for you to put them in. There is no need for you to sign your name to them, and the responses will be kept confidential. These evaluations are important so that we can measure how successful these conferences are. I will remind you later, if you haven’t done so already to turn your evaluations in.’
Identify Family Tradition
Facilitator will have the family engage in the tradition they identified prior to the meeting. If nothing was identified, give the opportunity for the family to identify something at that point.

‘Now is the point in the conference where we have you all participate in a family tradition. I am told that your tradition is (Family Tradition). Is there someone in particular who normally begins this tradition? If not, can someone volunteer to get things started?’

-OR-

‘Now is the point in the conference where we traditionally have you all participate in a family tradition. It is my understanding that you did not identify any tradition that you wanted to participate in. Is this correct, is there a tradition you want to incorporate into your conference today?’

Information Sharing
Facilitator will request the referring Caseworker provide details about the case as it relates to the purpose.

‘Alright, at this point, I would like to ask the referring Caseworker to begin sharing some of the reasons that we are here today.’

Identification of Strengths and Concerns
The Facilitator will begin by eliciting family strengths from each participant. The referring Caseworker will begin, followed by other providers, and then family members. The Facilitator will then ask for participants” concerns for the family. This process will be started by the family and then other providers. Write these views on the flip chart in alternating colors.

The Facilitator may want to use clarifying questions when trying to narrow down concerns, such as:
Can you tell me more about that? Do you know they worry about that?
What concerns you most about that? Were you thinking that…?
Would it make sense to say…? What worries you most about that?

*The scribe needs to wait until the Facilitator has asked the clarifying questions before writing concerns.

Identification of Bottom-Line Concerns
The Facilitator will request that the referring Caseworker share the bottom-line concerns that must be addressed in order for this family’s plan to be acceptable to the referring agency. These concerns will be written on a separate flip chart paper so as to avoid confusion.
‘I’d like to now ask the referring Caseworker to identify bottom-line concerns that need to be addressed in today’s plan for it to be accepted’.
Resources
The Facilitator will list all the resources the services providers can offer the family. The Facilitator will ask the family if there is any additional information they feel they need before breaking for the meal and plan development.

‘Now, I would like all the service providers in the room to briefly describe what services your agency can offer in order to help this family develop a plan that meets, at the very least, the bottom-line concerns that (referring Caseworker) described before.’

Break for Meal
The Facilitator will prepare the family for break. The Facilitator will ask the family whether they would like to eat their meal with the providers in the room and develop the plan immediately following the meal or whether the family would like the providers to leave the room and eat separately so that the family can develop their plan while they eat.

‘Now is the time we’ve all been waiting for. The meal! Before we get started, I would like to ask how the family wants to conduct tonight’s meal. There are 2 options. The first is, the providers and the family can eat together in one room and take a little break from the conference while we eat. Or, the second choice is, that the providers can take their food in another room and eat alone while the family begins to develop their plan while they are eating their meal. This is entirely up to the family- what would you all prefer?’

Private Family Time
If the family has chosen to eat with the providers, upon completion of the meal, gather all non-family members and leave the room. Providers will wait in a comfortable area and will refrain from discussing the family. The Facilitator will reassure the family that he/she will be just outside the room in case they need something. The family needs to identify a scribe so that person can record the family’s plan on the flip-chart. The Facilitator will provide the family with a sample format of a plan. Also, the Facilitator will stress that the family needs to be as specific as possible when describing who will complete certain things, the time frame in which certain tasks will be completed, and who will be the back up person in case the original person is unable to fulfill a duty. The Facilitator will explain that at the conclusion of family private time, he/she will bring the referring Caseworker/Supervisor back into the room for the presentation of the plan. He/She will then ask for clarity and approval of the plan.

‘Now is the time that the providers and I will leave the room and allow for you all to develop your plan. Remember the plan you come up with has to, at least, address the bottom line concerns that are posted on the wall. Also, just as a tool, I hung up an example of the outline of the plan so you have some guidance as to how to write the plan. When writing your plan, make sure you are extremely specific about who is going to be responsible for completing certain things, how quickly they will have that complete by (specific dates are always helpful), and who will be identified as a back-up person if the primary one is unable to accomplish their task. You will need to identify someone within the family who will be in
charge of writing the plan on the flip-chart as you guys decide on it, so I would recommend that you start off by deciding who would do that job best. Every bottom line should have its own page of flip-chart paper. Also, just as a FYI, the markers are located here, and here is a calendar here so you can be sure of dates as you need them. Good luck, and please send someone out to get me when you finish up your plan.’

**Service Providers during Family Time**
Service Providers will be asked, before leaving, to complete a non-family member survey. Ensure that the Facilitator has their contact information if they are requesting a copy of the plan upon completion.

**Presentation of the Family’s Plan**
The Facilitator will ask the family to present their plan to the referring worker and the Facilitator. The Facilitator may instruct the referring worker/supervisor to ask questions as going over the plan in order to get clarification, etc. As these clarifications are made, the Co-facilitator will write them on the plan. If not every concern has been addressed, the Facilitator will ask the family to go back into private time and come up with a plan to deal with that concern. If all concerns are addressed and the referring worker has no other questions, the Facilitator will ask the referring Caseworker/Supervisor whether he/she is willing to accept the plan as the family has developed it.

**Scheduling a Follow Up Conference**
The Facilitator, after the plan has been developed, will allow the referring Caseworker to schedule a follow up conference that is meant to review the status of the plan, informally. Once the meeting date is decided, it should be included within the plan. The Co-Facilitator will write it on the plan.

**Wrapping Things Up**
The Facilitator will close the conference with the same tradition that the family engaged in earlier. If there is no tradition conclude the conference.

‘Well, I would like to just take this moment to thank everyone for allowing me the opportunity to facilitate your family conference. It has been a joy sharing this time with you and I wish you all the best of luck with your new plan. Thank you for your hard work and cooperation. You guys did a great job.’
FGDM Guidelines
Pennsylvania Child Welfare Training Program, Introduction to FGDM Part II Training

- Focus on the Purpose
- Be Respectful of each other
- Honesty without blaming or shaming
- One person speaks at a time
- It's ok to disagree

- Confidentiality
  - What is said here, stays here
  - Mandated Reporting

- Ask for additional family guidelines
SAMPLE FAMILY PLAN TEMPLATE For FACILITATOR
It takes a Village Inc.

Family: ______________________________

FGDM Date: __________________________

FGDM Start Time: _________________ FGDM End Time: _________________

1. Area of Concern:

_______________________________________________________________________

_______________________________________________________________________

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Pennsylvania Family Group Decision Making Toolkit:
A Resource to Guide and Support Best Support Practice Implementation
3. Area of Concern: ____________________________________________________________

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Post FGDM conference family support and plan resourcing are critical elements to the success of Family Group Decision Making.

There are many considerations after the family’s FGDM conference. First and foremost, all post conference services need to remain family driven and strength based. The family should decide if they want to have follow up FGDM meetings, who should be invited, the location, the shared purpose, etc… as they would for their original conference.

FGDM Implementation Teams also need to consider roles after the conference (for facilitator, coordinator, and referring worker), distribution of the family plan, incorporation of the family’s plan into the agency plan, follow up meeting purpose, steps to follow up meetings, and presentation of the plan to the Court when necessary.

This section of the Toolkit includes more details on these considerations. More resources are needed to strengthen post conference services. Additional resources will be added to the Toolkit in the future.

Specific documents currently included are:

- FGDM Follow Up Considerations
- Sample Follow Up Letter
Follow-Up Considerations
Michael McClure, Washington County Children and Youth Services

A follow-up FGDM meeting can be a chance to gauge a family’s progress implementing their family plan, celebrate accomplishing some of the goals and objectives the family set forth in their plan, or tweak parts of the family’s plan that may not be working as well as originally expected. In Washington County, every family who has a FGDM meeting is offered a follow-up meeting. The offering usually occurs at the end of the FGDM meeting, but the idea of a follow-up meeting is mentioned several times throughout the coordination piece. Everyone who was at the original meeting is invited to participate in the follow-up, unless the family decides otherwise. These follow-up meetings remain voluntary for the family; however, some counties have made follow-up meetings, sometimes called post FGDM conferences, a part of their everyday practice, usually involving the majority of the original participants. A family can have as many follow-up meetings as they wish.

A follow-up meeting is run somewhat differently than the original meeting, but the focus on family decisions and strengths remain prominent. In Washington County, the facilitator will provide all participants with the plan that the family developed in their last meeting, ask if there are any additional strengths or concerns that should be added, and then proceed to go through each concern that the family previously addressed to assess if that concern has been accomplished, if it needs changed, or if the actions to address the concern are working and still need to continue. If the family or referral source believe that the actions addressing a concern need to be changed, the family will meet, in private, and develop another plan that addresses that concern. Once they develop a plan, they will bring everyone back together and present the plan for acceptance. If there are any changes to the plan, the coordinator will type the new plan and send it out to all the participants from both the original meeting and follow-up meeting, unless instructed differently by the family. As with the original plan, the family decides who receives the plan. If an individual was invited but unable to participate in any of the meetings, the family decides if that individual gets a copy of the plan.

So what happens after a family develops a plan that was accepted by the family and the referral source? Aside from having another family meeting, follow-up is done several different ways. For example, a question that is often asked is “how do you know if a plan is being followed?” Many families build accountability into their plan, often identifying a family member or friend as being the “sheriff”, responsible for ensuring that all the participants are following through with what is in the plan. If the family is active with an agency such as children and youth services or juvenile probation, the coordinator is able to discuss the family’s plan with that agency’s worker to gauge the family’s progress. The policies and procedures in Washington County dictate that the coordinator is to follow up with the family or referral source within thirty days of the conference, and if needed, meet with the family to discuss their options and possibly start to coordinate a follow-up meeting.

Another question that is usually asked is “what if the family and child is court active?” At no point in time can a family plan supersede a pre-existing court order. During
coordination and at the family meeting, the coordinator/facilitator informs the family and referral source that the family’s plan can be accepted by all the participants, but the court will have the final say and will have to ultimately approve the plan. When a court active family develops a plan and the agency involved accepts the plan, it is the expectation of that agency worker to develop recommendations for the court based on the family’s plan. This is why partnering with your court system is imperative to the successful implementation of FGDM. Follow-up by the agency worker is critical because that worker’s recommendations are based on the participants following the plan.

From an agency standpoint, such as children and youth, the family’s plan should drive that caseworker’s practice. The Risk Assessment Matrix should have elements of the family’s plan incorporated in it; safety assessments should be comprised of information given and strategies developed at the FGDM meeting; and most importantly, the Family Service Plan (FSP) and/or Child Permanency Plan (CPP) should contain all of the information from the family’s plan. The objectives and goals in the FSP and CPP should be what the family addressed at their family meeting in language that the family uses. If that agency worker agreed to the family’s plan and concluded that the safety and well-being of the child is best served by following the family’s plan, that worker, and agency needs to have every part of the family’s plan in the FSP or CPP. In Washington County, it is the expectation of the caseworker to have the FSP and/or CPP mirror the family’s plan and attach the family’s plan to the FSP and/or CPP.

One last point concerns modifying a family’s plan: At no point in time should a family’s plan be modified without having another FGDM meeting. This is so important because it has to do with the integrity of the practice. When a family works hard to develop a plan that concerns a child in their lives, and that plan addresses safety, permanency and well-being of the child, and it is accepted by the referring worker (child welfare, probation, etc.) at the time of the meeting, only to be changed by that same worker later on is very disrespectful to the family and should not be tolerated. If a situation changes within the family and a part of the family’s plan needs to be changed, the family deserves to be given an opportunity to address that change and plan for it accordingly.

In closing, follow up is an essential part to the FGDM practice and is the responsibility of everyone involved, from the family, to the referring worker, to the coordinator. A plan can look great on paper; however, it is when the plan is put into action that really counts, and performing appropriate follow up actions are needed to ensure the success of the family’s plan.
Sample FGDM Follow Up Letter
Adams County Children and Youth Services and It Takes a Village Inc.

Date
Name
Address

Dear Mr./Mrs.

Thank you for your commitment and support at the ____________ Family Group Decision Making Conference. A copy of the Family Plan that you helped to develop at the Conference is attached to this letter.

The success of (child) and the family is important to us. Someone may contact you in the future to see how things are going with the family and to get your ideas and comments about Family Group Decision Making in order to continue to improve the services we provide.

If you have any questions or comments, please feel free to contact me at (717)-253-5969.

Thanks again for your continued commitment to the success of the ____________ Family.

Sincerely,

Dewaine Finkenbinder
Coordinator

Waufinalltr3/5/04
Section VII:
FGDM Funding and Sustainability

FGDM practices in Pennsylvania are funded in a variety of different ways including the child welfare Needs Based Plan and Budget process, Integrated Children’s Services Planning, managed care reinvestment dollars, grants and foundations, and community resources.

A number of factors influence the amount of funding needed to implement FGDM including whether the practice is implemented within the human service agency or through a contracted provider. While resources are necessary to implement the practice, the organizational culture changes and infusion of FGDM values into everyday practice require people and relationships, not dollars and cents.

This section of the Toolkit is intended to provide some funding and sustainability resources. This first document in this section is an article by Maryrose McCarthy and Wendy Unger highlighting the implementation of FGDM using existing staff and resources. Additional resources will be added to this section as they are shared.

Specific documents in this section include:
   FGDM Implementation: No New Money Article
   Budget Considerations
   Sample Needs Based Plan and Budget
   Sample Proposal
“FGDM Implementation: No New Money”
Maryrose McCarthy and Wendy Unger, Pennsylvania Child Welfare Training Program

“For successful implementation of FGDM, it is more important to create a climate where positive interactions are expected than to allocate thousands of dollars to a program.”

Family Group Decision Making is a practice change, not a new program. Implementing a new program cost money; changing the way you interact with people doesn’t. In child welfare and in much of the human service field, while resources are important, true change requires people and relationships.

This article will highlight ideas for implementing FGDM as a practice change with no new money, including identifying and using existing agency resources, facilitating an agency culture change, using outcomes, and practice sustainability.

Agency Resources
When you are considering implementing a practice change and no new money is available, you are forced to assess your existing resources and make some decisions. In fact, identifying and using your existing resources and desired outcomes is an ideal place to start with any new initiative.

In social services, staff are our greatest resource. People in the human service system generally want to practice in a strength based way. Finding champions to lead your FGDM practice not only uses existing resources but offers staff an opportunity to practice in a way that truly partners with families and offers intrinsic rewards.

While it is important to start with staff that are ready for the practice change, it is also important to be honest about the real obstacles to change. An organizational assessment should include all staff in identifying the agency’s strengths and concerns and in developing and implementing a plan for change. Supportive leadership is critical. Leaders, both formal and informal, need to provide the vision, resources, staff development, incentives, and inclusive strategic planning process for positive change to occur.

Leadership creates an environment where strength based practice is the norm by modeling the practice in all that they do. This means that interactions with staff and providers builds upon existing strengths and empowers everyone to be part of the agency’s decision making process. Leaders are also important in working with staff and the community to foster partnerships that rallies existing resources to assist families. Community partnerships can provide free services like space for FGDM meetings; mentors for children and families; child care during meetings; assisting with transportation; FGDM implementation team members; consultation on practice issues like FGDM and safety around domestic violence; and locating concrete family needs like beds, clothes, and food.

Making resource decisions also forces agencies to explore new and creative ways to fulfill responsibilities. Timing is important. All staff should consider how existing resources can be
realigned to meet your outcomes. For example, can staff be dedicated to the new practice? How can current processes change to be more reflective of a strength based, family driven practice? Specific examples in Pennsylvania include considering if some services like home studies could be done through the Statewide Adoption and Permanency Network (SWAN) utilizing their expertise and resources or if child preparation and family profiling services could assist in identifying existing family resources to help children. If so, agency resources, including staff, that are currently dedicated to these services, can be aligned with FGDM.

Agency Culture
The culture of the agency is critical in the successful implementation of FGDM, the retention of agency staff, external relationships, and outcomes for children and families. Changing the agency’s culture to embrace strength based, family empowerment practice is not easy and takes time. It can not be stressed enough that modeling and living the values and principles of FGDM in all that you do creates the culture for others to follow and thrive.

You can also introduce the cultural change by altering your physical environment to be welcoming and reflective of strength based values. Some agencies have posted strength based signs throughout the office to be visual reminders of the practice change. Other concrete ways of using strength based services in daily practice include revising agency policies and procedures, changing the language in correspondences with families, conducting strength based supervision and performance evaluations, changing interviewing questions to assess strength based values and experiences, promoting staff based on exemplifying the values, including families in all case reviews, and contracting with providers that also share the values.

This positive agency climate permeates internal and external relationships. Partner agencies, through participation on your implementation team or through participating in an FGDM conference, quickly see the benefits that FGDM offers to families and to their staff and services. Many times, providers have reported that the values of FGDM, like building on strengths and engaging extended kin, are core to their service delivery. Because many times families are involved with multiple service systems simultaneously, having all providers share the same values and coordinate services greatly assists children and families.

