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PRACTICE GUIDELINES FOR FGC PROCESS

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PRACTICE GUIDELINES FOR DIFFERENT STAGES IN FGC PROCESS

Introduction

The guidelines and practice protocols required for the implementation of FGCs are contained in the following sections. It builds on guidance provided in the ERHA evaluation report (O'Brien 2000). The participants in this pilot project who have contributed in the research and training to the development of these practice protocols fits with the spirit of the FGC model, and is acknowledged. The work of the pioneering spirits internationally who have shared their experiences, learning and reflections, especially colleagues in the USA working in the area of family decision-making, Hampshire (UK) and New Zealand, is also acknowledged. Much of this work has been developed from a study of family/ professional networks, as part of a relative care project (O'Brien 1999; 2000; 2001).

The FGC is not a simple solution that will resolve a complex issue quickly, but it does offer a model to put into practice the spirit of partnership and inclusivity to truly involve individuals and families in child welfare and protection work. As a model it is evolving and undoubtedly will continue to evolve. It is hoped that the guidance and recommendations contained in these summary notes will go some way towards unlocking the model's potential and the professionals undoubted commitment to this way of working.

FGC's: An Overview

- Different purpose of meetings will influence the process/ direction
- The FGC helps families work with agency to share responsibility (risks) and to identify supports
- It helps to promote self-determination of family decision-making to the fullest extent possible
- The FGC helps the family co-operate together and not against one another, while taking the statutory role/ responsibility of the agency into account
- The FGC helps the agency and the family co-operate together
- The language of concern is preferable to the language of problems: concerns are what most people agree on while problems are what most people fight about

Circumstances for referring a case for an FGC.

- Child protection issues clear and agency 'bottom line' worked out and defined
- Agency willing to name its' concerns openly (why are we involved in this family's life?)
- Worker sees strengths in the family and has hope for change (listen; locate strengths; trust; hope)
- Family and agency share a purpose to come together (share does not necessarily mean total agreement regarding issues and it may be helpful for worker to ask 'what would motivate family to get involved?')
- Agency willing to give family's ideas a chance

Circumstances for not referring a case or refusing a referral (Read in conjunction with Chapter Five.)

- The family is unable to see the need for change or fails to recognise the concerns of the Health Board
- Cases where there is a lack of extended family
- Extremely high degree of hostility between family members
- Very “dysfunctional” family with similar problems within the extended network
- Parents/Family with chronic alcohol/drug problem
- Parents and/or family suffer serious mental or learning disabilities needs to be clear of the purpose of the FGC and be realistic as to what can be achieved
- Where confidentiality would be unreasonably compromised by involving extended family members
- Families where manipulation is prevalent or where certain family members are very domineering
- If the agency has already made up it’s mind what it wants done for the child
- If the agency fails to see any strengths in the family
- If the worker or agency has given up on the family and are only going through the motions
- If the workers or management do not agree with the ideas behind the meetings, or if the management of other key professionals holds a similar view (and have top heavy management structure)
- If the child needs alternative care but if the reason for care is inter-generational abuse and many issues have not yet been resolved. In this circumstance it may be important to have a meeting and to identify the child’s social network more so than the family network
- If birth parents are adamant that they do not want to involve their families. However if a child is in the care of the Health Board, and if it appears that child will be in care for a very long time, then the implications of excluding the parents and mobilising the child’s network needs to be considered. On only very rare occasions should parents’ wishes be overruled, but this must not be confused with not putting a very strong case to parents as to how this meeting can help the child’s situation.
- If the child is close to adulthood, and is adamant that he/she does not want an FGC, their wishes should be respected. If the child is younger and is not co-operating, then the care status, current situation and future plans need to determine if a FGC should be held.
- Requirements under Children Act, 2001 and any forthcoming regulations will need to be ascertained

In a number of situations an FGC is not appropriate: cases of organised abuse, cases of inter-generational abuse, in any situation where the safety of the child is prejudiced, placed at risk or compromised, where the child does not want the FGC to occur and where the Health Board or other statutory agency assess that it would be inappropriate to hold a FGC at that time.

