<table>
<thead>
<tr>
<th><strong>Title</strong></th>
<th>Practice guidelines for developing FGC service elements</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Authors(s)</strong></td>
<td>O'Brien, Valerie</td>
</tr>
<tr>
<td><strong>Publication date</strong></td>
<td>2002</td>
</tr>
<tr>
<td><strong>Publisher</strong></td>
<td>Ireland. Mid-Western Health Board</td>
</tr>
<tr>
<td><strong>Item record/more information</strong></td>
<td><a href="http://hdl.handle.net/10197/3084">http://hdl.handle.net/10197/3084</a></td>
</tr>
</tbody>
</table>

Some rights reserved. For more information, please see the item record link above.
PRACTICE GUIDELINES FOR DEVELOPING FGC SERVICE ELEMENTS
PRACTICE GUIDELINES FOR DEVELOPING FGC SERVICE ELEMENTS

The guidelines and practice protocols required for the implementation of an FGC Service are contained in this Appendix. The contribution of many participants who have engaged in the research, training and service developments in various projects in Ireland is acknowledged. Aspects of this work has been developed as part of consultancy in a number of health boards (O’Brien, 1999, 2000)

In introducing a FGC into an agency, it is generally considered that attention needs to be given to six main elements. The elements are comprised of the:

- Fit with existing policies and procedures
- Management structures: committee and project manager
- Provision of co-ordination service
- Referral criteria
- Training required
- Evaluation

Each element is dealt with in turn, with a number of key comments and pertinent questions that needs to be addressed under each section.

The elements are examined against what Doolan (2001) would see as the tensions evident in service developments and provision. This, he argues, is connected with the ‘needs-based’ orientation of family support and ‘risk-based’ orientation of child protection.

<table>
<thead>
<tr>
<th>Flexibility vs. standards</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child vs. family</td>
</tr>
<tr>
<td>Families vs. professionals</td>
</tr>
<tr>
<td>“Letting go” vs. “taking control”</td>
</tr>
<tr>
<td>Monitoring vs. review</td>
</tr>
<tr>
<td>Parents vs. wider family</td>
</tr>
<tr>
<td>Victims vs. offender</td>
</tr>
</tbody>
</table>

ELEMENT ONE: FIT WITH EXISTING POLICY AND PROCEDURES

Key questions
- What is the best framework for joining practice and procedures with legislation?
- How do you set up a bureaucratic legislative instrument, while maintaining space for optimising a good practice model?
- How to use FGC to implement legislation and how to use legislation to implement FGC as a practice model?
- What is the philosophical basis of the proposed service and does it fit with the organisation’s ethos?
- What are the implications for other decision-making processes in child welfare?
- Do other child welfare structures have to fit with the philosophy of FGC’s?
What are the different ways of incorporating FGC within the domains of family support, child protection, alternative care (principal activity of HB service) and the rather tight focus laid down in Children Act, 2001.

Will the service be mainstreamed or will it have a phased implementation? What are the differences in these two models of delivery?

ELEMENT TWO: MANAGEMENT STRUCTURE AND SERVICE MANAGER

The agency will need to clearly articulate and define an explicit set of aims for the future development of FGC that is consistent with the legislation and the provision of any future policy or legislative developments, and best practice aspirations. Perhaps the biggest challenge is the additional demands put on staff. Attention is needed into how conferences will be funded, the increased demands on an already over-burdened system, in terms of workload, time, travel costs and administration etc.

A degree of flexibility is essential in the funding of FGCs. A specific budget will be needed to cover the running costs of the FGC as well as a flexible budget to assist in the organisational demands of the FGC.

The Service Manager receives and negotiates all referrals to the service. Whilst being involved at a consultative level to the co-ordinator at all stages of the process, the Service Manager does not participate in meetings with the family or in the conference meeting.

Key Questions

How best to set up structures that retain the importance of the principles of family group conferencing?
Will there be a service manager with responsibility for managing and developing the service?
Is there a need for a steering group/management committee (herein call the group)
If so, what is the best structure and membership of the group and what representation is needed?
What is the remit and function of this group?
What reporting relationship is needed in the structures?
What lines of accountability are needed in the structure?
What level of autonomy does this group need?
How does the group maintain the philosophy and values of the FGC?
How does the group retain independence if individual participants are required to remain loyal to their respective other roles within the organisation?
What is group’s remit in relation to evaluation and training?
What access will the group have to resources?
What support structures does the group, including the project manager, need?
What practical services needs to be incorporated from beginning i.e. budget, support resources?
Is there a role for formal consultancy and consultation as part of service remit?
ELEMENT THREE: REFERRAL CRITERIA

This needs to be read in conjunction with practice guidance, on referrals and preparation in Appendix 2. The importance of having clear statements as to who and what types of situations can be referred for a FGC is essential. Part of the process of putting referral criteria in place is aimed at building up practice experience and research findings concerning what is and what is not appropriate. There is no simple template as the application of FGCs has to take account of particular legislative, political, social, cultural, and organisational considerations. The implication of court and legislative requirements to have FWCs will mean that many processes and decision-making will be largely outside the control of the Health Board.

The Service Manager has a key role in managing the referral element of the service. S/he receives and negotiates all referrals to the service, Whilst being involved and available at a consultative level to the co-ordinators at all stages of the process, the service manager does not participate in meetings with the family or in the Conference meeting.

Key Questions

Who and when can people refer?
Will there be information for potential referrers?
What level of detail is required on the initial referral form and what is the time implication of this?

What categories of family issues will be accepted?
Which family issues are not suitable for conferencing?
Can a family refer itself for an FGC?