Community partners should be invited to be part of your FGDM Implementation Team to make decisions about how the practice can assist the community in meeting the needs of children and families. The positive community culture, created many times by cultivating existing resources, fosters partnerships that can address systemic dysfunction that has stopped well meaning services from being effective. For example, domestic violence agencies have joined with child welfare agencies in FGDM as they see it as an opportunity to collaboratively impact domestic violence in families, something that has at many times, seemed out of control.

As with any change, you should expect resistance and foster perseverance. Instead of seeing challenges as negative, see them as opportunities and catalysts for change.
Capitalizing on your collective strengths, communities can join together to change agency culture and practices.

Outcomes
Once your practice shifts to reflect FGDM values and principles, positive outcomes are realized. Families have provided continuous feedback that FGDM has helped them keep their children out of the system, get requested services, and improved their relationship with the agency.

When families pull together and use their resources and existing supports within their community, formal service systems save money. Natural supports like churches, sports clubs, scouting, and neighborhood centers are also more family friendly than government systems. Families are more creative in identifying what will assist them. This creativity often times involves less formal services and money. Research has also found that when families develop their own plan, families blends formal services with family-delivered services, and creates plans that are seen to be safe (Merkel Holguin, L. et al. 2003). Families are also more likely to hold themselves accountable to complete the tasks set forth in their plan.

FGDM practices should begin outcome evaluation efforts when they begin their practice. Information gathered, including anecdotal success stories from family members and professionals should be used to sustain and expand the practice.

Sustainability
Through strength based interventions like FGDM, you can save money. Reinvesting this savings, allows you to provide more individualized and family driven services to more families. As your FGDM practice evolves and you realize positive results, this adds credibility to your practice and increases you opportunities for funding. Some Pennsylvania FGDM practices have received FGDM funding through foundations, grants, managed care reinvestment dollars, and community blended funding, in addition to the child welfare needs based budgeting process.

Implementing FGDM as a community practice, accepting referrals from anyone, facilitates partnerships and advocates for sustainability. As you offer your resources and services, others are more likely to do the same. “I've never shared resources where they have not been returned many times over" Maryrose McCarthy.

Some of your strongest advocates for FGDM expansion are the family members who have been helped by the practice. Family should participate in the development of policies and procedures to guide FGDM and other agency services. Family members can also greatly assist in creating public relation materials, in talking to families about services, and challenging professionals to staying true to family driven practices.

The Future
Pennsylvania is fortunate to have an active, cross systems, and strong statewide support system to guide our FGDM implementation. Much of this has been realized with existing
resources and through modeling the practice in our interactions. People and relationships have been instrumental in the success of FGDM in PA. The statewide support system will continue to foster positive relationships and positive agency cultures to improve the lives of children and families.

**No New Money Considerations:**

1. Model the practice-create an agency culture where strength based interactions are the norm
2. Use existing resources
3. Identify champions among staff
4. Assess new ways of getting the job done
5. See resistance as opportunities
6. Manage change effectively
7. Foster cross systems partnerships
8. Invite families who participated in FGDM to help
9. Use your positive outcomes to sustain and expand the practice
10. Cultivate Leadership
Family Group Decision Making
Budget Considerations

Personnel:

FGDM Coordinator (1)
Administrative Support
Fringe

Operating Expenses:

FGDM Facilitator

Rent
Building Repairs and Maintenance

Church Space Donation
General Office Expenses
Equipment Rentals and Leases

Program Supplies
Computer
Information System Service
Client Meals
Telephone (including cellular)
Postage
Staff Travel
*Training
Family Travel Expenses
Insurance
Taxes-Other

Administrative Fees

Total Program Cost

* Some training is now available through the Child Welfare Training Program at no cost for public child welfare agencies and their system partners.
Family Group Decision Making  
Contract Budget Narrative  
Annualized

Personnel –

The staffing pattern could include full or part-time Coordinator, full or part-time Administrative Assistants, and financial oversight and program oversight from the Program Director. Facilitator costs should also be considered under personnel. Fringe Benefits include 401k contributions, FICA, unemployment, medical insurance, dental insurance, disability insurance, and worker’s compensation.

Operating Expenses –

FGDM Facilitators –
This includes FGDM facilitators contracted @ /hour – Lead Facilitators, and Co-facilitators for Family Group Conferences.

Rent -
This includes the use of office space for personnel. The coordinator may also be housed in the Children and Youth office.

Building Repairs and Maintenance –
This includes routine repairs and maintenance necessary for building operation and upkeep.

Community Space Donation –
This line item will allow the coordinator to offer a donation to a church if that is determined to be the best location for an FGDM.

General Office Expenses –
Provides pens, pencils, paper, flip charts, client files, and folders, filing materials, etc. In addition, routine expenses to provide cleaning supplies and paper products to maintain the cleanliness and sanitation of the environment.

Equipment Rentals and Leases –
This covers expenses for a copier, postage meter, and water cooler.

Program Supplies -
Training materials, pamphlets, booklets, etc. for staff and families.

Computer –
A computer will be provided to the Administrative Assistant/coordinator to assist in maintaining record keeping.
Computer Service and Maintenance –
Provides for Information System personnel to maintain the computer network, helpdesk, and all other service required to maintain the functioning of our computers and printer.

Client Meals -
This will allow for a meal, snacks, and drinks to be available to families during the conference.

Telephone -
Provides for usage of telephones located in the office and for 1 cellular telephone for the coordinator to provide communications with families, referral agency, conference locations, and the Cornell Abraxas administrative offices.

Postage -
This line item covers the cost of postage on envelopes, certified mail, and overnight mail charges.

Staff Travel -
Provides an automobile allowance for the coordinator to travel to families’ homes, meetings, and conference locations as part of coordinating a Family Group Conference. In addition, this covers mileage reimbursement for the Program Director to travel to conferences and meetings with the coordinator.

*Training -
Free training and technical assistance is provided through the Child Welfare Training Program (717-795-9048). Other training related expenses may include travel to the American Humane Association’s International FGDM Conference, shadowing opportunities in other counties, and additional family engagement trainings. Free training and technical assistance is available through the Child Welfare Training Program.

Family Travel Expenses -
Provides discretionary funds for family members who want to participate in the Family Group Conference, but have limited resources to cover travel expenses. It may cover a hotel room, a bus ticket, an airline ticket, etc. This fund would be used only in an emergency situation; after all other options have been explored.

Insurance – Liability -

Taxes – Other -

Total Personnel and Operating Expenses -

Administrative -

Total Annual Program Cost -
Sample Needs Based Plan and Budget
Child Welfare/Juvenile Probation
2009-2010

Status of Evidenced Based Practices

Family Group Decision Making (FGDM). CYS elected to implement Family Group Decision Making utilizing agency MSW staff rather than purchase this service. A strategic implementation plan for FGDM was developed in October 2007. A total of nine staff were trained as coordinators/facilitators. The same nine staff comprised the agency implementation team. By December 2007, a community implementation had also been established and began meeting.

After piloting a family conference in January 2008, CYS officially began accepting referrals for conferencing on January 28, 2008. To date, 32 referrals have been received, with 7 referrals not being accepted for conferencing. Fifteen conferences have been held since this practice began in Berks County. Most families referred have been active with CYS; one referral was a case from the Juvenile Probation Office. Our early outcomes include two conferences resulting in case closure with CYS, 1 conference resulting in a child returning home from placement, another resulting in a child returning home from a 30 day voluntary placement, and yet another resulting in a child in an MH placement out-of-county moving back to the county with an accelerated plan for a return home by September 2008. The Guardian ad Litem agreed to terminate dependency in one case immediately following a conference and the development of a family plan. In at least 2 situations, out-of-home placements and the need for any court involvement was completely avoided through conferences.

The CYS agency implementation team meets on a bi-weekly basis. Two additional caseworkers have recently been added to the agency team, one from In-Home and another from Intake. Eight of the team members have a MSW degree (three are LSW’s); the others are final year MSW candidates in the CWEL program. In addition, the community implementation team meets quarterly and has representation from the private provider community, JPO, the religious community, schools, Kutztown University, CASSP, juvenile court, Council on Chemical Abuse, and a family who participated in a conference. Further, facilitators and coordinators have been available for 21 speaking engagements to discuss Family Group Decision Making. These engagements have been at the agency, area colleges, libraries, and other locations throughout the community.

Anticipated outcomes: 1) fewer families accepted for in-home services; 2) shorter lengths of services for those accepted; 3) fewer cases advanced to Juvenile Court; 4) fewer placements; and 5) fewer re-entries. Another outcome is a huge cost savings to both the county and the state by using agency staff to offer this service.
The average total cost per conference, including staff salaries, has been $544.05.

While CYS has accommodated one referral from JPO, and there is the desire to accommodate additional referrals, the ability to do so will be hindered as long as there is a need to rely upon CYS staff to offer this service. Facilitators and co-facilitators are mostly management/confidential salaried staff who are not receiving additionally financially compensated for the overtime involved for evening and weekend conferences. They do, instead, opt to work flex schedules, if possible. Others filling this role are CWEL interns. CYS has requested that the Child Welfare Training Program offer an additional 3-day FGDM coordinator/facilitator training here this fall with the hope that other County departments interested in this practice will send staff to the training. In this manner the practice can be expanded beyond CYS clientele, with CYS mentoring the new coordinators and facilitators.

Evidenced-Based Programs

Family Group Decision Making. Initially, we attempted to use the nine-member agency implementation team to serve as coordinators and facilitators, taking turns with each role. We found that the average time spent from the referral acceptance date to the actual conference was 54.38 days. For this reason, a full time coordinator was identified and began coordinating conferences in April 2008. The average time spent coordinating a conference has since decreased to 26.6 days. The full time coordinator has determined that the maximum number of conferences she can manage at once is five. For this reason, a second staff will transition to a full time coordinator during July 2008. A possible third coordinator has been identified and will be added by September 2008. Additionally, a case aide has now been assigned to FGDM to assist with site visits, transportation of families and/or supplies to and from conferences, and child care during conferences. The agency team continues take turns facilitating and co-facilitating. Job descriptions for each role have been written and continue to be revised as we gain more experience and are better informed as to what tasks are best performed by which position.

CYS had requested a total of 5 additional staff (1 program specialist, 1 supervisor, and 3 caseworker II’s) to create an In-Home FGDM unit. The State approved 4 additional caseworker IIs; however, the County has not approved any new positions. Therefore, FGDM positions have progressively been carved out of existing In-Home department ones. The ability to continue to grow this program is now contingent upon the capability of maintaining a low overall In-Home workload. Cases from transitioned FGDM staff have been reassigned to other staff. Instead of a program specialist, an existing In-Home supervisor has taken on additional programmatic responsibilities for FGDM. Her unit is being transformed into a FGDM one. She currently supervises 3 in-home caseworkers and 2 full time FGDM coordinators (caseworker II equivalents). A case aide has also been designated for FGDM. By September 3, 2008 we anticipate adding a third full time coordinator. As we add other FGDM staff, In-Home caseworkers in the unit will be re-assigned to another
In-Home unit to maintain a 1:5 supervision ratio. As noted earlier, the average cost per conference, including staff time, for the first 15 conferences was $544.05. As we continue to grow this in service in the county, additional staff will be needed: one full time program specialist and 3 caseworkers whose combined salaries and benefits will be $236,800 (FY ’08-'09 Adjustment # 3) as well as continued funding for conference supplies and food (FY’08-'09 Adjustment 12 and FY ’09-'10 Adjustment 10).

Total requested under this special grant is $236,800.
Sample FGDM Funding Proposal

U.S. SENATOR ROBERT P. CASEY, JR.

FISCAL 2009 APPROPRIATIONS
REQUEST WORKSHEET AND QUESTIONNAIRE

Deadline for submission: February 22, 2008
Dear Friends:

I am pleased to provide you with my fiscal 2009 appropriations request worksheet and questionnaire.

Each year, Congress is charged with the responsibility of passing 12 bills that fund federal discretionary programs. Through this process, Senators and Representatives have the opportunity to direct federal funds to local priorities. The amount of funding for directed projects is very limited and all proposals will be subject to considerable competition with other projects around the nation. Moreover, the budgetary constraints currently facing the federal government, coupled with new restrictions on the scope of congressionally-directed projects, will further limit the opportunities to target funding to particular initiatives.

Projects are therefore subject to considerable scrutiny. In addition to our review of your written proposal, my regional field representative in your area may schedule a visit to further evaluate your submission. You may also be asked to submit additional documentation. Where applicable, projects will be evaluated based on their potential to (in no particular order):

- encourage economic development and create jobs in Pennsylvania;
- enhance the health and well-being of Pennsylvanians, especially children and the elderly
- assist local law enforcement in making their communities safer;
- improve education for Pennsylvania’s students, particular in the fields of math and science;
- strengthen our national defense and domestic security;
- expand job training opportunities for Pennsylvania’s workers;
- increase energy efficiency;
- promote environmental restoration and protection;
- improve agriculture processes through research;
- bolster Pennsylvania’s transportation and infrastructure.

While no one project is expected to meet all of these criteria, the ability of your initiative to further one or more of these policy goals will be weighed heavily. Evidence of strong local support is also important, as is the national interest in achieving the objectives set forth in your application. This list is not exclusive and other factors can and will be considered.

Each congressional office has its own internal evaluation process and will likely require you to complete application materials that are separate and distinct from this document. Should you decide to submit an application to one of my colleagues in the Pennsylvania delegation, you should contact his or her office for details on their requirements.

As always, please feel free to contact my office if you have any questions.

Sincerely,

Robert P. Casey, Jr.
United States Senator
Instructions: Please read the following instructions carefully.

Deadline: Please complete each applicable section below and submit this form to appropriations@casey.senate.gov no later than February 22, 2008. If you do not have this form in an electronic version, please email the above address to obtain the form.

Multiple Projects: To assist in processing requests, please e-mail only ONE request worksheet per e-mail. If your organization intends to seek funding for more than one project, please e-mail each request worksheet separately noting priority order of each project request.

Electronic Submission: When submitting your request via e-mail, please include the following information in the subject line of your electronic message: “FY09 {insert name of appropriations bill} Appropriations request for {insert the name and location of your project}”. Here is an example:

To: appropriations@casey.senate.gov
From: {your email address}
Subject: FY09 Transportation-HUD Appropriations for Anywhere Intermodal Center-Anywhere, PA

***Please note that failure to include the proper information in the subject line will make processing and evaluating your application more difficult.

Confirmation: Upon proper submission, you will receive an e-mail confirmation. Due to the volume of requests received, you may not receive a confirmation until February 27, 2008. If you do not receive an e-mail confirming that the form was received by this date, please re-submit the form.

Completion of Questions: Please make every effort to fully complete each question. Please avoid submitting the same answer for each response on the Project Questionnaire. In particular, be sure to provide separate and distinct responses to the questions regarding the national (Question #3), state (Question #4), and local benefits (Question #5) of this project. Please note that the form may be returned to your organization if any of the fields are left blank.

Font: Please submit your answers in 12-point, Times New Roman font. Please do not bold, underline, italicize or otherwise highlight your answers or responses.

Disclosure: Please note that the information provided in this form may be disclosed to the public, including on Senator Casey’s official Senate website (http://www.casey.senate.gov).

Letters of Support: Letters of support can be submitted as they become available.

Attachments and White Papers: To the extent possible, please attach any supplemental materials and/or white papers to the end of the form so that you are submitting ONE document.

Questions: If you have questions, please feel free to contact Ed Williams in Senator Casey’s office via email at ed_williams@casey.senate.gov or via phone at (202) 224-6324.
Appropriations Bills

Please check only ONE per request worksheet. If your organization intends to seek funding for more than one request, please submit a separate worksheet for each project request.