STAGES OF THE FAMILY GROUP CONFERENCE

The following are the key stages and sub-stages in a Family Group Conference. Each of these is considered in detail in the subsequent sections.

STAGE ONE **Referral and Preparation**

STAGE TWO **Information giving**

- Convening and introductions
- Clarifying the concerns, issues and resources

STAGE THREE **Private family time**

- Private time

STAGE FOUR **Presenting the plan**

- Presenting and considering the plans
- Reviewing arrangements

REFERRAL STAGE

(This needs to be read in conjunction with the REFERRAL ELEMENT in Appendix 3)

In many ways, the referral defines the terms of the FGC. Clarity at this early stage is essential. It is important to continue to distinguish that the FGC is about “Family Decision-Making” and not “Family Support”. Clarity about the reasons for the FGC provides the mandate and impetus for the family and professionals to be brought together.

Pre-Referral Stage

- Referrer needs to consult with other key professionals that are involved in the case prior to making the referral. Other professionals may be opposed and if so, this information needs to be placed against the agency concerns.
- Agency making the referral must be very clear with family about purpose of conference, issues to be addressed and agency’s statutory responsibility (‘bottom line’). (It is important that the meeting per se is not used by the agency to assess the concern; equally the agency concern should not necessarily be up for negotiation at the actual meeting).
- Ensure the issues to be addressed at FGC have a mandate from other agencies and/or participants if required – e.g. potential rehabilitation home of a child in long-term care may need to be first made as part of child-care review meeting.
- Clear approval of line manager is essential

Negotiate the referral prior to accepting it

- Meet with parents (give leaflet explaining the concept)
- If limited contact between both parents, check legal status of child’s relationship with both and ensure both are visited
- If permission not forthcoming to contact other family members, consider the legal status, reasons for care and length of time care needed for and emphasise the importance of child-centred decision-making

- Introduce the concept: child focus
- Explain the rationale for having meeting
- Obtain permission (keep in mind agency mandate for taking measures/working co-operatively)

Do not be surprised if parents are initially opposed to the idea. The following are suggestions as to topics that can be discussed to persuade parents to give permission.

- Ask if it was their niece rather than their child, how much contact/ involvement they would want
- Broaden the idea of family (many initially see it as nuclear rather than extended)
- Parents' usual fear is associated with the imagined anger and disapproval of family for what is happening to them and their child
- Elaborate and discuss the idea of how child's needs can be met in the family
- Emphasise the importance of developing all the resources in the family to ensure the child's needs are met
- Be patient if response is slow at first: keep trying while paying attention to continuum between taking measures and co-operation
- If someone in family/ network has shown interest in concept and he or she has an okay relationship with parents, enlist their help to involve the parents

A key question remains in what circumstances, if any, should parents' wishes be overruled? It is very important to work co-operatively with parents and in last instance if parents are still resistant to the idea, then the care and protection status of the child, care plan for the child, ongoing relationship between child and parent, and parental ability and willingness to take on board the ideas and issues need to be weighed up.

Formal Referral

Following the successful negotiation of permission from the parent/guardian a referral form is completed and forwarded to the Service Manager, who convenes a referral committee meeting (comprising Service Manager, Principal Social Worker and Child Care Manager). The purpose of this meeting is to assess the appropriateness of the referral and will clarify:

- Is there enough information on the referral form?
Is it apparent that the child is in need of care and protection?
- Why has it reached this point?
What efforts have been made thus far?
- What are the parameters and the bottom line
- Criteria needs to be explicit as to reasons why referral not acceptable

Once the referral is accepted as appropriate, the Service Manager allocates it to a Co-ordinator. It is at this point that a four-way meeting takes place.

