

***Family Group Decision Making*** is an innovative model being introduced in the Commonwealth of Pennsylvania that encourages system reform in working with children and their families. The Family Group Decision Making (FGDM) Model empowers families working together for the purpose of providing a safe, secure environment, free from abuse and neglect for the child/children. In addition, it can build independence, create an attitude of hope for families and helping professionals and avoid worker burnout.

**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.

**Foundation:**

For years dominant practice in the fields of helping has held the belief that families have problems and professional are hired to fix them. It has focused on looking for problems and giving advice about handling those problems. The philosophical basis for this model creates a “shared responsibility” for protecting children. The model emphasizes that this responsibility is shared between a variety of child/family serving systems including Child Protection Agencies at the federal, state, and local levels, community providers, community members/leaders, informal helpers, courts, and most important families. The Family Group Decision Making Model (FGDM) is based on these values and beliefs about people.

- Families have strengths and can change.
- Strengths are what ultimately resolve concerns.
- Strengths are identified 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 better than a boss.

**Why does FGDM work?**

- FGDM values people.
- 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.
- 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.

**When does FGDM work and how can it be applied?**

- **Child Welfare:** To keep a child safely at home.  
To return a child safely from foster care or other placement.
- **Public Welfare:** To help a family become self-sufficient.
- **Schools:** To resolve disruptive behaviors.  
To help student be successful in school.  
To resolve concerns of suspension.  
To resolve concerns of expulsion.
- **Juvenile Justice:** To use as a restorative justice tool.
- **Mental Health:** To involve family/community in treatment.
- **Family Violence:** To increase safety for family members.
- **Alcohol/Drug:** To involve family/community in recovery.
- **Courts:** To resolve court/agency/family concerns in a collaborative/negotiative process.

**Referrals:**

Referrals are made to the Family Group Decision Making coordinator usually by a developed referral form or process. Of primary consideration is the need to advise the coordinator of the purpose for the meeting, suggested participants, legal involvement status, and any known safety concerns.

**Preparation for a Family Group Decision Making Conference:**

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 conference 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.
- 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 an FGDM, and understands its purpose. It is an entirely voluntary process that offers significant advantages to a family and their children.
- Helping the family identify whom to invite to the FGDM. 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 service providers who are invited. The purpose of the meeting should motivate the providers and they must understand their role in the FGDM.
- Preparing for conflict in the family by helping the family plan for a safe conference.
- Keeping the family central to the conference. 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 conference. This is primarily a gathering of their family.

## **The Conference**

The FGDM itself is divided into three main phases, each of which encompasses equal value for the process.

### **Phase I – Opening and Information Gathering**

During the opening, facilitators welcome everybody to the conference and thank the participants, on behalf of the family, for attending. They also acknowledge the difficulty and sacrifice participants have made to attend and participate in this conference. This time creates the tone for the remainder of the conference, therefore making it one of the most important parts.

After the welcome and introductions, facilitators present participants with guidelines for the conference, in order to establish safety, behavioral expectations, and legal mandates. Please find sample guidelines 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 conference is confidential with the exception of mandated reporting criteria and the conference 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 conference 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.

### **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. Therefore, clarification of these concerns to identify what must happen to ensure the safety and well being of a child is paramount to the planning process.

### **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.

### **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 them to discuss any issues that they were uncomfortable discussing with service providers present. They then work 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 the plan that they worked on to the service providers and the referring worker. At this point the referring worker considers the plan as written and accepts the plan. At times, the referring worker may supply the family with suggested changes before approving the plan, but ultimately accepts the plan. Before the participants leave, they receive an evaluation form utilized for determining the effectiveness of the conference. Each evaluation is collected and the Administrative Assistant tallies the information into a report.

## **After the Conference**

The Administrative Assistant types the plan and distributes it to all participants who request a copy. The agreed to activities within the plan will be monitored by the family with ongoing communication with the referring worker to monitor its implementation and determine the need for a follow up conference.

## **Plan Follow-up:**

Critical to the success of a Family Group Decision Making Conference is the follow-up that occurs after the meeting. The referring agency representative is tasked with assisting the family to access services and successfully complete the plan. Individuals within the family have committed to assisting the elements of the plan and sharing the responsibilities for the success of the plan. If for any reason, the plan is not successful another meeting may be called to revise the plan.