For Defense and Transportation project requests you MUST complete the specific appropriations worksheets for the requests.
- For Defense, complete general questionnaire (pp. 4-7) & Defense worksheet (pp. 8-10)
- For Transportation, complete general questionnaire (pp. 4-7) & Transportation worksheet (p.11-12)

[ ] Agriculture (It is unclear whether this bill will provide funding for new projects in Fiscal Year 2009)

[X] Commerce, Justice and Science

[ ] Defense (For defense projects, please note that you must complete the Defense Appropriations Worksheet [see p. 8-10] in addition to completing the applicable information on pp.4-7)

[ ] Energy and Water (including Army Corps of Engineers projects)

[ ] Financial Services, includes the Small Business Administration

[ ] Homeland Security (It is unclear whether this bill will provide funding for new projects in Fiscal Year 2009)

[ ] Interior and Environmental Protection Agency

[ ] Labor, Health and Human Services and Education, includes Institute of Museum and Library Services

[ ] Transportation, Housing and Urban Development (For transportation projects, please note that you must complete the Transportation Appropriations Worksheet [see p.11-12] in addition to completing the applicable information on pp.4-7. You can ignore pp.8-10)

Disclaimer: It is important to note that the amount of funding for directed projects is very limited and all proposals will be subject to considerable competition with other projects around the nation. Moreover, the budgetary constraints currently facing the federal government, coupled with new restrictions on the scope of individualized projects, will further limit the opportunities for direct funding to particular initiatives. Submission of this application therefore should not be construed as a guarantee that funding will be awarded.
### GENERAL APPROPRIATIONS WORKSHEET

#### Background Information

| Please provide the following information about the prospective grantee: | Dauphin County Human Service Director’s Office  
Peter Vriens, Human Service Director  
Dauphin County Administration Building  
2 South Second Street, 5th Floor  
Harrisburg, PA 17101  
717.780.7181 (phone)  
717.255.2858 (fax) |
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the Organization</td>
<td>Dauphin County Human Service Director’s Office</td>
</tr>
</tbody>
</table>
| Name of Primary Point of Contact | Peter Vriens, Human Service Director  
Dauphin County Administration Building  
2 South Second Street, 5th Floor  
Harrisburg, PA 17101  
717.780.7181 (phone)  
717.255.2858 (fax) |
| Mailing Address | Dauphin County, PA |
| Phone Number(s) | This is a public agency dedicated to the health, safety, and general welfare of citizen’s within Dauphin County. The office has oversight of mental health/mental retardation, Drug &Alcohol and Children & Youth services. Additionally, the department oversees a variety of grant funded initiatives aimed at enhancing the lives of our residents. |
| Email Address(es) | Allison Dutrey, Associate Greenlee Partners, LLC.  
230 State Street  
Harrisburg, PA 17101  
202-689-5944 (phone)  
717-236-8383 (fax)  
Allison@greenleepartners.com |

#### Please describe the location (municipality/county) in Pennsylvania where the requested funding is proposed to be spent.

| Please describe the location (municipality/county) in Pennsylvania where the requested funding is proposed to be spent. | Dauphin County, PA |

#### Describe your organization’s main activities, and whether it is a public, private non-profit, or private for-profit entity.

| Describe your organization’s main activities, and whether it is a public, private non-profit, or private for-profit entity. | This is a public agency dedicated to the health, safety, and general welfare of citizen’s within Dauphin County. The office has oversight of mental health/mental retardation, Drug &Alcohol and Children & Youth services. Additionally, the department oversees a variety of grant funded initiatives aimed at enhancing the lives of our residents. |

#### Please identify whether your organization is represented by a Washington-based organization. If so, please provide applicable contact information.

| Please identify whether your organization is represented by a Washington-based organization. If so, please provide applicable contact information. | Allison Dutrey, Associate Greenlee Partners, LLC.  
230 State Street  
Harrisburg, PA 17101  
202-689-5944 (phone)  
717-236-8383 (fax)  
Allison@greenleepartners.com |

### Authorization under current Federal law

| Have you identified which Federal Department/Agency has authority to allocate funding for this initiative? | Department of Justice |

| If so, have you identified a particular | Juvenile Justice Programs |
### Project Funding Information

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Please provide the name of the project.</td>
<td>FGC Expansion</td>
</tr>
<tr>
<td>Please provide the total cost of this project.</td>
<td>$1.5 million</td>
</tr>
<tr>
<td>If your organization is requesting more than one project, please note the ranking for this request (Example: 1st Priority would be the highest).</td>
<td>This is #1 out of 4</td>
</tr>
<tr>
<td>Please list the amount of federal funding you are requesting for this project in fiscal 2009.</td>
<td>$450,000</td>
</tr>
<tr>
<td>Have you previously requested federal funding for this project? If so, please provide background details (i.e. source(s) of federal funding and fiscal year(s) in which the federal funding was provided).</td>
<td>Yes DOJ $300,000 in 2006</td>
</tr>
<tr>
<td>Do you anticipate a need for additional federal funding in subsequent fiscal years?</td>
<td>yes</td>
</tr>
<tr>
<td>Have you identified matching funds from non-federal sources? What amount does each of these funding sources contribute?</td>
<td>Yes…State and local funds to collectively result in $1 million</td>
</tr>
<tr>
<td>Have you sought funding through a competitive federal or state grant program?</td>
<td>no</td>
</tr>
<tr>
<td>Have you sought funding through private sources or foundations?</td>
<td>no</td>
</tr>
</tbody>
</table>
Specific Questions for ARMY CORPS OF ENGINEERS projects

This section is ONLY applicable to Army Corps projects. Please specify if funding is requested for a (please check one if applicable):

____ New Study

____ Ongoing General Investigation (Reconnaissance study phase; feasibility study phase; preliminary engineering and design phase)

____ Construction

____ Operation and Maintenance

If applicable, please provide the Authorization (P.L. # and Section).

Example:

Section VII: Funding and Sustainability

Project Questionnaire

1) Please provide a brief summary of this project and identify the specific purpose of this initiative (Please limit to no more than 2 sentences. Example: Funding will be used for environmental restoration in _______, Pennsylvania).

These funds will help expand the number of conferences, expand into the local community and adult probation system.

2) Please provide a narrative describing the project, including background, need, use of funding, and a brief budget breakdown (Please limit to no more than 2 paragraphs).

This project will assist in expansion of a dynamic and innovative practice currently being implemented throughout Dauphin County. Family Group Conferencing is a practice that recognizes the expertise of extended family, friends, neighbors, ministers and all others who care about a child. Utilizing that commitment and expertise, these individuals are brought together to plan for the care of the youth & adults, the needs of the family, the safety of the community & restitution to the victim (latter two critical for juveniles involved in delinquent acts). The process of FGC has already demonstrated significant positive outcomes including, but not limited to, significant reduction in recidivism for both the youth and siblings, significant increase in family/community ownership of the problems/solutions; increase interaction/involvement of the local faith based community, reduction on family reliance/dependence on government for answers to family struggles.

3) Please describe the national significance of this program/project (Please limit to no more than 2 paragraphs).

This practice dramatically changes the way youth/families are engaged in the helping process as it related to abused, neglected and delinquent youth. By partnering more intensely with the faith community, school districts and local leaders, the expansion project will provide needed training and assistance to fully implement. By using FGC issues such as truancy, poor academic performance, delinquency behavior and early signs of abuse can be addressed. Funds will also be utilized to expand the practice to additional school sites, community partners (especially faith based entities) as well as additional units of our adult probation system.

By utilizing these funds to encourage strong youth and families, this will reflect on the nation in a very positive way, and perhaps serve as a model for other communities in the United States that may be facing similar circumstances. This is a national problem that must be worked on through local communities such as this one.
Section VII: Funding and Sustainability

4) Please describe the importance of this program/project to the Commonwealth of Pennsylvania (Please limit to no more than 2 paragraphs).

Pennsylvania will grow to be an even stronger Commonwealth with the strength of youth and families as they overcome their hardships. With this program, children will perform better in school, have healthier relationships, and use good judgment as they grow into adulthood. This will ultimately improve the overall wellbeing of families and communities in Pennsylvania as each person and family who need help will seek it through Family Group Conferencing. Major Pennsylvania cities are involved (Pittsburgh and Philadelphia), which promote widespread involvement in the Commonwealth.

5) Please describe the anticipated benefit of this program/project to the local community (Please limit to no more than 2 paragraphs).

Dauphin County will greatly benefit directly from this program, as it pulls in families and youth primarily from this area. With each new person seeking assistance, this county’s society will be improved one person at a time. Families in the Harrisburg area will be able to utilize this program for a variety of needs, and as a result, their own families will improve, while improving Dauphin County as a community.

6) In 100 words or less, please provide a concise rationale for why Congress should consider funding this project.

Strengthening the capacity of families to resolve their own concerns before a major crisis develops has the potential to not only help families but to dramatically reduce dependency on major governmental systems. The more equipped families are to address and resolve concerns that impact their daily lives the more productive they will be as a family unit and in their role of raising competent, fully functioning future tax payers.

7) Has your organization in general or this project in particular been the subject of any negative scrutiny?

No

8) Does this project enjoy support from State and/or local officials? If so, please feel free to provide letter(s) indicating this support.

DEFENSE APPROPRIATIONS WORKSHEET

This form is for defense appropriations projects only

9
### U.S. Senator Robert P. Casey, Jr.  Fiscal 2009 Appropriations

<table>
<thead>
<tr>
<th>Name of the project:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Name of the potential recipient/contractor:</th>
</tr>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Address where the major portion of the work is to be performed</th>
</tr>
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<tr>
<td></td>
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</tbody>
</table>

**Program Purpose (no more than 255 characters):**

**Program Description:**

**Service** (Please check applicable box)

<table>
<thead>
<tr>
<th>Service</th>
<th>Army Reserve</th>
</tr>
</thead>
<tbody>
<tr>
<td>Army</td>
<td>Navy Reserve</td>
</tr>
<tr>
<td>Navy</td>
<td>Marine Corps Reserve</td>
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<tr>
<td>Marine Corps</td>
<td>Air Force Reserve</td>
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<tr>
<td>Air Force</td>
<td>Army National Guard</td>
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<tr>
<td>Army National Guard</td>
<td>Intelligence</td>
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<tr>
<td>Defense-Wide</td>
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</tbody>
</table>
DEFENSE APPROPRIATIONS WORKSHEET (con’t)

Appropriations Account (Please check applicable box)

<table>
<thead>
<tr>
<th>RDT&amp;E</th>
<th>Procurement</th>
<th>Personnel</th>
</tr>
</thead>
<tbody>
<tr>
<td>O&amp;M</td>
<td>Counter Drugs</td>
<td>Medical</td>
</tr>
<tr>
<td>Reserve Equipment</td>
<td>National Guard Equipment</td>
<td>Other</td>
</tr>
</tbody>
</table>

Line Item Title:

Identification:

<table>
<thead>
<tr>
<th>R-1/PE #</th>
<th>P-1/Line #</th>
<th>Other</th>
</tr>
</thead>
</table>

Sub-Activity Group: (Required for Personnel, and O&M)

FY07 Appropriated Amount: (If applicable)

FY2008 Request: (If applicable)

FY08 Appropriated Amount: (If applicable)

Amount Included in the President’s Budget for FY09: (If applicable)

Your FY09 request:

Bill and/or Report Language: (Only required if part of overall request and designate whether bill or report language – Please keep length to an absolute minimum.)
DEFENSE APPROPRIATIONS WORKSHEET (con’t)

Anticipated Benefits for Pennsylvania

1) How many Pennsylvanians does your organization currently employ?

2) How many new Pennsylvania jobs do you anticipate that this project will create?

3) If awarded, will any of the work funded by the initiative be conducted outside of Pennsylvania?

4) What, if any, are the potential commercial applications of this initiative?

5) Please explain your long-term commitment to Pennsylvania.

Anticipated Benefits for the Department of Defense

1) Has the Department or any of the individual services expressed a need for the item or capability that your organization expects to provide in the event that this project receiving congressional funding?

2) Assuming (a) that the Department or any of the individual services has expressed a need for this item and (b) that you are requesting funding beyond that provided in the President’s budget, please explain why the Department has not provided sufficient funding for this initiative in its proposed budget?

3) How will this item or capability benefit troops and other military personnel currently in the field?
<table>
<thead>
<tr>
<th>Background Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the project:</td>
</tr>
<tr>
<td>Municipality(ies) included in this project</td>
</tr>
</tbody>
</table>

**Program Purpose (no more than 255 characters):**

**Program Description (no more than 255 characters):**

<table>
<thead>
<tr>
<th>Project Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you identified which agency within the U.S. Department of Transportation has authority to allocate funding for this initiative? (Example: FAA, FHWA, FRA, FTA, etc.):</td>
</tr>
<tr>
<td>If so, have you identified a particular program and/or account administered by that Department that is best suited to your project? Feel free to list more than one underlying authority if applicable. (Example: STP, Bus and Bus Facilities, etc.):</td>
</tr>
<tr>
<td>For FAA requests, please list the Airport Name as defined in FAA National Plan of Integrated Airport Systems:</td>
</tr>
<tr>
<td>For FTA requests, please list the appropriate transit authority:</td>
</tr>
</tbody>
</table>

TRANSPORTATION APPROPRIATIONS WORKSHEET (con’t)

Project Eligibility

<table>
<thead>
<tr>
<th>U.S. DOT Eligibility: Have you confirmed with U.S. DOT or a regional U.S. DOT office that this project is eligible for funds provided under the requested account?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>PENNDOT Eligibility: Have you confirmed with PENNDOT or a regional PENNDOT office that this project meets their eligibility guidelines?</td>
<td></td>
</tr>
<tr>
<td>Statewide Plan: Is this project included on Pennsylvania’s State Transportation Improvement Program list?</td>
<td></td>
</tr>
</tbody>
</table>

Anticipated Benefits for Pennsylvania

1) Please provide information on how this project will reduce congestion or otherwise improve your local transportation system (no more than 255 characters).

2) Please provide information on how this project will promote economic development or otherwise encourage economic growth (no more than 255 characters).

3) If your organization is a non-governmental entity, have you discussed your request with the local elected leadership? If so, is this project a priority for the local government? If not, why not?
CONGRESSMAN TIM HOLDEN
APPROPRIATIONS REQUEST FORM

Contact Information

<table>
<thead>
<tr>
<th>Project Name:</th>
<th>Family Group Conferencing Community Expansion Project</th>
</tr>
</thead>
</table>
| Organization Making Request (please include contact person, address, phone, fax and email): | Dauphin County Human Service Directors Office  
Peter Vriens, Human Service Director  
Dauphin County Administration Building  
2 South Second Street, 5th Floor  
Harrisburg, PA 17101  
717.780.7181 (phone)  
717.255.2858 (fax) |
| Washington Representative contact information (if applicable): | Allison Dutrey, Associate  
Greenlee Partners, LLC  
230 State Street  
Harrisburg, PA 17101  
202-689-5944 (phone)  
717-236-8383 (fax)  
Allison@greenleepartners.com |

Project Information

| Project Description: | This project will continue the dynamic expansion innovative practice currently being implemented throughout Dauphin County. Family Group Conferencing is a practice that recognizes the expertise of extended family, friends, neighbors, ministers and all others who care about a child. Utilizing that commitment and expertise these individuals are brought together to plan for the care of the youth, the needs of the family, the safety of the community & restitution to the victim (latter |
two critical for juveniles involved in delinquent acts).

The process of FGC has already demonstrated significant positive outcomes including, but not limited to, significant reduction in recidivism for both the youth and siblings, significant increase in family/community ownership of the problems/solutions; increase interaction/involvement of the local faith based community, reduction on family reliance/dependence on government for answers to family struggles.

This practice dramatically changes the way youth/families are engaged in the helping process as it related to abused, neglected and delinquent youth. By partnering more intensely with the faith community, school districts and local leaders, the expansion project will provide needed training and assistance to fully implement. By using FGC issues such as truancy, poor academic performance, delinquency behavior and early signs of abuse can be addressed.

Funds will also be utilized to expand practice to the general community, our faith based partners, additional school sites and additional units of the adult probation system.

| Specific Use for Requested Funds: | Training, staff expenses, conference expenses, community faith based staff/location/training. Create 8 to 15 positions full & part time |
## Funding Information

<table>
<thead>
<tr>
<th><strong>Funding Amount Requested:</strong></th>
<th>$450,000</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Estimated Total Cost of Program:</strong></td>
<td>$1.5 million</td>
</tr>
<tr>
<td><strong>Non-federal matching Fund Amount and Source (if applicable):</strong></td>
<td>$1 million from Needs Based Plan &amp; Budget with corresponding County General Fund match</td>
</tr>
<tr>
<td><strong>President's Budget Request (if applicable):</strong></td>
<td>n/a</td>
</tr>
</tbody>
</table>
| **Federal Funding History:** | FY08: n/a  
FY07: n/a  
FY06: $300,000 DOJ (ending 9/08)  
FY05: n/a |
| **Expected project completion or project timeline (if applicable):** | |
## Appropriations/Subcommittee Information

<table>
<thead>
<tr>
<th>Appropriations bill/Subcommittee (please check one):</th>
<th>Agriculture</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X Commerce, Justice, Science</td>
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<tr>
<td></td>
<td>Energy and Water (includes Army Corps)</td>
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<td></td>
<td>Defense</td>
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<td></td>
<td>Interior and Environment (includes EPA)</td>
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<tr>
<td></td>
<td>Labor, Health and Human Services, Education</td>
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<td></td>
<td>Military Construction, Veterans</td>
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<td></td>
<td>Affairs</td>
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<td></td>
<td>Homeland Security</td>
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<td></td>
<td>Transportation, HUD</td>
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<tr>
<td></td>
<td>Financial Services</td>
</tr>
<tr>
<td>Department or Agency:</td>
<td>Department of Justice</td>
</tr>
<tr>
<td>Account within Department or Agency:</td>
<td>Juvenile Justice Programs</td>
</tr>
<tr>
<td>Bill or Report language desired (if applicable):</td>
<td>n/a</td>
</tr>
<tr>
<td>Is this funding authorized, if so please specify (example: TEA 21, WRDA'99):</td>
<td>n/a</td>
</tr>
</tbody>
</table>

Due to the new rules in the House of Representatives, please thoroughly complete this form. All request forms **must** be emailed to Keith Pemrick at keith.pemrick@mail.house.gov by February 22, 2008. **No exceptions.** (If you wish to carbon copy another member of the Congressman's staff that is fine). If you are requesting a transportation appropriation, you must include three different local letters of support on letterhead. (Examples include the township, local elected official, local business, etc.). If you have any further questions, please contact Keith Pemrick at the above email address or at (202) 225-5546.
U.S. SENATOR ARLEN SPECTER

FISCAL YEAR 2009
GENERAL APPROPRIATIONS REQUEST
WORKSHEET AND QUESTIONNAIRE

INSTRUCTIONS

This worksheet is ONLY for Agriculture; Commerce, Justice, and Science; Energy and Water; Financial Services; Homeland Security; Housing and Urban Development; Interior and EPA; and Labor, Health and Human Services and Education appropriations requests.