Four-way meeting

A four-way meeting comprising, service manager, team leader, social worker, and co-ordinator at an early stage may be beneficial. This would allow the co-ordinator and referrer the opportunity to clarify:

- That the referring agency will accept the FGC plan, unless it places the child at risk of harm

- Where the FGC will fit in relation to other decision-making processes (e.g. Child Protection Case Conferences, legal proceedings and statutory child in care reviews)
- How the co-ordinator, referrer and other agencies will work together, communicate, resolve difficulties during the FGC and how information will be fed back.
- The referrer and co-ordinator need to clarify who is going to do what in preparing family and professionals for FGC.
- Whether there are any issues of danger for the co-ordinator from family members
- Identify any outstanding issues that need to be resolved prior to proceeding
- What are the agency's concerns?

Preparing for the Conference

The Co-ordinator meets the family for the first time.

- Determine interested parties from parent's and child's perspectives i.e. use sociogram/genogram and Ecomap. Some questions that may help to identify key people are as follows:
 - Who is the child called after?
 - Who would want to be involved if they knew of the current crisis in child's life?
 - Who gets together sometimes?
 - Who has been involved to date in helping the family?
 - Who has been successful in the family?
 - Anyone economically better off? What about godparents?
- If co-ordinator has limited knowledge of particular cultural or ethnic group, it is important to identify resource people to assist in the preparation while preserving confidentiality i.e. ask the family who may be of assistance to the coordinator.
- Discuss if certain people are to be excluded: if so, why? Exclusion should only be as a last resort.
- The arguments for and against the inclusion of older siblings should be considered. This may be decided on the basis of age if they are very young. Otherwise it is a matter for discussion by the family and the child concerned.
- Use a Genogram to construct family tree.
- Involve and prepare other professionals.
 - It is important they are told about the principles and value base of meeting
 - Purpose for professionals to share concerns – not solutions – though it is okay to share options that the family may want to consider
 - Important they are reminded of strengths perspective of family
 - Important that they listen as much as speak
- Location (cup of tea and something nice to eat is good for all of us). What would we want for own family if meeting under similar circumstances?
- Venue chosen by family: be creative, while taking account of security/confidentiality issues
- Children's limited concentration span needs to be acknowledged: Organise two rooms to allow children to dip in and out.
- Confirm date and time
- Make sure haste does not keep key people away
- Draft agenda (give out outline of what will be covered and how it may be covered ahead of meeting)
- Invite participants, preferably by calling directly
- Think of the phone if geographical spread is large: keep in mind the family's own network will also be in action once the first person is invited.

- Obtain the views of family members unable to attend if appropriate (these views are then put before conference by family members, advisable it should not be co-ordinator)
- Identify advocate, if required, and remind them their role is for the person they are advocating for (may be child or adult)
- If someone in the family is at risk of ‘blowing their top’ and yet are an important resource, ask them to give someone else permission to ‘check’ them
- Sensitivity required to issue of literacy levels
- Obtain the views of professionals unable to attend if appropriate (these views are then put before conference by other professional, advisable it should not be co-ordinator)
- Professionals to make reports available prior to conference (days not hours)
- Prepare other professionals about the process and their role in it (if not prepared they may argue over the process and family issues get lost)
- Ascertain what ground rules may be important prior to individual participation, and then at beginning of meeting

Factors that may need attention prior to Conference

- Make sure that the referral/ agency concern is clear
- Make sure that the purpose of the FGC is clear to all participants
- Make sure that the values underpinning the process informs conversations with all participants
- Arising from initial conversation and before the meeting, the following factors may need to be noted
 - Seriousness of abuse/ neglect and child’s situation
 - Depth of any expressed anger about who is proposing to care for the child
 - Past unresolved issues that may be relevant to current childcare issue
 - Current unresolved issues that may be relevant to current childcare issue e.g. domestic violence
 - Past unresolved issues that are not relevant to current childcare issue
 - Resistance to the involvement of either of the parents’ families