Who will decide if a referral is appropriate?
Is it appropriate to have a referral committee comprised of key people in the child protection system?
Who will accept the referral?
What are the roles and responsibilities of different professionals in the referral process?
What will the response and waiting time be?
How will the referrer know what is happening?

Will different focus involve different processes and are there certain principles that need to inform all referrals?

ELEMENT FOUR: PROVISION OF CO-ORDINATION SERVICE

The service delivery issues will be complicated by newness of service, geographical spread, lack of role clarity, and complexity in legislative and procedural/ best practice underpinnings.

The Coordinators’ role is action-based; commencing with the allocation of the referral and with the preparatory stage through to the completion of the FGC and distribution
of the plan. The independence of the FGC Co-ordinator is critically important to the success of the process. The Co-ordinator is not the case manager of the particular case and by implication strengthens the role of the existing case manager as an essential contributor of information and specialist knowledge.

The role of Co-ordinator involves the following:

- Co-ordinators are accountable for the planning and management of the FGC process
- Co-ordinators invite all relevant family members and professionals and will negotiate their attendance.
- Co-ordinators prepare the child and family members for FGC.
- Co-ordinators may exclude certain family members in the best interests of the children.
- Co-ordinators will shape the FGC process in a way that suits the family.
- Co-ordinators arrange the venue and travel arrangements for the FGC.
- Co-ordinators facilitate the FGC and ensure the family:
  - Have clear information presented by professionals
  - Have an opportunity for private discussions
- Co-ordinators record the family’s plan and ensure all those invited receive a written record of the FGC plan.
- Contribute to data collection on FGC for local and national database/research
- Co-ordinators keep the Conference child-centred
- Co-ordinators keep the focus on the here and now and not on the past

Coordinators need to facilitate multiple and sometimes opposing views allowing for bridge-building, consensus-building and relationship-building.

Key parameters

- The neutral position of the co-ordinator is a key consideration in a FGC.
- The non-directive position of the co-ordinator needs to be negotiated at the outset with a family participating in an FGC.
- A formal supervision structure needs to put in place for coordinators which will also afford them the opportunity to debrief after an FGC meeting
- The emotional content of an FGC will need to be carefully handled by the Co-ordinator. The neutral and ethical position of the coordinator is a key consideration in a FGC.

Key Questions

Who will do it? Will it be provided in-house, or out-sourced?
How best to recruit?
Will it be centralised or by community care team?
What backgrounds or previous experiences will be essential/desirable?
What status will this service have within the overall service?
What will the implications be of providing the service given the large variation in rural and urban areas? Given geographical areas, will travel be very high?
What training, support & supervision structures do co-ordinators need?
How will information be fed back into the service?
Will there be a fit between co-ordinator and ethnic background of families?
Will the service have access to petty cash to facilitate the conferences?

ELEMENT FIVE: TRAINING AND IMPLEMENTATION

Potential referrers and Information-Givers are informed by training, workshops and first hand experience of FGC. Consequently, a comprehensive and quality training package is needed in order to provide a quality FGC service to a HB. The provision of training and awareness building to Health Board employees, voluntary and community organisations, the Gardai, the Probation and Welfare Service and the Legal Profession is of vital importance to the development of an effective and efficient Family Group Conference mainstream service within a HB.

The Service Manager in conjunction with the training Department and outside trainers will develop a comprehensive training package that will:

- Provide workers with an explicit understanding of a F.W.C., its guiding principles and practice
- Be incorporated into induction training of new staff
- Allow for discussion of issues that will have an impact on professional practice
- Be continuous to allow for new staff as well as follow-up briefings.
- Develop opportunities for conjoint training and awareness briefings between Health Board personnel, the Gardai and the Probation Service, providing a structure to allow for the sharing of expertise and ideas.
- Provide a comprehensive “Information Pack” containing:
  Guide for referring
  Information Leaflets
  Referral Form

- Consideration should be given at national level to the production of a video as a suitable means of enhancing information sharing on the FGC process

Key Questions
What type of training is needed and for whom?
Is there a difference between training and information?
How best to link into international and national trends in developed training packages?
What linkages are needed between the different Health boards, and is there potential to share resources?
Is there a place for joint training for HB, probation and garda personnel?
Who needs training, and are there different levels for different people?
How to target key people for training especially those whom may not be central in their agencies but may yet play a key role with an individual family?
Will there be agency guidelines, structures and service principles in place prior to the training?
Is training a successful means of addressing resistance to model?
What is the role of the service manager in training?  
Should agency retain external trainers or do in-house?  
If in-house training, who will train the trainers?  
Should agency retain trainers for ongoing training or train up personnel in health board training unit?  
How can training be integrated with other training that is provided as part of agency?

What promotional strategy is needed?  
How best to drive ethos of FGC across the organisation?  
How to get commitment from senior management, and encourage ‘champions’ for the process?

**ELEMENT SIX: EVALUATION**

Evaluation is key to informing future practice and good information systems are vital for future planning.

**Key Questions**

What do you want evaluation information for?  
Is the purpose of evaluation more for research or information for agency?  
Whose agenda is being evaluated?

What are the questions the agency would like answered?  
What type of research design is required quantitative and/or qualitative methodology; formative or summative evaluation?  
What impact will the evaluation processes have on the different participants?  
How will agency overcome difficulty with difficulty in setting up outcome measures considering a FGC may be only one of many other processes happening around the same time period?  
What will the evaluation measure and what will the impact of the evaluation be on the agency?  
What are current evaluations of FGC saying regarding success?  
What will represent success in this agency?

How will information be gathered?  
Who will provide information?  
What time frame will be in place for evaluation?  
Who owns evaluation?