For Defense, Military Construction and State, Foreign Operations project requests, please contact Christopher Bradish at christopher_bradish@specter.senate.gov to obtain the specific appropriations worksheets for those requests. For Transportation requests and requests for Bill or Report Language in any appropriations bills, you MUST complete the specific appropriations worksheet for those requests.

Deadline: Please complete each applicable section below and submit this form to jennifer_castagna@specter.senate.gov no later than February 22, 2008. If you do not have this form in an electronic version, please e-mail the above address to obtain the form.

Multiple Projects: Please submit a separate form for EACH request if your organization intends to seek funding for more than one request. Additionally, please e-mail only ONE request worksheet per e-mail. If your organization intends to seek funding for more than one project, please e-mail each request worksheet separately noting priority order of each project request.

Electronic Submission: When submitting your request via e-mail, please include the following information in the subject line of your electronic message: “Name of Organization – Location of Project – Priority Order of Project”. Example:

To: jennifer_castagna@specter.senate.gov
From: your e-mail address
Subject: Name of Organization - Anywhere, PA - #1

Confirmation: Upon proper submission, you will receive an e-mail confirmation. Due to the volume of requests, you may not receive a confirmation until February 27, 2008. If you do not receive an e-mail confirming that the form was received by this date, please resubmit the form to the above e-mail address.

Completion of Questions: Please make every effort to fully complete every question. Please avoid submitting the same answer for each response. Please note that the form may be returned to your organization if any of the fields are left blank.

Letters of Support and Attachments: Letters of support and any supplemental materials are encouraged to be submitted to the above e-mail address as they become available.

Disclaimer: It is important to note that the amount of funding for directed projects is very limited and all proposals will be subject to considerable competition. Moreover, the budgetary constraints currently facing the federal government, coupled with new restrictions on the scope of individualized projects, will further limit the opportunities for directed project funding. Submission of this form should not be construed as a guarantee that funding will be awarded.

Disclosure: Please note that the information provided in the form may be disclosed to the public.
Appropriation Request Worksheet

Appropriations Bills

This worksheet is ONLY for Agriculture; Commerce, Justice, and Science; Energy and Water; Financial Services; Homeland Security; Housing and Urban Development; Interior and EPA; and Labor, Health and Human Services and Education appropriations requests.

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Please check only ONE per request worksheet. If your organization intends to seek funding for more than one request, please submit a separate worksheet for each project request.

___ Agriculture (It is unclear whether this bill will provide funding for new projects in Fiscal Year 2009)

_X_ Commerce, Justice and Science

___ Energy and Water, includes Army Corps of Engineers

___ Financial Services, includes the Small Business Administration

___ Homeland Security (It is unclear whether this bill will provide funding for new projects in Fiscal Year 2009)

___ Housing and Urban Development

___ Interior and Environmental Protection Agency

___ Labor, Health and Human Services and Education
## Background Information

<table>
<thead>
<tr>
<th>Name of Organization (Legal grantee name)</th>
<th>Dauphin County Human Service Director’s Office</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Primary Point of Contact</td>
<td>Peter Vriens, Human Service Director</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>Dauphin County Administration Building</td>
</tr>
<tr>
<td>Phone Number</td>
<td>2 South Second Street, 5th Floor</td>
</tr>
<tr>
<td>Email Address</td>
<td>Harrisburg, PA 17101</td>
</tr>
<tr>
<td>Number of Employees</td>
<td>717.780.7181 (phone)</td>
</tr>
<tr>
<td></td>
<td>717.255.2858 (fax)</td>
</tr>
</tbody>
</table>

| Municipality and County in Pennsylvania (If not the same, please identify both location of organization and location where funding is proposed to be spent) | Dauphin County |

| Congressional District and Congressional Representative | 17th District, Congressman Holden |

| Identify whether your organization is a public, private non-profit, or private for-profit entity. | This is a public agency dedicated to the health, safety, and general welfare of citizen’s within Dauphin County. The office has oversight of mental health/mental retardation, Drug & Alcohol and Children & Youth services. Additionally, the department oversees a variety of grant funded initiatives aimed at enhancing the lives of our residents. |

| Washington DC Representative | Allison Dutrey, Associate |
| If applicable, please provide: | Greenlee Partners, LLC. |
| Name of Firm                  | 230 State Street         |
| Name of Point of Contact      | Harrisburg, PA 17101     |
| Mailing Address               | 202-689-5944 (phone)     |
| Phone Number                  | 717-236-8383 (fax)       |
| Email Address                 | Allison@greenleepartners.com |

## Federal Funding

<table>
<thead>
<tr>
<th>Identify Federal Department or Agency which is best suited to provide funding for this project (only identify ONE)</th>
<th>Department of Justice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify Account or Program administered by the above Federal department or agency which is best suited to provide funding for this project (only identify ONE)</td>
<td>Juvenile Justice Programs</td>
</tr>
</tbody>
</table>
## Project Funding Information

<table>
<thead>
<tr>
<th>Name of the Project</th>
<th>Family Group Conferencing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount of Federal Funding Requested for Fiscal Year 2009</td>
<td>$450,000</td>
</tr>
<tr>
<td>Total Cost of the Project</td>
<td>$1.5 Million</td>
</tr>
<tr>
<td>If your organization is requesting more than one project, please note the ranking for this request. Please list your highest priority as your 1st priority</td>
<td>1st out of 4 requests</td>
</tr>
<tr>
<td>If your organization is requesting more than one project and/or the same request in multiple appropriation bills, please list all other bill</td>
<td></td>
</tr>
<tr>
<td>If applicable, estimated Number of Jobs this funding will create and/or provide</td>
<td>create 8-15 positions full- and part-time</td>
</tr>
<tr>
<td>Federal Earmark Funding History</td>
<td>FY08 -</td>
</tr>
<tr>
<td>If applicable, identify all prior federal earmark funds for this organization and/or project, including brief description, specific amount and Agency/Account.</td>
<td>FY07 -</td>
</tr>
<tr>
<td></td>
<td>FY06 -</td>
</tr>
<tr>
<td></td>
<td>FY05 -</td>
</tr>
<tr>
<td></td>
<td>FY04 -</td>
</tr>
<tr>
<td></td>
<td>FY03 -</td>
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<tr>
<td></td>
<td>FY02 -</td>
</tr>
<tr>
<td></td>
<td>FY01 -</td>
</tr>
<tr>
<td></td>
<td>FY00 -</td>
</tr>
<tr>
<td>Federal Grant Funding History</td>
<td>FY08 -</td>
</tr>
<tr>
<td>If applicable, identify all prior federal earmark funds for this project, including brief description, specific amount and Agency/Account.</td>
<td>FY07 -</td>
</tr>
<tr>
<td></td>
<td>FY06 - DOJ: Juvenile Justice Grant $300,000</td>
</tr>
<tr>
<td></td>
<td>FY05 -</td>
</tr>
<tr>
<td></td>
<td>FY04 -</td>
</tr>
<tr>
<td></td>
<td>FY03 -</td>
</tr>
<tr>
<td></td>
<td>FY02 -</td>
</tr>
<tr>
<td></td>
<td>FY01 -</td>
</tr>
<tr>
<td></td>
<td>FY00 -</td>
</tr>
<tr>
<td>Do you anticipate a need for additional federal funding in subsequent fiscal years?</td>
<td>yes</td>
</tr>
<tr>
<td>Has your organization requested funding for this project with another Member's office? If applicable, please provide name of</td>
<td>Senator Casey Congresswoman Holden</td>
</tr>
</tbody>
</table>
Section VII: Funding and Sustainability

<table>
<thead>
<tr>
<th>all other Member(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Has your organization requested funding for other projects with another Member’s office?</strong> If applicable, please provide name of all other Member(s) and request details (including brief description, request amount and which appropriations bill).</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Have you received matching funds from non-federal sources for this project (i.e. local, regional, or state)? <strong>What amount?</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you received funding from private sources or foundations for this project? What amount does each of these funding sources contribute?</td>
</tr>
</tbody>
</table>

### Specific Questions for ARMY CORPS OF ENGINEERS Projects

Please specify if funding is requested for a (please check one if applicable):

- [ ] New Study
- [x] Ongoing General Investigation (Reconnaissance study phase; feasibility study phase; preliminary engineering and design phase)
- [ ] Construction
- [ ] Operation and Maintenance

<table>
<thead>
<tr>
<th>If applicable, please provide the Authorization (P.L.# and Section). Example: WRDA 1986, P.L., Section 501(a)</th>
</tr>
</thead>
<tbody>
<tr>
<td>If applicable, President’s Fiscal Year 2009 Budget Request for this project</td>
</tr>
</tbody>
</table>

### Appropriation Project Questionnaire

Please note that providing in-depth information is critical for the processing and evaluation of your application. This section MUST be completed by all organizations.

1) **Please provide a brief summary of this project and identify the specific purpose of this initiative.** Example: Funding will be used for __________ in Pennsylvania. (Please limit to no more than 2 sentences.)

   These funds will help expand the number of conferences and further evaluate the practice.

2) **Please provide a narrative describing the project, including background, need, use of funding and a brief budget breakdown.** (Please limit to no more than 2 paragraphs) This project will assist in expansion of a dynamic and innovative practice currently being implemented throughout Dauphin County. Family Group Conferencing is a practice that
recognizes the expertise of extended family, friends, neighbors, ministers and all others who care about a child. Utilizing that commitment and expertise, these individuals are brought together to plan for the care of the youth, the needs of the family, the safety of the community & restitution to the victim (latter two critical for juveniles involved in delinquent acts). The process of FGC has already demonstrated significant positive outcomes including, but not limited to, significant reduction in recidivism for both the youth and siblings, significant increase in family/community ownership of the problems/solutions; increase interaction/involvement of the local faith based community, reduction on family reliance/dependence on government for answers to family struggles.

This practice dramatically changes the way youth/families are engaged in the helping process as it related to abused, neglected and delinquent youth. By partnering more intensely with the faith community, school districts and local leaders, the expansion project will provide needed training and assistance to fully implement. By using FGC issues such as truancy, poor academic performance, delinquency behavior and early signs of abuse can be addressed. Funds will also be utilized to expand the practice to additional school sites, community partners (especially faith based entities) as well as additional units of our adult probation system.

3) Please describe the national significance of this project. (Please limit to no more than 2 paragraphs)

By utilizing these funds to encourage strong youth and families, this will reflect on the nation in a very positive way, and perhaps serve as a model for other communities in the United States that may be facing similar circumstances. This is a national problem that must be worked on through local communities such as this one.

4) Please describe the importance of this project to Pennsylvania. (Please limit to no more than 2 paragraphs)

Pennsylvania will grow to be an even stronger Commonwealth with the strength of youth and families as they overcome their hardships. With this program, children will perform better in school, have healthier relationships, and use good judgment as they grow into adulthood. This will ultimately improve the overall wellbeing of families and communities in Pennsylvania as each person and family who need help will seek it through Family Group Conferencing. Major Pennsylvania cities are involved (Pittsburgh and Philadelphia), which promote widespread involvement in the Commonwealth.

5) Please describe the anticipated benefit of this project to the local community. (Please limit to no more than 2 paragraphs)

Dauphin County will greatly benefit directly from this program, as it pulls in families and youth primarily from this area. With each new person seeking assistance, this county’s society will be improved one person at a time. Families in the Harrisburg area will be able to utilize this program for a variety of needs, and as a result, their own families will improve, while improving Dauphin County as a community.

6) Please include three talking points that provide a concise rationale for why the Federal government should consider funding for this project. (Approximately 100 words).
Section VIII: Staffing FGDM

Staffing an agency for a successful Family Group Decision Making practice can be done several different ways and will depend on how the agency is run, what money is available, and the commitment by the agency to the practice. Some social service agencies dedicate staff exclusively to FGDM. Others contract with a provider agency. Some practices include both public and private coordinators and facilitators. Regardless of the staffing structure, successful staffing of FGDM must include meaningful partnerships and selection of workers/providers who use the values and beliefs of FGDM in their daily interactions.

Informal and formal leadership is necessary to support a shift in practice to value and partner with children, families and communities. Leadership support is critical to successful implementation. Leaders create an environment where strength based services are expected. Contracts, funding, strategic planning, and staff interactions demonstrate shared mission, vision and values. Formal leaders include staff, community partners, and families in the development of the practice.

Staffing considerations, from recruiting agency staff that already have the shared values and beliefs, to promoting workers who exemplify strength based services in the daily practice, creates a foundation for success.

This section of the PA FGDM Toolkit includes:
- The Critical Role of Leadership in Implementing Family Group Decision Making Article
- Roles in FGDM
- Staffing FGDM Practice
- Sample Job Descriptions
The Critical Role of Leadership in Implementing Family Group Decision Making

By The Honorable Todd A. Hoover

“Leadership is ultimately about creating a way for people to contribute to making something extraordinary happen.”
- Alan Keith, Lucas Digital (Kouzes & Posner, 2002)

That “something extraordinary” in Pennsylvania is family group decision making (FGDM), an exciting, innovative, and evidence-based practice. There is no other practice I have observed that brings more enthusiasm and opportunities to systems, caseworkers, community members, and families.

From the perspective of a Juvenile Court Judge who has watched this practice grow, watched people do more than they thought they could do, and watched as amazing things happened throughout Pennsylvania, FGDM is a win/win proposition. I have seen that leadership and commitment to the principles of FGDM have been a deliberate and core element in Dauphin County’s implementation of FGDM and its progression throughout Pennsylvania.

But, while countless studies demonstrate the effectiveness of FGDM (Merkel-Holguin, Nixon, and Burford, 2003; Coates, Umbreit, and Vos, 2002; Dobbin, Gatowski, Litchfield, and Robinson, 2002), few have examined in-depth the critical role of this type of leadership in implementing the FGDM practice.

The Statewide Implementation Team assumed the leadership role in Pennsylvania’s implementation of FGDM, which began with approximately 50 individuals, representing 12 of Pennsylvania’s 67 counties. The team has primary responsibility for developing training, county supports, evaluation processes, and all other aspects of FGDM. By adhering to FGDM’s core values and elements, this team has been able to guide the spread of FGDM throughout Pennsylvania. Today, in 2005, FGDM bi-monthly team meetings have averaged 150 participants, representing more than 30 counties.

Committed leadership, along with well-intentioned practitioners and involved family members, is imperative, especially for diverse communities, in establishing FGDM while sustaining the practice’s core elements and providing the flexibility to meet communities’ unique needs.

What I’ve experienced in Dauphin County is that leadership and commitment is demonstrated by many individuals, including caseworkers, family members, community partners, commissioners, judges, administrators, and others. This shows that to effectively implement FGDM a community’s formal and informal leaders should be looked for, involved, and focused on in every aspect of implementation.

Leaders steer the course in line with FGDM

Leaders who steer the course in implementing FGDM transform historically paternalistic and professionally driven attitudes and practices into family-driven practice by mirroring and respecting the FGDM practice itself. In exploring the practice, it becomes clear that concepts such as “widening the circle,” focusing on “strengths,” giving the “family” (however defined) responsibility for decisions, “investing” in family through preparation, and respecting “traditions” are important. These concepts manifest into the FGDM elements of preparation and coordination, private family time, a meal of some sort, family choice in all aspects of the conference, sharing of information using strengths-based language, and the voluntary nature of the process.

Leaders in FGDM implementation believe in these core philosophies. They focus on mirroring the practice and respecting the core concepts in everything they do.

Leaders share lessons

After observing FGDM implementation in Pennsylvania our successes, struggles, and transformation it has become clear that the Statewide Implementation Team’s activities, vision, and leadership have been critical in strengthening and sustaining our efforts. Lack of this type of effective and committed leadership may compound struggles in implanting FGDM and has the potential to jeopardize success. As a result, there are communities implementing the practice, but struggling to sustain it. Those groups and others can benefit from the leadership lessons learned in Dauphin County:
The Critical Role of Leadership in Implementing Family Group Decision Making

- Involve as many people as you can, as early as you can, in as many different ways as you can. Everyone, including representatives from the legal community, has a seat at the table and a role to play when it comes to child, family, and community safety. These are your leaders.

- Plan for the transformation that will come with implementing FGDM. Expect families to succeed. Expect change to be, at times, a challenge. Expect the very best from your community. We most often get what we are looking for—good or bad.

- Expect setbacks and learn from them. FGDM is about partnering in ways that are often new to organizations and communities. “Even with the best intentions, shared leadership takes time, and mistakes invariably occur. A key to successful partnering is the willingness to learn from each other.” (Williams, 2002)

- Build evaluation into the implementation from the very beginning. Define what you want to accomplish—know what success means to you and make sure you’re capturing the information you need to ascertain financial viability.

- Commit to staying true to the core values of FGDM. Don’t shortcut any of the core values. In doing so, you shortcut families, and compromise the practice and positive outcomes for children and families.