STAGE TWO – THE CONFERENCE**Ground Rules for Conference and values that should guide the process**

- Need for respect for difference
- Accessible information
- Information shared in non-judgemental way
- Consensus
- Agency states concerns/ issues that need to be addressed and ‘bottom line’, if applicable
- Family understand the constraints imposed by mandates of agency
- Wish to alleviate crises
- Self determination for family decision-making as far as possible
- Advocate

Beginning and introductions of FGC

- Formal introduction and welcome (family and non-family). Ask people to introduce themselves and state their relationship to the child.
- Purpose of meeting: clarification of why everyone is there

- Outline of meeting (everyone's role described and defined). Remember: complicated language alienates and excludes people.
- Confirm ground rules. Remind people of ground rules that were identified as important in preparation stage
- Commitment to goal of being child-focused
- If family have not met for long time, acknowledgement/ ritual may be important
- Child's needs: builds plan
- It is family's own meeting
- Co-ordinator's job is to facilitate, record and distribute material in writing
- Ensure that supports and resources available are presented. It may be very important that written material is given to participants explaining exactly what is and what is not available, including the requirements the agency must work under.

Information giving

Professionals involved share information regarding care and protection issues for children (concerns need to be specifically spelt out in clear language in writing).

- Role clarified
- Written reports (made available prior to conference) to family member in clear, jargon free language containing bullet points rather than social history
- Purpose of this stage is to share information and to encourage dialogue
- What will be done with reports afterwards – needs clarification?
- Put forward the absent members' views
- Consider putting main concerns on flip-chart in addition to written reports
- Co-ordinator's role at this stage is to listen, to clarify and to invite family to ask questions/ seek information to help them make sound decisions
- Co-ordinator makes sure language understood and questions can be asked
- It may be useful to record the strengths identified in family network alongside the concerns as this may act as prompt to family in their deliberations
- If plan begins to emerge at this stage in too detailed a way, this is the moment for co-ordinator to organise private time
- 'Now that we have identified the concerns and some of the strengths in the family, we would like to leave you alone to consider what ideas you have about a plan(s) to resolve these issues' and leave.
- Spell out parameters to be covered in family's plan.

STAGE THREE – PRIVATE FAMILY TIME

Private family time

Prior to breaking into private family time

- Co-ordinator makes observations regarding clarifying issues and outlines criteria against which plan will be considered.
- Check that all family members have adequate information regarding concerns and resources
- Help professionals leave meeting – this may be difficult for a number of reasons
 - Family afraid of being left alone especially if there is a lot of conflict
 - Family may think it is discourteous to expect professionals to leave
 - Individuals may want individual professionals to stay – picking advocate from social network rather than professional network

- Professional may think people vulnerable, not able...
 - If family numbers are small, temptation may be to stay
 - This level of respect for family's privacy is new for professional
 - Are there rare circumstances for non-family to stay?
 - Maybe a need for different rooms for different families to meet
- Sentence such as 'Now that we have identified the concerns and strengths in the family, I would like to leave you as a family group to make a plan. I will be in the next room, and the workers will be down the hall, and if there is anything you need to clarify, please don't hesitate to call me. If you don't need to clarify anything, just give me a shout when you are finished'

How to manage unrelated family issues that may take over?

- Pre-empt the problem by discussing it before the family go into private family time
- Ask to focus on child and leave out unrelated adult issues
- Intervene if loud voices can be heard from outside for prolonged time?
- If someone wants to leave.... use the opportunity to intervene?

STAGE FOUR – PRESENTING THE PLAN

Presenting plan and Review decisions

(Specific guidance marked ** to ** based on Hampshire project experience)

**This is a very important stage in the FGC process because it defines the outcome of the FGC for the child. It is important to take ample time on this stage.