- Keep the process voluntary. When judges order FGDM, it gives ownership to the bench, not the family. Judges’ roles should be to suggest and encourage.

- Observe a conference and get others to do the same. Talking, reading, and hearing about it dim in comparison to actually experiencing it.

- Finally, make this a practice, not a program. When budgets get tight and times are lean, “programs” are easily cut. Practice (the way people think and act) is nearly impossible to cut.

Leaders recognize the need for time and perseverance

FGDM works in communities where the leadership is serious about doing it right, involving people and the courts, and making lives better. If FGDM does not work in your community, it is likely not FGDM but the implementation of it that needs to be scrutinized. As cited by Merkel-Holguin, Nixon, and Burford (2003) in their review of various FGDM projects, “…implementing FGDM takes time and perseverance, and various planning activities are necessary to help underpin FGDM implementation, practice, and sustainability.”

Conclusion

Oliver Wendell Holmes, Jr., said it best: “Man’s mind once stretched by a new idea can never regain its original dimension.” Clearly, FGDM changes the dimension of our thinking and, thus, the scope and direction of our actions. It is this new dimension of thinking that will change the way we work with families and communities, to the ultimate benefit of our children. While families, service providers, community members, and the courts, all benefit; most importantly, children benefit.

FGDM challenges our beliefs about families and their interest and capacity to make plans for their children. And once those beliefs are proven wrong, we cannot go back to the “old way of doing business.” Effective leaders must emerge to steer the course, share their knowledge, and recognize the need for time and perseverance in implementing FGDM.

References


About the Author

Todd A. Hoover is the Dauphin County Juvenile Dependency & Orphans Court Judge and Co-Chair of the Pennsylvania FGDM Statewide Implementation Team.
Roles of FGDM
Pennsylvania Child Welfare Training Program

Family Members

♦ Primary decision maker throughout the process
♦ Decide who will be invited to the conference
♦ Have the power and the accountability throughout the process
♦ Create a plan that will address the concerns

Referral Source

♦ Introduce the family to FGDM
♦ Support the family
♦ Establish bottom line concerns
♦ Identify resources for the family
♦ Accept and support the family plan

Coordinator

♦ Obtain a consent form to contact the persons on the invitation list
♦ Explain participants’ role in the conference
♦ Secure/expand the guest list
♦ Ensure that all persons can participate safely
♦ Explain the concept of a support person
♦ Explain the concept of a guest speaker
♦ Explain the purpose of the meeting
♦ Secure location and food for the meeting
♦ Identify the family ritual
♦ Invite all participants
♦ Plan for a safe conference
♦ Facilitate the Pre-conference meeting

Facilitator

♦ Remains neutral
♦ Ensures safety
♦ Solicits Strength and Concerns
♦ Monitors group dynamics
♦ Ensure that all participants have an opportunity to speak
♦ Ensure the family understands the expectations of Family Private Time
♦ Ensure that privacy of the room is maintained
Roles of FGDM (continued)

Facilitator (continued)
- Ensure the providers do not discuss the family outside of the room
- Ensure the service providers know they are free to leave except for the referral source and that they will receive a copy of the plan
- Ensure that participants complete surveys before they leave the conference

Co-facilitator
- Scribe
- Helps monitor group dynamics
- Seeks clarification of strength and concerns

Service Providers
- Share information relevant to the purpose
- Provides resources to the family

Support Person
- Provides emotional support to a family member
- Ensures that the family members voice is heard
- Speaks for a family member if needed
Staffing an agency for a successful FGDM practice can be done several different ways and will depend on how the agency is run, what money is available, and the commitment by the agency to the practice. The following details several different examples of how to staff an agency for FGDM and the considerations for each:

**In-home (formal service system employee) coordinators and facilitators**

An agency (child welfare, juvenile probation, aging, etc…) can use a current or newly hired employee to perform the duties of a coordinator. This in-home coordinator can also act as the meeting facilitator, depending on the philosophy of the agency. If the agency believes that the roles of the coordinator and facilitator should be separated, then the agency can do one of two things: use a different agency employee (or employees) to perform the facilitation duties, or contract out to a provider to facilitate the FGDM meetings.

Some benefits of an in-home coordinator are that the agency has control of who they can hire or promote, quality assurance is an easier task to manage, and because the coordinator would be an employee of the agency, other employees would have better access to the coordinator and the FGDM practice would have a presence in the agency.

Some points of concern to consider would be what title (management or caseworker) would the coordinator hold, is there money in the needs based budget to add the coordinator position or is manipulation of the budget needed to promote from within, union issues if the coordinator is not management (seniority, not being able to hire the most qualified coordinator because of contract language), and securing the necessary funds for the meetings (Controller’s office, all the red tape needed to get through for coordinator’s expenses-i.e. supplies for the conferences, food, etc…). One last concern that has seemed to lessen as the practice has expanded is the stigma that is attached to formal government services (child welfare in particular) in the community. Some families may be hesitant to have a meeting because they view this as an agency meeting simply because the coordinator is an employee of the County.

**Contracted coordinators and facilitators**

The agency may wish to contract the coordination services out to a provider. Again, the decision to have the same person coordinate and facilitate meetings will depend on the agency’s philosophy, but now the provider will have to be a part of this decision making since they will be providing the services. And as with the previous scenario, the agency and provider may want to use several different facilitators who could be employees of public agencies or work for the provider.

Some benefits of a contracted coordinator are that it gives the practice a more community feel, meaning that the stigma of government services (child welfare/probation) is lessened with a service provider performing the FGDM coordination, money for
conference expenses is usually more readily available and can be built in to the contract, and the provider will be more willing to increase referrals within their agency.

Some concerns to consider with a contracted coordinator are that the agency will have much lesser direct control over the coordinator since the coordinator will not be an employee of the County, a contract would have to be drafted, presented, and accepted by both the agency and the service provider, and, depending on the Union, there may be concerns about outsourcing work from the agency. Another concern is the “out of sight, out of mind” situation that may occur if the service provider does not make regular visits to the agency. The more consistent exposure of the FGDM practice to caseworkers and front line workers the better, so if office space is available, the administration may want to devote an office to the contracted coordinator or have specific times throughout the week that the coordinator is at the office.

**Combination of In-home and Service Provider Coordination:**

Some counties have implemented a combination of the two aforementioned scenarios; having both an in-home and contracted coordinator. The in-home coordinator could also be responsible for more than just coordination, performing duties such as training new workers, public relations for the FGDM practice, collecting and analyzing data for specific outcomes, and promoting the practice throughout the community while the service provider would concentrate on the coordination of the majority of referrals.

**Other Considerations:**

As with any specified service, training is a necessity to ensure that the service is delivered in the best way possible. There are a plethora of trainings available that can help any County in implementing or expanding the FGDM practice.

Another consideration is the policies that accompany this practice. Several Counties have developed Policy and Procedure manuals that guide the practice in their area. A lot of the policies are universal, being shared between Counties, but for successful implementation and expansion of this practice, the Policy and Procedure manuals should be written so that it reflects the respective community.

One last consideration for an administrator is how many people should be devoted to the practice. Not having enough staff to adequately process the amount of referrals will slow down service delivery and possibly hurt the implementation or expansion of the practice; however, having too many staff could be viewed as not efficiently using funds. When the practice is at the early stages in a County, one or two coordinators should suffice, but as the practice grows, more staff is needed to ensure a quality FGDM practice. An administrator needs to evaluate the County’s population, consider the number of families in the community who will benefit from this practice, and determine how many staff is needed to serve these families.
Sample Coordinator Job Description

Job Title: Coordinator

Responsible to: Program Director/Agency Administrator

General Duties:
The coordinator will be an experienced, skilled person with exceptional communication and interpersonal skills. The coordinator will perform the necessary groundwork and consultation, which is the most crucial factor in ensuring constructive FGDM proceedings. In addition, the coordinator will provide sufficient information to allow potential FGDM participants to determine if and how they will participate, and to make the necessary preparations so that they will be able to contribute to the deliberations in a constructive manner.

Specific Duties:
1. Co-facilitate the work of the County Implementation Team with the identified CYS Agency Liaison.
2. Assist in developing and writing the policies/procedures/forms.
3. Conduct outreach to obtain referrals from Children and Youth and Juvenile Probation and other sources as identified by the Implementation Team.
4. Implement the referral process in accordance with the referral Policy.
5. Develop and maintain a list of possible locations throughout the community available to hold meetings.
6. Make all necessary arrangements for FGDM meetings (identify needed participants, secure location, arrange for food, travel needs, etc.)
7. Make every effort during regular and non-regular business hours to issue invitations and communicate all relevant details about the conference to the identified family members and support persons.
8. Follow the FGDM procedure and ensure that the program remains consistent with the values, beliefs, and philosophy of the model.
9. Facilitate and/or co-facilitate meetings as needed.
10. Ensure that all relevant steps in setting up the conference, carrying it out, and following up actually occur.
11. Facilitate an ongoing monthly support/training group for facilitators and certification process for facilitators.
12. Create and maintain a list of facilitators to provide appropriate matching opportunities for families and their needs.

13. Evaluate facilitator effectiveness, with the support of the Program Director, and present quarterly reports to the implementation team.

14. Evaluate meeting effectiveness and present information to the Implementation Team quarterly.

15. Develop and maintain a system of record keeping for files of all families referred for FGDM.

16. Assist with ongoing training of new staff regarding FGDM in all categorical agencies and identified community organizations.

17. Complete other duties as assigned by the Program Director.

**Minimum Requirements:**

At least 21 years of age.

Bachelor's degree in a relevant field and five years’ of progressively responsible experience in a human services agency; OR

A master degree in a relevant field and three years of progressively responsible experience in a human services agency; OR

A combination of education and experience, with the experience being of a progressively responsible nature; AND

Completion of the Family Group Conferencing Training including observing a FGDM Conference

Act 33/34 Clearances.

Valid driver's license.

Employee: _______________________________  Date: _______________

Supervisor: _______________________________  Date: _______________
Sample FGC Facilitator Job Description
(Co-Facilitator Job Description could be similar to this as well)

Job Title: FGDM Facilitator

Responsible To: FGDM Coordinator

General Duties:
Facilitators will be persons intensively trained in group dynamics and the Family Group Decision Making Model. Facilitators will be approved through a process developed by the Implementation Team, with the assistance of the coordinator. Facilitators will be neutral parties responsible for running all Family Group Meetings in accordance with the values, beliefs, and philosophy of the model. Facilitators will come from a variety of backgrounds and organizations to allow for appropriate matching to family needs.

Specific Duties:
1. Arrive at least 30 minutes early to prepare FGDM conference and greet participants.
2. Set out snacks and beverages.
3. Distribute Social Worker, Service Provider and Family Feedback forms, gather them at the end of the meeting and give them to the coordinator.
4. Facilitate Family Group meeting in a neutral and fair manner, ensuring that all participants have an opportunity to be heard.
5. Attend regular facilitator’s support and training meeting.
6. Attend additional training/certification sessions, as required.
7. Assist in the training and evaluation of new facilitators.
8. Clearly identify all ground rules for the meeting and explain process of meeting to all participants.
9. Begin meeting according to any family traditions agreed with the family (i.e. prayer, song, etc…)
10. Ensure that all participants introduce themselves clearly to everyone else and identify their connection with the family.
11. Review general housekeeping items – breaks, washrooms, lunch, etc.
12. Discuss issues of confidentiality, mandated reporting, safety, and special issues such as translation.
13. Ensure the safety of all meeting participants and take steps to resolve concerns of physical or emotional safety that arise during the meeting.
14. Review the purpose and process of the conference.

15. Share/read any views submitted by members not able to attend the meeting.

16. Document any strengths and concerns identified by meeting participants.

17. Ensure family members choose someone to record decisions during the private family time and report back to larger group.

18. Be available to assist the family if they have questions regarding the process during private family time.

19. Ensure all elements of the family plan are completed accurately, with specific details/responsibilities identified.

20. Ensure that the family plan is reasonable, workable, viable, and flexible.

21. Ensure family group has the opportunity and privacy to work out its own plan to address identified concerns.

22. Ensure family group has a clear understanding of their tasks and the members have everything that they need.

23. Once the family and the referring agent agree upon a plan, assist in completing the official plan document with participants.

24. Ensure that each person in the meeting agrees and commits to the plan.

25. Facilitate cleaning of meeting room.

**Minimum Requirements:**
Bachelor’s Degree in Related field and at least 3 years of experience working with children and families. or Master’s Degree in related field and at least 1 year of experience working with children and families. or Combination of education and experience that meets the Implementation Team standards. and Completion of the FGDM training including observing a family conference.

____________________________________  ________________________
Employee Signature                    Date

____________________________________  ________________________
Supervisor Signature                  Date
Sample Implementation Team Member (IT)

Tasks:
- Create, implement and monitor the strategic plan.
- Support the FGDM mission and purpose.
- Serve as an advocate for FGDM.
- Assist in evaluating FGDM operations.
- Attend and participate in IT meetings.
- Participate actively in at least one sub-committee.
- Follow through with sub-committee assignments.
- Support the FGDM publicly.
- Assist in disseminating FGDM information throughout the community.
- Commit to strengthening the IT through active participation and recruitment of qualified new IT members.

Qualities:
- Belief in FGDM mission and purpose.
- Sense of strength-based practice.
- Committed to improving the lives of children and their families.
- Proactive
- Willingness to take risks.
- Ability to utilize across-systems approach to reach a common goal.
- Capable of using individual strengths in collaboration with other team members to form a cohesive, high functioning group.

Commitment:
- Attendance at IT meetings.
- Attendance at sub-committee meetings.
- Observe FGDM Conferences
- Additional work as assigned.
Sample FGDM Liaison Job Description

The agency should determine the specific role of their FGDM liaisons.

Purpose:
If the agency contracts with a private provider for coordination or facilitation of FGDM, it is important to identify someone within the agency that can be a direct link to the provider. This person will also serve as a link between the provider and agency staff; answering questions and troubleshooting.

Tasks:
- Provide FGDM information to new employees during orientation
- Consult with FGDM Coordinator/Facilitator regarding specific referrals and practice issues
- Provide FGDM updates at supervisory, unit, and staff meetings
- Participate on the FGDM Implementation Team
- Assist coordinator and facilitator regarding:
  - coordinating agency based FGDM trainings,
  - providing information to staff regarding FGDM,
  - soliciting referrals,
  - answer questions regarding FGDM,
  - consulting with workers regarding appropriate referrals to FGDM,
  - identification of barriers to practice implementation,
  - identification of referral and practice trends,
  - recognition of FGDM supporters,
  - assist with strategic planning
  - assistance with FGDM Implementation Team agenda items
- Review and suggest revisions to existing agency practices and policies in relation to the FGDM strength-based philosophy
- Assist in evaluating the practice
Section IX: FGDM Outcomes

With any promising practice, it is paramount to track outcomes for funding, quality assurance and sustainability. Through tracking outcomes you will be able to quickly justify your practice in a concrete and evidence based manner. Outcomes should be one of the first tasks of the implementation team. Through gathering and analyzing your data, you will have a sense of your practice and results and then be able to build on those to strengthen your services.

Like many other states and communities, Pennsylvania continues to strive to evaluate our FGDM practice and demonstrate positive outcomes. Statewide satisfaction data (tools included in the PA FGDM Structure Section of this Toolkit) continues to mirror existing research that family members are satisfied with FGDM (Merkel-Holguin, et al., 2003). These positive satisfaction findings, as well as anecdotal success stories from across Pennsylvania, indicate that families and service providers are more satisfied with FGDM than traditional services and believe that FGDM is keeping children and communities safe.

While this section of the Toolkit is not all inclusive, it does provide an overview of some of the existing Pennsylvania and national research related to FGDM. Pennsylvania FGDM reports, including satisfaction and fidelity reports are available online at http://www.pacwcbt.pitt.edu/FGDM_EvaluationPage.htm. More information can also be gained by utilizing some of the items identified in the Resource section of this Toolkit.

Specific documents in this section include:
- FGDM Logic Model sample
- Promising Outcomes for FGDM
- FGDM Outcomes, Pennsylvania Counties
- PA FGDM Evaluation PowerPoints
**Logic Model**

**Infrastructure-building activities (INPUTS)**
- Development of shared goals, vision, & mission
- Development of policies, procedures, protocols, including procedures for communication among agencies regarding service delivery and case planning
- Development of a process for data and information sharing
- Initiation of human resources development and training, including cultural competence training
- Development of an evaluation system to ensure accountability and monitoring of progress
- Identification of a client population who will take part in Family Group Decision-making
- Identification of an organizational unit or other method of selecting participants
- Education and training of
- Development of ways to collect information on FGDM process

**Improvements in service delivery procedures (OUTPUTS)**
- Family Group-decision making meetings where families lead service planning
- All primary partners are appropriately and actively involved and understand the initiative
- Interagency agreements developed or updated
- Greater information-sharing at the management & direct service level
- Staff trained in new procedures for delivering services
- Available services are culturally appropriate, family-focused, strengths-based and accessible.

**Improved coordination, integration, and delivery of services (SHORT-TERM OUTCOMES)**
- Increased family decision-making
- Increased number of families signing service plans
- Increased family compliance with service plan
- Increased collaboration among families, agencies & providers around service delivery, coordination, and integration
- Increased cultural competence of staff
- Improved case management

**Improvements in the services children and families receive (MEDIUM-TERM OUTCOMES)**
- Children and families receive services that build on their strengths and meet their needs without duplication.
- Children and families are involved in the development of plans
- Children and families receive culturally appropriate and community-based services
- Services are provided to prevent removal of children
- Children and families are satisfied with services.

**Improved child and family well-being (LONG-TERM OUTCOMES)**
- Reduction in repeat maltreatment
- Reduction in number of children in foster care
- Increase in number of children who remain at home
- Decrease in foster care re-entries
- Increase in stability of placements.
- Increase in children’s visits with parents (if out of home)
- Children are placed with relatives, when possible
- Placements are close to children’s families
- Children are placed with siblings, when possible
- Children’s educational needs are met
- Children’s physical health needs are met
- Children’s mental health needs are met
- Increase in school retention
- Increase in employment (if age appropriate)
- Reduction in juvenile justice involvement (first-time; re-arrests)

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Hornby Zeller Associates
In developing or reviewing the logic model, the following questions should be addressed:

1. What are the goals (long-term outcomes) the county is addressing?
2. What population is being targeted?
3. Does the assessment of the county’s situation support choosing this goal? this target population?
4. What are the short- and medium-term outcomes?
5. Are the short- and medium-term outcomes likely to lead to the long-term outcomes?
6. Is the county organization ready to pursue Family Group Decision-making? Why or why not?
7. What resources (inputs) is the county proposing as needed to carry out the strategies?
8. Are the levels of those resources commensurate with the likely benefit?
Promising Outcomes for Family Group Decision Making
Anna Caffrelli Chester County Children and Youth Services

The results documented in the Pennsylvania Office of Children, Youth, and Families Child and Family Services Review (Statewide Assessment January 2008), indicate a continued support reflected in the strengths-based approach to FGDM. The following is data complied by OCYF.

- In 2002, 13 pilot counties implemented FGDM.
- FGDM is the most significant change since 2002 as reported by the statewide focus groups.
- The PSRFA believes that FGDM made a major impact on returning youth to their homes, was an effective case planning tool, and provided an avenue for quality assurance in the child welfare agencies.
- Today 54 of PA’s 67 counties are actively exploring ways to engage families in planning and service delivery.
- 23 CCYA are conducting FGDM conferences
- Seven are in the early stages of implementation
- 24 others recognize the importance of engaging families but have not chosen a specific model for implementation.
- Since 2005, there was an increase in the number of conferences conducted from 1,339 to 1,854 each year.
- Family member satisfaction surveys from 2006 showed that 96% of families participating in FGDM consistently ‘agreed’ or ‘strongly agreed’ that their family made decisions during the conference
- Approximately 97% ‘agreed’ or ‘strongly agreed’ that they agreed on a plan during their conference.
- 97% of family members ‘agreed’ or ‘strongly agreed’ that they would recommend FGDM conferences to other families.
- The Pa. Statewide Implementation Team was established to assist counties in implementing this practice, strategizing barriers, networking, and developing data practices to measure the effectiveness of the practice.
- The team networks with national organizations such as American Humane Association to research the most effective ways to engage children and families through FGDM.
- On average, 22 counties and 25-30 systems partners attend these meetings.

It appears that throughout the United States where Family Group Decision Making conferences are provided, there is an overall indication that this promising Family Engagement initiative has become an important practice in a variety of service delivery agencies and populations.

Below is a small sample of FGDM data compiled from the Children’s Initiative Service Reviews from states on the West, South and East Coasts, in order to provide a broad sense of the positive changes that have occurred in the lives of the children and families that we serve.
   - 191 families and 470 children were served through Family Group Decision Making.
   - 89% of the children were able to remain at home
   - 8% of the children were placed with relatives and 3% of the children were placed with non-relatives.

2. Texas 2006
   - Primarily used FGDM Conferences for families with children in foster care.

Following the FGDM conference:
   - Foster care placements fell from 1035 (54 percent) to 733 (38 percent)
   - Relative placements increased from 550 (29 percent) to 850 (45 percent)
   - 240 (13 percent) had returned home

Karin Gunderson from Northwest Institute for Children and Families at the University of Washington School of Social Work, Seattle, Washington, USA. “Long Term and Immediate Outcomes of Family Group Conferencing in Washington State (June 2001).”
   - Seventy FGCs addressed the well-being of 138 children that had been in the child welfare system for over 90 days.
   - Children who had an FGC experienced high rates of reunification or kinship placement and low rates of re-referral to Child Protective Services.
These findings generally remained stable as long as two years post-conference
The following summarizes Child and Family Service Review Outcomes of Safety, Permanency and Well-Being for Washington County Children and Youth Services for 2005 and 2006. The comparison includes a review of the outcomes of FGDM conferences and all Washington County CYS families.

<table>
<thead>
<tr>
<th>Outcome</th>
<th>FGDM</th>
<th>All Washington County</th>
</tr>
</thead>
<tbody>
<tr>
<td>Re-abuse rate</td>
<td>0%</td>
<td>2%</td>
</tr>
<tr>
<td>Maintain safely in home</td>
<td>82%</td>
<td>55%</td>
</tr>
<tr>
<td>Enter Placement</td>
<td>13.5%</td>
<td>44%</td>
</tr>
<tr>
<td>Placed in less than 2 settings</td>
<td>95%</td>
<td>87%</td>
</tr>
<tr>
<td>Re-unification with parents</td>
<td>75%</td>
<td>78%</td>
</tr>
<tr>
<td>Placement re-entry</td>
<td>5.5%</td>
<td>22%</td>
</tr>
<tr>
<td>Children in kinship care</td>
<td>67%</td>
<td>30%</td>
</tr>
<tr>
<td>Placed in County</td>
<td>73%</td>
<td>53%</td>
</tr>
<tr>
<td>Placed with siblings</td>
<td>73.5%</td>
<td>72%</td>
</tr>
</tbody>
</table>
Family Group Decision Making Outcome Tracking
Berks County Children and Youth Services
As of 8/25/08

Berks County started implementing FGDM in January of 2008.

<table>
<thead>
<tr>
<th>Number of Referrals</th>
<th>52</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Accepted Referrals</td>
<td>40</td>
</tr>
<tr>
<td>By Department</td>
<td></td>
</tr>
<tr>
<td>Intake</td>
<td>9</td>
</tr>
<tr>
<td>In home</td>
<td>16</td>
</tr>
<tr>
<td>Placement</td>
<td>12</td>
</tr>
<tr>
<td>Truancy</td>
<td>2</td>
</tr>
<tr>
<td>JPO</td>
<td>1</td>
</tr>
<tr>
<td>Number of Rejected Referrals</td>
<td>12 (4 PFA's, 1 sex abuse, 6 disengaged, 1 child placed)</td>
</tr>
<tr>
<td>Completed conferences</td>
<td>24</td>
</tr>
<tr>
<td>Number being coordinated</td>
<td>16</td>
</tr>
<tr>
<td>Number Juvenile Court involved</td>
<td>14 (3 dependent, 11 custody) + 1 JPO (consent decree)</td>
</tr>
</tbody>
</table>

Average Conference Time (referral to end)
- January ’08-March ’08: 63.625 hrs.
- April ’08- present: 33.43 hrs.

Average Time Coordinating: 14.22 hrs.
Average Time Facilitating: 3.5 hrs.

Outcomes
- 3 families closed
- 4 formal custody arrangements
- 3 informal kinship arrangements
- 2 families where children have increased visitation plan to send home sooner

Conferences per Month
- January: 1
- February: 0
- March: 1
- April: 3
- May: 3
- June: 4
- July: 4
- August: 4
- September: 4 (+ 2 more this weekend)
FGDM Evaluation in PA

July 2008
Section X:
Public Relation Materials

In this section you will find a selection of various tools utilized in the implementation of FGDM. As FGDM is a holistic approach to working with families in all aspects of life, there are examples of brochures, fliers, information cards, radio presentations, and PA FGDM websites with a plethora of information regarding the cross systems implementation of FGDM.

You are welcome to utilize what is enclosed or modify the contents to fit your specific agency or audience.

Documents in the section include:

- Snyder County FGC Brochure
- Chester County FGDM Brochure
- Adams County Spanish Brochure
- Lehigh County Information Card
- Washington County Information Card
- Washington County Tear Off Flyer
- PA FGDM Websites
- Radio Presentation Script
I once picked up a child of six or seven in the street and took her to Shishu Bhavan (a children's home) and gave her a bath. I took the child in a second and a third time, she ran away. The second time I sent a sister to follow her. We took the child in a second and a third time, and she ran away. The third time I found the child a little sister. There was a little dish and the child was cooking food she had picked up from the streets. They were cooking there. They were eating there. They were sleeping there. It was their home.

And then we understood why the girl ran away. The mother just loved that child. And the mother loved the other mother, too. The child said “hari jabo.” Her mother was her home.
MISSION STATEMENT

The Snyder County’s Family Group Conferencing mission is to support a family-based, child-focused process that empowers families to identify strengths that will assist in making decisions that promote family unity while ensuring the safety, care and protection of all its members.
We want you to understand the Process...a process that you control!

What is FGC?

The Family Group Conferencing or FGC is a process that asks you and your family to work with an assistant to:

- Create a list of family, friends of the family, or anyone you think could be helpful in solving the issue
- Invite your list of people to a meeting
- At the meeting, you and your family will work out a plan to resolve the issue instead of the agency creating a plan for you

Then have the plan approved by your caseworker

The main goal of this process is to have you and your family work out a plan that you’re comfortable with. This is your process; you will determine the outcome of the plan. Staff will be assigned to you to assist in the process, but ultimately, you will be running the meeting.

Why is it called a process?

A process by definition means that there is a beginning and ending, but there is also a lot of work in the middle.

In this case, the beginning step is for you to decide whether or not you want to commit to this “process”.

If you choose to continue with the “process”, you will be assigned an assistant (coordinator). That assistant will walk you through all of the steps.

Prop Work

As in all processes, there is always prep work. This is the stuff you have to do to get ready for the meeting. The following gives you an idea of what you would need to do:

<table>
<thead>
<tr>
<th>YOUR ASSISTANT</th>
<th>YOU</th>
</tr>
</thead>
<tbody>
<tr>
<td>Helps you brainstorm who you would like to invite.</td>
<td>Think about who you want to invite, these people may be family members, people in the community you consider important (i.e. friend of the family, clergy)</td>
</tr>
<tr>
<td>Contacts invitees about the meeting.</td>
<td></td>
</tr>
<tr>
<td>Sends our invitations.</td>
<td></td>
</tr>
<tr>
<td>Assists you in planning the meeting, including suggests location, set up the location, helps get food, helps consider possible times and helps find any special accommodations.</td>
<td>Decide things based on suggestions that you and your assistant come up with... like where you want the meeting, what you want to eat... things like that.</td>
</tr>
</tbody>
</table>

Your assistant will help you make all of the decisions if you just don’t know where to start.

It is our belief that your family, whether that means blood line family or those you consider family, can offer you help and support that no agency could. You may not want everyone included in the process because you don’t want them knowing your business, but we ask you to be open to the possibility of including family members who may not be extremely close to you.
THE MEETING: What happens at the meeting?

You’ve done the prep work. People have shown up, the place is set and the food is ready. Now what?

**STEP 1: Introduction and information gathering**

**Who’s there?**
- You
- Your family
- Those invited
- Agency representatives who will add information to help explain the facts about the issue.
- Possible guest speakers to present resources
- A facilitator and a co-facilitator

**What happens?**

The facilitator and co-facilitator run this part of the meeting. They make sure that a couple things happen:
- Everyone is told the reason for the meeting
- Guidelines are set
- The agency representatives tell the facts about the case
- Listing of family’s strengths and concerns are gathered from the group and recorded by the co-facilitator
- Those who were invited are given the chance to ask questions and make sure they understand the issue and all of the facts about the situation
- A meal is shared

Once everyone feels they have a good understanding of the issue, those people in the room who did not receive a personalized invitation from you leave the room.

**STEP 2: The Family Meeting**

This is the part of the process where you take control. The people you invited to the meeting work to find a resolution to the issue.

**What happens?**

You and the people you invited will privately discuss the issue. During this discussion, the family will be asked to come up with a plan that identifies:
- specific tasks/activities that need to be accomplished
- who will be responsible for making sure the tasks/activities get done
- deadlines for when these things need to be done

You and the people you invite can use as much time as you need to work this out. This is your opportunity to find a solution that works for you. When you have found an acceptable solution for the family, the facilitator, co-facilitator, and the referring agency person are asked back into the room.

**STEP 3: The Decision**

The steps in this part of the process are:
- The family presents their proposed solution to the referring agency person.
- The facilitator will make sure everyone is clear about what has been proposed.
- Then the referring agency decides whether the proposed solution meets all of the agency’s requirements.
- If it does, the next step is to write up the agreement.
- If it isn’t okay, the family is given the opportunity to work out a new plan addressing the leftover concern.
Pennsylvania Family Group Decision Making Toolkit:
A Resource to Guide and Support Best Support Practice Implementation
Section X: Public Relation Materials

What Will I Be Asked To Do?
- Meet with the Family Group Coordinator.
- Make a list of family members and supportive friends to invite to your conference.
- Choose a time and location for your conference.
- Come to the conference, make a plan and follow through with the plan.

Why Does FGDM Work?
- Family members make the decisions, using their insight and judgment to create a plan that addresses concerns.
- FGDM strengthens relationships between families and service providers.
- This focus is on the safety, well-being, and permanence of the child(ren).

What Is Family Group Decision Making?
- A conference meeting with family, friends and supportive people who care about you and your child(ren).
- A time for your family to make decisions to keep your child(ren) safe.
- An opportunity for your family to develop a plan for your child(ren).

What Happens at a Family Group Conference?
- Introductions
- Discussing your family strengths
- Discussing your family concerns
- Sharing of a meal
- Private family time
- Develop and acceptance of your family plan

What Can I Stop the Conference?
YES, this is totally voluntary. You may stop the process at any time.

Why Do Families Request FGDM?
- Concerns with a child behavior
- Parental difficulty in providing for the needs of their child(ren)
- Any situation that challenges the ability of a family to remain together
- This focus is on the safety, well-being, and permanence of the child(ren).
PUBLIC RELATION MATERIALS

Pennsylvania Family Group Decision Making Toolkit: A Resource to Guide and Support Best Practice Implementation

Section X: Public Relation Materials

Nuestra Misión

El equipo del Consejo de Niños y Padres de Adams County incluye a las agencias de Servicios para Niños y Jóvenes, Joven Probable y la Oficina de Niños, Jóvenes y Familias. Implementada por una comunidad de Adams County y la Oficina de Niños, Jóvenes y Familias.

Dewaine E. Finkenbinder
Coordinador del Condado de Adams por Toma Decisiones en Grupo de la Familia
100 North Stratton Street
Gettysburg, PA 17325
Phone: 717-337-5809
Cell: 253-5969

En animar a familias a trabajar juntos a encontrar soluciones.

Las personas y los sistemas pueden cambiar.

Un acercamiento colaborativo en grupo es mejor.

Individualidad y diversidad.

Seguridad, permanencia y bienestar para todos los niños y familias.

Tomas de decisiones son mejor que sugerencias.

La atribución de poder es mejor que control.

Opciones son mejores que sugerencias.

Esperanza y respeto para todos.

Pasando lo que pasan.

Tomas de Decisiones de Adams.

Toma de Decisiones en Grupo de la Familia:

Se anima a familias a trabajar juntos a encontrar soluciones. Las personas y los sistemas pueden cambiar. Un acercamiento colaborativo en grupo es mejor. Individualidad y diversidad. Seguridad, permanencia y bienestar para todos los niños y familias. Opciones son mejores que sugerencias. La atribución de poder es mejor que control. Esperanza y respeto para todos. Pasando lo que pasan.

Tomas de Decisiones de Adams.
Es familias encargadas de sus propias vidas. Toma decisiones en grupo de la familia (FGDM) es un proceso gratis que consiste de una junta, con la ayuda del coordinador del FGDM, tu familia, amigos, y otras personas de soporte se jun- tan en una conferencia de FGDM para crear un plan que es en los mejores intereses de los miembros de tu familia.

Toma decisiones en grupo de la familia (FGDM) les da a familias el poder de usar sus propias fuerzas y energías para crear un plan práctico en lugar de profesionales.

Si el proceso es totalmente voluntario. Puedes parar el proceso a toda hora. También puedes recomendar el proceso a toda hora o tener una continuación de la conferencia entrando en contacto al coordinador o tu trabajador.

Puedes llamar directamente al coordinador y habla con él. Si estés implicado con CYS, JPO, MH/MR, D&A o OA, u otros servicios de la comunidad, puedes hablar con un trabajador sobre cómo encontrar el coordinador sobre una conferencia, o puedes hablar con el coordinador directamente.

Toma decisiones en grupo de la familia es un proceso confidencial.

¿Qué se le pedirá a la familia?