- Invite the family to relay their plan
- Clarify and understand each point of the plan. Invite clarifying questions if necessary regarding concerns and resources
- The co-ordinator makes sure that everyone is clear about the plan that is being presented
- The decision should be read back and recorded by co-ordinator to ensure everyone is crystal clear about plan. This can be done by writing each point on a flip chart in front of the family, using the family's terms, language, phrases etc. and by checking that all the members agree to the plan. By recording all the words of the plan in front of the family on the flip chart. It is easier to check that the plan written up is the plan they have all agreed.
- If agency is not in a position to accept plan either because of legal issues or failure to address safety issue, than a discussion and adjustment may resolve this. The family may then need to go back into private family time. If time is an issue and key people are required to mandate the plan, consideration may be given to making a commitment that agency will revert within 24 hours. (This option is not to be recommended as it sets up other difficulties with the process).
- Once the plan is re-negotiated there is a need to establish the following:
 Who is doing each specific thing, when will it be done and how is it to be resourced?
 Establish who will monitor the plan to make sure it is working. This needs to be explicitly recorded on the flip chart.
 It is important to stress that all parts of the plan are important and are part of the package. One person may have overall responsibility, yet it is important that all involved take responsibility for its' success.
 Review action plans and next steps (who does what, and in what time frame)

- The possibility of having to reconvene the meeting should be discussed. Establish in what circumstances is this likely to happen. What will happen if the plan breaks down? Have the family produced contingency plans?
- Professionals must not agree to the plan if it places the child at risk of harm. They must explain their concerns and why they cannot agree. The family should then be asked to reconsider their plan in light of what the professionals have said. They may need more private time. If after these efforts, the family and professionals still cannot agree the matter must be referred to the Project Manager who in turn will refer it back to the Referral Agency outlining the reasons in writing why the plan was rejected. The co-ordinator will need to be sensitive particularly to the child's feelings and indications and also to their support people.
- It must be established whether or not the family are comfortable with their plan. If the family have not fully agreed the plan they must be given more time to resolve it, or if necessary reconvene the meeting at a later point.

When the plan is agreed the Coordinator:

- Will tell people explicitly what they (i.e. Coordinator) will do with the plan and who it will be sent to.
- Will invite the referrers comment on the timescales of resources becoming available and how the family will access them.
- May facilitate a discussion on how the family and professionals will work together.
- Will record the dates of future reviews or meetings.

Closing the meeting

- Make clear that each participant will get the plan in writing within agreed time frame
- End with positive focus on child and the family
- Thank the participants
- Family may decide to close with a closing ritual if appropriate

Circulating the plan

Reviews and follow up meetings are important to ensure that the FGC plan is monitored, supported and implemented. The Coordinator will:

- Ensure that the initial FGC plan is written up and circulated to all family members and professionals within the next two working days.
- Contact any professionals involved who were unable to remain at the FGC the next working day to let them know the plan.

Post conference

The co-ordinator has built a relationship with the family and 'letting go' of this may be difficult for them or for the family. If a family member contacts the coordinator post-FGC, they should respond in a positive way and try to link them back to the Referrer or Social Work Department, as appropriate. However, they do not have a responsibility or mandate for any ongoing work with any family member after the work of the FGC is completed other than setting up the reviews needed.

Reviews and Follow up meetings

The reviews are very important as they offer the family a chance to return to their decisions, talk with the professionals about how they are working out and consider any changes or adjustments that may be needed.

Attention must also be paid to other decision-making forums, like children in care reviews or the Court process, to ensure that FGC plans for the child inform and 'dovetail' with other decision-making forums. The timing of the review FGC may depend on these other decision-making forums and will certainly depend upon the nature of the plan for the child. The review FGC will be convened by the co-ordinator in the same way as the initial FGC , but it is likely that far less preparation will be needed. However, private time for families at this point may be shorter than at the initial FGC**.

All notes generated during the course of the preparation for and during the actual FGC by either the Project Manager or the Co-ordinator to be destroyed when FGC is completed. The only permanent form of record to be kept of the family's participation in the FGC is the referral form and the plan.