- Se juntan con el coordinador del FGDM
- Hagan una lista de familia y amigos quien te apoyan para invitar
- Ayuden a seleccionar un tiempo y lugar que son convenientes para todos
- Vengan a la conferencia, compartan sus opiniones, y escuchen abiertamente a los demás

¡Qué a pasar en la conferencia de una decisiones en grupo de la familia?

Un facilitador toma decisiones en grupo de la familia comenzará la conferencia. Comida y bebi- das se proporcionan como cortesía a tu familia.

Si un referido es hecho para tu familia por CYS, JPO, MH/MR, D&A, o otros proveedores de servicios tales como la oficina de envejecimiento, el quien lo hizo el referido va a venir a la conferen-cia para explicar sus relaciones con los miem- bros de la familia. Si tu decides, personas quien proveen servicios puedan ser invitados también para informarse a tu familia sobre la variedad de servicios que estén disponibles en tu comuni-dad.

Luego, tu familia, parientes/familiares, y los ami-gos quien te apoyan se juntan solos para crear un plan. Cuando tu familia ha creado un plan que es agradable a todos tu trabajador/ facilitador volverá a entrar el cuarto. En ese pun-to, tu presentas el plan a tu trabajador para su aprobación antes que el plan se ponga en lugar. Es importante que cada uno sigue el plan de ma-nera que FGDM tenga éxito.

¿Qué es toma decisiones en grupo de la familia?

"Fue una gran idea para mi familia!"

¿Qué va a saber de mi participación en este programa?

"Esta conferencia en grupo de la familia es una buena manera de enfocarse en la familia"
Family Group Decision Making is a practice that recognizes the role and long tradition that families have the best understanding of how to care for its members. It respectfully invites and offers families the opportunity to come together as the best people to make decisions on keeping their children safe.

**Family Group Decision Making Core Values**
- People gain a sense of hope when they feel someone is listening.
- Families have strengths and can change.
- Let families take care of their own situation.
- Empowering families is better than controlling them.
- Options are preferable to advice.
- Strengths are what ultimately resolve concerns.
- A consultant is better than a boss. Strengths are enhanced when they are acknowledged and encouraged.

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Family Group Decision Making

- Is available to all residents of Lehigh County.
  Referrals can be made by anyone, including area agencies, service providers, churches, individual family members, friends, and many others. This is how the family group decision making process works:
  - A referral is made to the team
  - A trained Family Group Decision Making Coordinator contacts and meets with the family and helps them to set up a family gathering which will include anyone the family wishes to invite.
  - The date, time and location of the gathering that is convenient for the family is selected.
  - The family and all those invited to attend the gathering will come together to share their strengths and concerns.
  - Afterwards, any professional attending the gathering will then leave the room so that the family can have private time to discuss the concerns raised during the gathering.
  - Once the family has completed their plan the professionals will return to the room and the family will present their plan.

For further information please call 610.782.3064 and request to speak with a FGDM Coordinator

All Information Originally Collected and Shared by Washington County’s FGDM Team
Layout & Design by Lehigh County FGDM Team
... Family Group Decision Making is a practice that recognizes the role and long tradition that families have the best understanding of how to care for its members. It respectfully invites and offers families the opportunity to come together as the best possible people to make decisions on keeping their children safe.

Washington County Family Group Decision Making
Try Again Homes
P.O. Box 1228
365 Jefferson Avenue
Washington, PA 15301
724-225-0510 or 1-800-245-4453 toll free
Family Group Decision Making is available to all residents of Washington County. Referrals can be made to the Family Group Decision Making Referral Team by anyone, including area agencies, service providers, churches, individual family members and many others. This is how the Family Group Decision Making process works:

- Referral is made to the team
- A trained Family Group Decision Making Coordinator will meet with the family and help them set up a family gathering, which will include anyone the family wishes to invite.
- The date, time and location of the gathering that is convenient for the family will be selected
- The family and all those invited to attend the gathering will come together to share their strengths and concerns
- Any professionals attending the gathering will then leave the room so that the family can have private time to discuss the concerns raised during private family time
- Once the family has completed their plan the professionals will return to the room and the family will present their plan.

**Family Group Decision Making**

**Core Values**

People gain a sense of hope when they feel someone is listening

Families have strengths and can change.
Let families take care of their own situation.
Empowering families is better than controlling them.
Options are preferable to advice.
Strengths are what ultimately resolve concerns.
A consultant is better than a boss.
Strengths are enhanced when they are acknowledged and encouraged
Empowerment Family Group Decision Making

Are you having trouble with your child? Is a family member or friend in trouble and needs help and you do not know what to do? Are you unsure what to do with an elderly family member? Family Group Decision Making may be the answer you need.

Family Group Decision Making is available to all residents of Washington County. Referrals can be made by anyone, including area agencies, service providers, churches, individual family members and many others. This is how Family Group Decision Making Works:

- Referral is reviewed by the Program Specialist or the FGDM Coordinator
- A trained Family Group Decision Making Coordinator will meet with the family and help them set up a family gathering, which will include anyone the family wishes to invite.
- The date, time, and location of the gathering that is convenient for the family will be selected.
- The family and all those invited to attend the gathering will come together to share their strengths and concerns.
- Any professionals attending the gathering will then leave the room so the family can have private time to discuss the concerns raised during private family time.
- Once the family has completed their plan the professionals will return to the room and the family presents their plan.

Core Values

- People gain a sense of hope when they feel someone is listening.
- Empowering families is better than controlling them.
- Options are preferable to advice.
- Strengths are enhanced when they are acknowledged and encouraged.
- Families have strength and can change.
- A consultant is better than a boss.

For More Information Contact: Ramona at 724-225-0510 or Mike at 724-228-6886
Radio Presentation
On Family Group Decision Making (FGDM)
Dewaine Finkenbinder and Wendy Unger,
Adams County Children and Youth Services, 2004

Introductions by Steve: Who we are
Wendy Unger: Quality Assurance Specialists for Adams County Children & Youth Services of Adams County.
Dewaine Finkenbinder: Coordinator of Family Group Decision Making for Adams County and an employee of Cornell Companies Inc.

What is Family Group Decision Making: Dewaine
Family Group Decision Making is a voluntary process designed to maximize family’s strengths by working together for the purpose of providing a safe, secure environment, free from abuse and neglect, and for the well being of any resident of Adams County. The process itself allows family members to join with relatives and friends in developing a plan that will ensure all residents of Adams County are cared for and protected from future harm in ways which fit their culture and situations.

Although the practice of Family Group Decision Making is new to many people in Adams County, the concept itself is not new to many families and working professionals. For many years the idea of holding a family meeting to discuss and to plan for a love one has taken place on many occasions, what ever the reason or reasons have been. Family Group Decision Making not only extends these responsibilities to the families, but to the community and the natural supports systems around them.

Why does Family Group Decision Making work: Dewaine
This Family Group Decision making Model is based on some very basic values and beliefs about people. Here are just a few.

1. Families have strengths and can change.
2. Strengths are what ultimately resolve concerns.
3. Strengths are enhanced when they are acknowledged
4. FGDM values people
5. FGDM encourages collaboration between service providers working with the family
6. FGDM increases the family’s investment and ownership in important decisions.

What does the actual family meeting look like: Dewaine
The meeting itself takes on the average of between 25 to 40 hours of preparation on the coordinators part to hold one family meeting. It involves initially meeting with the referring source
and then with the family. As preparations move forward for the meeting, letters of invitation are sent
to the invitees and are followed up by phone calls to each person to see whether or not they will be
attending. In addition, there are pre-conference meetings with, the referring worker, other service
providers, and facilitators who will be guiding the family throughout the meeting.

FGDM is not just another Agency Meeting!
The practice itself puts many of the decision in the family’s hands. What I mean by that is, the
family is in charge as to who actually is invited to the meeting, when it’s going to be held, where it’s
going to be held, and the time of day. The process is very sensitive to the needs of the family.

The FGDM conference or meeting is divided into three main phases, with each one having equal
importance
Phase 1- is the opening and information gathering stage. During the opening the group facilitators
welcomes everyone for coming and thanks the participants on behalf of the family for taking time
out of their schedules to attend. Keep in mind that an average meeting lasts approximately 4 hours.
Guidelines or ground rules for the meeting are then discussed with everyone present so that the
meeting can proceed. Next, everyone has a chance to think about and share their ideas about the
family’s strengths as well as any areas of concern. After this, a meal is served.
Phase 2 - Next, the family members stay in the room for private family time and everyone else
leaves the room. This time is used by the family to work out a plan that best meets the purpose for
the conference. When the family has completed the plan, everyone will come back together.
Phase 3 - The family will then present their plan. If the plan is acceptable as it relates to the
purpose, the referring worker will then help support the Family Group Decision Making (FGDM)
plan.

Who can participate in FGDM: Wendy
As Dewaine alluded to, anyone in Adams County can participate in a FGDM Conference. Adams
County is unique in its implementation of FGDM, in that referrals can come from anyone and the
person for whom the conference is held does not need to be a child. So, a family can contact
Dewaine at 337-0110 to set up a conference or someone working with the family can contact
Dewaine. FGDM is being implemented around the world but mostly focuses on children involved
with child welfare. In Adams County, we believe that FGDM can help all families.

How is this different from traditional practice: Wendy
FGDM is changing the way child welfare agency’s do business. In traditional child welfare, the
caseworker does a family plan that tells the family what to do and when to do it. In the past, the
plans may have be similar for every family regardless of the family’s strengths and needs and
may have been difficult for the family to understand and complete. With family group, the family
does their own plan. If the family is involved with CYS, JPO, or the court, the plan still has to be
approved. Research has shown that when the family creates and monitors their own plan, people are safer, change happens and the change is maintained longer. Families are no longer just cleaning their house to get CYS off their back, there are making lifelong changes. Families also are often harder on themselves and address “family secrets” unknown to their workers. This is what we want and need to happen in child welfare.

How would someone make a referral to you: Dewaine
Contact Dewaine Finkenbinder at 337-0110.

Wrap-up and concluding comments by each: Wendy & Dewaine
Pennsylvania FGDM Websites  
Compiled October 2008

**County Websites**

**Allegheny County Family Group Decision Making**  
[http://www.alleghenycounty.us/uploadedFiles/DHS/About_DHS/Publications/Brochures/CYFFGDM.pdf](http://www.alleghenycounty.us/uploadedFiles/DHS/About_DHS/Publications/Brochures/CYFFGDM.pdf)

**Armstrong County Family Group Decision Making**  
[http://www.co.armstrong.pa.us/services/family-group-decision-making](http://www.co.armstrong.pa.us/services/family-group-decision-making)

**Dauphin County Family Group Conferencing**  

**Erie County/Family Services of Northwestern PA**  

**Snyder County Family Group Conferencing**  

**York County Family Group Decision Making**  

**Other PA FGDM Websites**

**Child Welfare Training Program**  
[http://www.pacwcbt.pitt.edu/FGDM.htm](http://www.pacwcbt.pitt.edu/FGDM.htm)

**Concern**  

**International Institute for Restorative Practice**  

**Professional Family Care Services**  
[http://www.pfcs.org/page0014.html](http://www.pfcs.org/page0014.html)

**Touching Families Inc.**  

**Youth Service Bureau**  
[http://www.ccysb.com/family_group.htm](http://www.ccysb.com/family_group.htm)  
Around Pennsylvania and the world, family members and service providers are proclaiming the success of Family Group Decision Making. The following are actually comments from people who participated in a Family Group Decision Making conference in Pennsylvania.

**Family and Friend Comments**

“I feel that everyone involved in this program was very helpful and understanding of our situation.” (FGDM Family Member-PA Central Region County)

“I am leaving here feeling that with our help, she (child) will do fine.” (FGDM Family Member-PA Central Region County)

“I think this is a good program with positive results” (FGDM Family Member-PA Central Region County)

“You guys were very considerate of our Christian ways” (FGDM Family Member-PA Central Region County)

“It was a good thing to bring the family together for this and for all of us to get along like we did.” (FGDM Family Member-PA Central Region County)

“I may need to use this again.” (FGDM Family Member-PA Central Region County)

“I was really uneasy about coming to this meeting but I would recommend this to any family.” (FGDM Family Member-PA Central Region County)

“I was not aware of this program. More families could use the help and support of this program. I feel if it was advertised more maybe it could help prevent more children from making wrong choices.” (FGDM Family Member-PA Western Region County)

“This meeting was very organized and helped our family come up with a plan that will be the most effective.” (FGDM Family Member-PA Western Region County)

At first I was against the idea of meeting, but I am glad that we did this. It is a wonderful, informative and helpful program. Thank you.” (FGDM Family Member-PA Western Region County)

“I think the team you sent was the best for our family and they are the best and I hope what they did will keep going through the years for us.” (FGDM Family Member-PA Western Region County)

“I feel it (FGDM) was very helpful and I would recommend this program to anyone.” (FGDM
Family Member-PA Northeast Region County)

“They could use this method to help a lot more families.” (FGDM Family Member-PA Northeast Region County)

“(We) will miss you when you close our case. Keep in touch.” (FGDM Family Member-PA Northeast Region County)

“I think this program is a blessing. I pray that it will be an effective alternative to returning to jail. I do believe that in these times it does take a village.” (FGDM Family Member-PA Northeast Region County)

“I feel like this was a good family intervention and brought us all eye to eye to help our family and) to be more responsible for each other and for the (youth).” (FGDM Family Member-PA Central Region County)

“I’m really grateful to the county for offering FGC. I feel as though it helps with open lines of communication with family and friends.” (FGDM Family Member-PA Central Region County)

“The conference was very positive and informative. I sincerely appreciate the process as well as those in attendance. I believe that the plan will be effective in aiding (the child) in being mainstreamed back into society.” (FGDM Family Member-PA Central Region County)

“I appreciate the time that was given to get the family involved in the decision” (FGDM Family Member-PA Central Region County)

“Thank you. I realize all of you have a thankless job. Don’t give up.” (FGDM Family Member-PA Central Region County)

“We truly appreciate everything this program has done for our family. We thank everyone involved and (are) forever grateful.” (FGDM Family Member-PA Central Region County)

“This is my first experience with this type of program. I appreciate the fact that Nick has been given this opportunity. Rather than chance being lost in the system. He (child) may now have an opportunity to succeed. Program needs to be available to more families.” (FGDM Family Member-PA Central Region County)

“I recommend having this kind of meeting with any family having difficulties. It helped us get some things out in the open that we normally didn’t share and helped start healing some wounds. I truly believe it takes a village to raise a child.” (FGDM Family Member-PA Central Region County)

“This program is a wonderful way of helping kids think and make good choices before it’s too late. Thank you for your caring and time you devote to kids.” (FGDM Family Member-PA Central Region County)
“I found this conference to be very helpful and informative. It was truly appreciated. I left with more knowledge than when I came. A huge thank you.”
(FGDM Family Member-PA Central Region County)

“This was a very positive experience. All who attended felt comfortable and free to speak. This forces us to address this as a team better then we could on our own. I appreciate the staff.” (FGDM Family Member-PA Central Region County)

“This was the first type of these conferences that I’ve attended. I’m very glad I attended not only for (child) but for all I learned. Thanks for the opportunity and for all the input.” (FGDM Family Member-PA Central Region County)

“Going in I thought this might be a waste of time, but I found out it was a great program.” (FGDM Family Member-PA Central Region County)

“I think this conference helped my overall ability to communicate with my family.” (FGDM Family Member-PA Central Region County)

“I think this program is very good for adult probation and I hope that they come out with more programs like this. It gets people to talk about things that are on their minds and to help others.” (FGDM Family Member-PA Central Region County)

“Thank you for the support in helping to keep my family together.” (FGDM Family Member-PA Central Region County)

“I feel that this type of meeting is great for the person to whom it is for because it provides ownership to his/her plan, and that he/she has a say in the outcome. Actually it is great for everyone involved.” (FGDM Family Member-PA Central Region County)

“I again appreciate the county Children & Youth supporting the children and having their best interest at heart.” (FGDM Family Member-PA Central Region County)

“I think this is an outstanding program. I would encourage any family going through a similar situation to take advantage.” (FGDM Family Member-PA Central Region County)

“The family conference meeting was a good support for the family and I’m glad we came together to help (mother) get a plan together to help her get her children back in an established safe home for herself and her children.” (FGDM Family Member-PA Central Region County)

“I honestly feel like this has made a considerable difference with not only the child specified but within the family as a unit.” (FGDM Family Member-PA Central Region County)

“I would like if there would be another conferences somewhat like this one for my niece.” (FGDM Family Member-PA Central Region County)
“I think the family conferences are a great thing. It gives both sides of the family the opportunity to get to know each other and discuss and agree on what they think would be best for the children. “(FGDM Family Member-PA Central Region County)

“It’s very nice to know that we have people who are willing to take time out of their own lives to help others. Thank you for your time and patience. It is greatly appreciated.” (FGDM Family Member-PA Central Region County)

“I think it is wonderful we have such a service. You really don't know what is out there until it concerns your own family. Everyone did a great job. God bless you all and keep up the good work.” (FGDM Family Member-PA Central Region County)

“They should use the program with more people. I think it is a very good program. It lets everyone speak and make their plan. “(FGDM Family Member-PA Central Region County)

“This program is the pillar to a strong community.” (FGDM Family Member-PA Northeast Region County)

“I feel this is a great way for families to get together and work on an agreement. “(FGDM Family Member-PA Northeast Region County)

Non-Family Comments (Comments from professionals):
“I was impressed by the process and would find it a valuable addition to many discharge plans”

“I believe this meeting turned out to be very helpful for this family”

“I enjoy the process of FGC and regardless; if an FGC is held, the family benefits in some way”

“Looking forward to the next one”

“Very good idea. I am glad to see this family given this chance”

“Wonderful experience”

“FGDM is a great tool and experience for families”

“I feel this process helps to empower the family to make necessary changes to improve their relationships and have less dependency on caseworkers involved”

“Highly recommend program”
“Great job. Coordinator went above and beyond the call of duty to get this group together”

“Good family support, good community support”

“This was the first conference that I observed/participated in. Very good experience. Facilitators did a very good job and conference was well done despite the limited time needed to hold the conference.”

“It was an excellent experience. The meeting was very well run, good representation by family and agencies”

“I am a pastor of a church in which the conference took place. I attended as an observer, friend, and neighbor. The strongest and most positive element was the positive regards demonstrated for the family.”

“In addition to creating a viable family service plan, this meeting re-united family members who had doubts as to natural mom’s ability to care for the child”

“This session was very well organized and motivating. Everyone was respectful.”

“Family Group Decision Making provides a wonderful conference/opportunity for this family to address strengths and concerns with the family and provide support for the client and her children. It is a wonderful family based service.”

“I feel this was very beneficial for the child to see those who care for her committing to her future”

“Great facilitation and coordination”

“I love this process”

“Conference was wonderful

“Great job working with the family”

“family was really enjoyable, pleasant and fun”

“The family seemed to leave the conference with a sense of empowerment and eagerness to proceed with the plan”

“Very organized. Will receive more referrals in the future”

“Highly recommend this process”

“I was happy to support the child and the family in their plan”
Other Family Group Decision Making Comments:

“The strength of Family Group Conferencing is having the family join in achieving a common goal. This is a meaningful and worthwhile process.”  
-Honorable Richard Lewis Dauphin County President Judge

“This isn’t just what we should be doing, it’s what we should have been doing all along.”  
-Honorable Todd A. Hoover, Juvenile Dependency & Orphan’s Court Judge

“You have people who care. This is an opportunity for all of them to come together and help.”  -Jim Nice, Family Unity Project

“The more eyes, hands, and hearts involved with a family, the safer the child.”  
- Larry Graber
Section XII:
FGDM Resources

Websites
www.pacwcbt.pitt.edu
www.fgdm.org
http://social.chass.ncsu.edu/jpennell/fgdm/manual

Pennsylvania Resources:
PA Statewide Implementation Team
  o Contact: Peter Vriens, Dauphin County Human Services Director
  o Email: pvriens@dauphincounty.org

PA Statewide Subcommittees
  • Training Subcommittee
    o Contact: Christina Fatzinger
    o Email: cmf27+@pitt.edu
    o Phone: (717) 795-9048 ext. 275
  • Evaluation Subcommittee
    o Contact: Wendy Unger
    o Email: wau2@pitt.edu
    o Phone: (717) 795-9048 ext. 221
  • Speakers Bureau
    o Contact: Christina Fatzinger
    o Email: cmf27+@pitt.edu
    o Phone: (717) 795-9048 ext. 275
  • Western Regional Subcommittee
    o Contact: Mike McClure
    o Email: McClureM@co.washington.pa.us
    o Phone: 724-228-6886
  • Eastern Regional Subcommittee
    o Contact: Karin Leet
    o Email: kleet@chesco.org
    o Phone: 610-344-5887

PA Technical Assistance:
Pennsylvania Child Welfare Training Program
University of Pittsburgh
403 East Winding Hill Road
Mechanicsburg, PA 17055
Phone: (717) 795-9048
FGDM Resources
Anna Caffarelli, Chester County Children and Youth Services

Guides from the States

- **Pennsylvania**
  - **University of Pittsburgh, Child Welfare Training Program (CWTP)**
    [http://www.pacwcbt.pitt.edu/FGDM.htm](http://www.pacwcbt.pitt.edu/FGDM.htm)
    PA FGDM information including trainings, evaluation, committees, meeting dates, and resources.
  - **International Institute for Restorative Practices (IIRP)**
    The International Institute for Restorative Practices is dedicated to the advanced education of professionals at the graduate level and to the conduct of research that can develop the growing field of restorative practices, with the goal of positively influencing human behavior and strengthening civil society throughout the world. The website includes many resources for improved practices.

- **California**
  - **County Protocols for Team Decision Making**
    [http://www.f2f.ca.gov/team.htm](http://www.f2f.ca.gov/team.htm)
    Examples of Team Decision making (TDM) protocols from the California Family to Family sites were each created to meet the unique circumstances and nuances of their County.

- **Iowa**
  - **Tools from Community Partnerships for Protecting Children**
    [http://www.dhs.state.ia.us/cppc/family_team/familyteam_toolkit.htm](http://www.dhs.state.ia.us/cppc/family_team/familyteam_toolkit.htm)
    Multiple resources from Community Partnerships which have brought together parents, youth, social service professionals, faith ministries, local business, schools and caring neighbors to help design, govern and participate in programs that seek to create a continuum of care and support for children, youth and parents in their neighborhoods.
  - **Family Team Decision-Making Evaluation Handbook**

- **Mississippi**
  - **Worker’s Guide to Family Team Meetings**
    This guide from the Division of Children and Family Services provides workers with information to help them plan, arrange, and facilitate family team meetings.
• North Carolina
  o Practice Guidelines for Family-Centered Meetings
    http://www.dhhs.state.nc.us/dss/mrs/docs/Practice%20Guidelines%20for%20Family%20Centered%20Meetings.pdf
  These practice guidelines are intended to supplement the North Carolina Division of Social Services overall policy for Child and Family Team Meetings (CFTs) and Shared Parenting Meetings (SPMs). Information is provided on the principles and purposes of family-centered meetings (FCMs), and the benefits of FCMs. Principles are then paired with specific applications, and the following five phases of FCMs are described: the social worker talks with the key family members about having a meeting, the social worker makes a referral, the worker prepares the family and other professionals for the meeting, a neutral individual facilitates the meeting or depending on the circumstances, sometimes the worker serves as facilitator, and the social worker follows up and monitors the service agreement as it is carried out. A list of issues that must be addressed during the preparation phase of a FCM is given and guidelines are explained for ensuring the safety of FCM participants. Finally, the roles of different participants, strategies for making sure children are heard at meetings, and the structure of FCM are addressed. A form for evaluating a FCM is attached.

o Enhancing Child and Family Team Meetings
  http://sswn17.sowo.unc.edu/fcrp/Cspn/v13n1.htm
  This issue of Children’s Services Practice Notes is a resource for agencies seeking to enhance and expand their use of child and family team meetings.

More FGDM Resources

• National Center on Family Group Decision Making - American Humane Association
  www.fgdm.org

• Curriculum
Family Group Decision Making Models for Social Workers in the Child Welfare Setting


This curriculum from the California Social Work Education Center introduces the Family Group Decision-Making (FGDM) model of working with families in child welfare and is based on a core belief that within families lies the wisdom to find solutions to protect their own children and resolve other issues of concern. In addition to lecture content, modules include instructional guides and suggestions, interactive exercises, topics for discussions, video and other resource suggestions, and a pre- and posttest instrument with answer sheet. An appendix of handouts, workshop evaluation form, references, and list of information sources and resources are included.

Family Team Meeting Training - Participant’s Guide and Trainer’s Guide Outline

http://dfcs.dhr.georgia.gov/portal/site/DHRDFCS/menuitem.83054cda1a084d2f7da1df8dda1010a0/?vgnextoid=3767efd2d0fa2110VgnVCM100000bf01010aRCRD

Tools for Permanency - Family Group Decision Making:


This tool offers information about this family-focused, culturally sensitive approach to developing safety and permanency plans with families for children who are in foster care or who are at risk of entering foster care due to parental abuse or neglect.

Mainstreaming Family Group Conferencing: Building and Sustaining Partnerships


This article by Joan Pennell of North Carolina State University suggests that the practice of family group conferencing in child welfare has moved away from the initial goal of joint problem solving and toward “systemic goals of maintaining control, meeting regulations, containing costs, and avoiding litigation.” She recommends nine steps for building partnerships for initiating and sustaining family group conferencing.

Family Group Decision-Making

http://www.casey.org/Resources/Publications/FosterCareFocus.htm

Texas began Family Group Decision-Making in multiple sites across the state in December 2003. A preliminary evaluation and briefing about this practice are available.

Family Group Conferences: Principles and Practice Guidance


Intended for parents and child welfare agency personnel in the United Kingdom, this publication provides information about family group counseling (FGC) in child welfare practice. It begins by describing FGC as a way of giving families the chance to get together to try and make the best plan possible for children, and explaining that the decision makers at a FGC are the family members, and not the professionals. The steps of FGC are outlined and include referral, preparation for the meeting, the conference itself and the development of the family plan, and reviewing the plan. Principles of FGC are discussed to inform families on what to expect from FGC, followed by practice
guidance that addresses how each of the principles will be met.

- **Safeguarding Everyone in the Family: Family Group Conferences and Family Violence**
  

  This article from Social Work Now discusses the use of family group conferences in cases of domestic violence.
Family Group Decision Making Video Resources
American Humane Association


Website Links:
American Humane Videos
Additional Videos
Children’s Publications Catalogue

American Humane Videos

Family Voices
(VHS; 17.25 minutes)
Co-developed by American Humane and the International Institute for Restorative Practices, this compelling video sings the hope and pride of families — revealing a voice that has been described as long absent in child welfare. The video highlights incredibly powerful stories, in which families tell how they were embraced as partners in child safety, and how FGDM impacted their families, children and themselves. A must-see for those working to educate communities and for families interested in FGDM.
VFGDM01; $25.00. How to Order

Joanne’s Family: A Pakeha Care and Protection Story
(VHS; 23 minutes)
This video presents the dramatized story of a young girl who is sexually abused by her stepfather, and how this care and protection case is resolved at the family group conference. The story is told from the girl’s grandmother’s point of view and demonstrates the entire family group conference process from preparation to outcomes. This story is unique in the series because it demonstrates what happens when the family cannot reach an agreement at the first conference and must reconvene after the case goes to family court. It also presents options for victims and offenders to participate in the conference even if each participant does not physically attend. Finally, common questions about family group conferencing are answered.
CFGDMV03; $30.00; Member discount does not apply. How to Order

Eddie’s Aiga: A Samoan Youth Justice Story
(VHS; 22 minutes)
This is the dramatization of Eddie, who was caught breaking and entering, vandalizing and committing burglary at his school. His family is required to convene a family group conference to resolve this youth justice case. This video highlights the Samoan culture, and the native language is used extensively. It takes viewers through the entire family group conference process, from preparation to outcomes, and includes private family time in the native language.
CFGDMV06; $30.00; Member discount does not apply. How to Order
Pennsylvania Family Group Decision Making Toolkit:
A Resource to Guide and Support Best Support Practice Implementation

Section XII: FGDM Resources

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Penny’s Family: A Pakeha Youth Justice Story
(VHS; 15 minutes)
This dramatized story portrays a young girl who has been caught shoplifting several times and how this youth justice case is resolved at a family group conference. The story is told from the point of view of the girl’s mother and is a continuation of one of the stories from the video Putting Right the Wrong: Victims Rights in the Family Group Conference Process. The video illustrates how the family prepares for the family group conference, how the family interacts during the conference, including during private family time, and what happens following the conference.
CFGDMV02; $30.00; Member discount does not apply. How to Order

Richard’s Aiga: A Samoan Care and Protection Story
(VHS; 23 minutes)
From school reports, it appears that Richard has suffered bruises and cuts as a result of punishment from his father. Social Services becomes involved and initiates a family group conference to resolve this care and protection case. Almost the entire dramatization is done in native Samoan language, including the narration. Family and cultural traditions are woven into the process, which covers everything from preparation to outcomes.
CFGDMV07; $30.00; Member discount does not apply. How to Order

Mihi’s Whanau: A Maori Care and Protection Story
(VHS; 27 minutes)
This video dramatizes the story of a young mother whose children have been placed in the care of her sister due to alcohol issues and neglect, and how a family group conference is convened to resolve this care and protection case. The video thoroughly describes and demonstrates the processes and stages of a family group conference. Special emphasis is placed on the cultural and family traditions of this Maori whanau (family). Common questions about family group conferencing are also answered.
CFGDMV05; $30.00; Member discount does not apply. How to Order

Stephen’s Whanau: A Maori Youth Justice Story
(VHS; 23 minutes)
This is an extension from the dramatized story presented in Putting Right the Wrong: Victims Rights in the Family Group Conference Process, of Stephen, a young man who broke into an older couple’s car and stole their camera. This is not his first offense or his first family group conference. The video shows how this youth justice case is resolved at a family group conference. It is told from the point of view of Stephen’s family, and explains the importance of the family’s commitment to and control over the process. Family traditions and cultural values are highlighted throughout the process as an important aspect for ensuring a successful and lasting outcome.
CFGDMV04; $30.00; Member discount does not apply. How to Order

Putting Right the Wrong: Victims Rights in the Family Group Conference Process
(VHS; 20 minutes)
This video presents two dramatized stories from the point of view of victims who participate in family group conferences. The two stories address the issues surrounding a young girl caught stealing by a shopkeeper, and an older couple who must face the young man who committed a crime against them. The video follows the shopkeeper and the couple through the family group conference process from preparation, to the conference itself, to the outcomes of the plan. The video focuses on the victims’ rights in the process, and was made to help victims prepare for and participate in the family group conference process. CFGDMV01; $30.00; Member discount does not apply. How to Order

Complete set of the New Zealand series of educational videos on Family Group Conferences
(CFGDMV01 thru CFGDMV07)
This complete set of seven videos includes Putting Right the Wrong, Penny’s Family, Joanne’s Family, Stephen’s Whanau, Mihi’s Whanau, Eddie’s Aiga, and Richard’s Aiga. CFGDMV00; $195.00; Member discount does not apply. How to Order

Widening the Circle: The Family Group Decision Making Experience
(1998; VHS; 43:46 minutes)
Originally produced in Canada, Widening the Circle describes intervention by the extended family and various professionals to break the pattern of family abuse. The video follows one family through the process and illustrates the relationships between organizations and family members as they partner to stop abuse. Video includes facilitator notes. See companion booklet, item CFGDM-05, Family Group Decision Making: Communities Stopping Family Violence.
CAV200; $20.00; Member discount does not apply. How to Order

Permanency Toolkit: Family Group Decision Making
(VHS; 25 minutes)
Free video guide--download online! Word version (DOC;136KB) 10 pages PDF version (PDF;253KB) 10 pages
The first in The Pathways to Permanency series from Courter Films, this video demonstrates the FGDM process in detail. It describes how FGDM works to achieve improved safety and permanency for children as well as increased family connectedness and functioning. This video shows excerpts from various types of family group decision making meetings, and includes comments from both families and professionals. General principles and components of FGDM are explained.
CRTR01; $145.00; To order, use the Courter order form. Member discount does not apply.

CFSA Family Team Meetings: Community Awareness and Training Video
(DVD or VHS; 73 minutes)
Many communities throughout the country have long been challenged to make a shift in social work practice from that of responder, protector, and decision-maker to one of engager and partner with families in crisis. In Washington DC, Family Team Meetings, or FTMs, are structured planning and decision-making meetings that are used to solve
problems involving their children’s well being. FTMs use skilled coordinators to engage family members, their supporters, the community, and professional partners to work together on the family issue currently at hand. Trained facilitators assist the assembled group to reach consensus regarding a plan for the children’s safety and permanency. This DVD has two components: a 17 minute community awareness illustration of FTMs; and a 56 minute re-enacted FTM that can be used for more in-depth training of Coordinators/Facilitators.

FTM-DVD or FTM-VHS; $39.95; Member discount does not apply. How to Order

Additional videos that AHA recommends, include:

Let Us Put Our Minds Together: The Power of Family Group Conferencing in Washington State
(VHS; full-length video 24 minutes; presentation video 11 minutes)

Family members who participated in five different family group conferences in Washington State share moving stories about how their conferences gave them the opportunity to create safe and permanent plans for their children. The video demonstrates the commitment and power that families can bring to the decision-making process as well as their willingness to take responsibility and to create solutions that resolve child abuse and neglect concerns. The video uses clips of simulated conferences as well as interviews with social workers, facilitators, an attorney, and a court commissioner to explain general principles, the FGC process, and benefits of this approach.
(To order, use the NWICF order form.) (Member discount does not apply.)

Saputjinik: Healing Each Other
(VHS; 59:44 minutes)

Saputjinik is a video account of an Inuit family’s attempt to end the cycle of domestic abuse and child maltreatment. Actors lead us through the model of the family group decision making experience, as implemented, in a small northern community. The family draws upon traditional strengths of the Inuit culture. This video highlights some of the problems and emotions encountered by both the family and organizations involved in the process. Saputjinik is an Inuktitut word that, translated loosely, means “healing each other.”

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Section XIII:
References


