Family Decision Making

Good practice in child protection solutions

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This paper provides an introduction and background to the Family Decision Making project which was piloted in the Department of Community Services Cumberland/ Prospect area of NSW, in partnership with Burnside (an agency of the Uniting Church NSW). The paper outlines the core features and values of the DoCS/Burnside project with the aim of promoting discussion as to Family Decision Making's wider application as a best practice model of working with children and families.

This paper is the product of a partnership between Burnside and Cumberland/Prospect Department of Community Services.

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Family Decision Making is a process that empowers families to mobilise their own networks and resources to make decisions and plan for the care and protection of their children. The main tool of Family Decision Making is the Family Group Conference (FGC) where families, not professionals, come up with a plan to protect the child. A plan is made in the context of the District Officer's (Statutory Worker's) 'bottom line' for safety.

Other models of Family Decision Making operate in pockets across the Depart-ment in NSW, for example, in Bourke and Lismore.

The Family Decision Making process of partnership between families and workers fits well with the Department of Community Services' (DoCS) risk assessment guidelines, which read, 'No one professional can possibly know or do all that is needed to assess and then ensure a child's safety' (NSW Department of Community Services, 1995, p.8).

The DoCS/Burnside Family Decision Making project offered twenty-five families, referred by the Department, the opportunity to have their child's care and protection needs planned in a Family Group Conference. Each conference was arranged and facilitated by an independent Burnside professional. An external evaluation of the project is in preparation.

ORIGINS OF FAMILY DECISION MAKING

The Family Decision Making process had its formal origins in a ministerial inquiry which sought to address widespread concern in New Zealand about the over-representation of Maori children in the state care system. This over-representation parallels the significant over-representation of Aboriginal children in care in Australia. Extensive consultation with stake-holders in New Zealand found that procedures at that time for child care and protection systematically excluded families from active participation.

This was rectified with the passing of the New Zealand *Children, Young Person and Their Families Act, 1989* which made a family group conference mandatory in all care and protection cases (Ryburn & Atherton, 1996), thereby shifting the emphasis from a child welfare perspective to a family group perspective. In 90% of cases, New Zealand professionals have supported the plans families have produced (Hirst, 1996).

Family Decision Making projects have been set up in parts of the UK, USA, Canada and Australia. The DoCS/ Burnside NSW project is largely based on the Victorian model, as its context is similar to that of NSW in that family group conferences are not mandatory.

It should be noted that Family Group Conferences have wider application, for example, in juvenile justice, where the offender and his/her family meet with the victim to work out appropriate reparation, as practised in New Zealand and NSW.

AIMS OF THE FAMILY DECISION MAKING PROJECT

1. To empower families to mobilise their own networks and resources to

make decisions and plan for the care and protection of their children.

2. To enable children/young people to be cared for within their family and kin network, wherever possible.
3. To enable the family to have significant input into planning for their children/young people even when they are unable to be placed within the family network.
4. To enable children/young people to maintain a sense of identity and connection to their family network.
5. To give power and authority back to the wider family unit rather than power residing in the hands of professionals.

(NSW Department of Community Services, 1995)

REFERRAL CRITERIA

For this project, all referrals came from DoCS and were of a serious nature. The referral criteria were identified:

1. families where the Department has conducted a risk assessment and believes that a child is in need of care and protection;

and

2. families where the Department has determined it is in the best interest of the child to live at home, but where the family need both internal and external support;

and

3. families who agreed to participate in Family Decision Making.

HOW A FAMILY GROUP CONFERENCE WORKS

Before preparation work can begin on the FGC, written permission from the parents or guardians of the child/ children is required, to allow the Burnside Conference Coordinator to make contact with other family members or significant family friends who could either contribute support or resources for the child and/or play an advocacy role.

1. Preparation

The preparation stage is critical to the outcome of the conference. Intensive work is conducted with families prior to the FGC. This is a period of exploration by the Burnside Coordinator to focus all parties on the child's needs, and to evaluate the potential for care within the wider family. It is at this time that members of the wider family begin to contemplate the level of care they can reasonably offer the child and his/her family. At this preparation stage potential caregivers are assessed by DoCS to ensure that they can offer a safe, caring environment should the conference decide on that option. The preparation phase needs to be thorough and well handled. It is a time when families may reconnect after past events have led to their networks being severed. Conference arrangements are made by the Coordinator at the family's request: venue, food, child care and the need for interpreters or community elders to be present.

2. Coming together : the conference

Family members and relevant professionals gather together to talk things through. Conferences usually take 4-5 hours with an average of twenty participants. The conference is chaired by a Burnside FGC Coordinator. The skill of the Coordinator in remaining independent and keeping everyone focused on the child's needs is seen as critical to a successful FGC outcome. The District Officer and his/her manager are asked to clearly explain why they are worried about the child's safety. Other professionals are asked to present details about their assessments and the services they can offer, in jargon-free terms. The Coordinator then formulates the key questions concerning the child's care, to guide the family's discussion.

3. Family time

The family is then left alone to consider all the information presented and questions posed. The Coordinator and DoCS staff are close at hand to answer any queries, or to give further clarification if the family seeks this. The family then arrives at an Action Plan that covers, in detail, the proposed care of the child.

4. Discussion of the family's Action Plan

The professionals return and discuss the proposed course of action to ensure it is in the child's best interests. Once agreed, the implementation of the Action Plan is worked out.

The plan is distributed to all participants with agreed tasks and time lines clearly documented. An Action Plan Coordinator is nominated (usually the District Officer), to follow up and monitor Action Plan outcomes.

PRINCIPLES AND VALUES OF THE FAMILY DECISION MAKING PROJECT

Adherence to the following principles and values are essential for Family Decision Making to work effectively:

- Families are capable of mobilising their own networks and resources to make responsible decisions in planning for the care and protection of their children, if they are brought together and given appropriate information.
- The best interests of the child are at the core of Family Decision Making, as the focus of discussion is kept on the needs of the child, thereby leading to more positive outcomes for children – it is the child's FGC. The child and/or the Coordinator has the right to exclude certain participants.
- Family Decision Making harnesses the strengths of families to arrive at creative solutions to keep their children safe, nurtured and connected with their family group.
- Within the context of care and protection legislation or court undertakings, power and authority is given back to the wider family unit, instead of all power residing in the hands of professionals. Families are more likely to 'own' decisions if they have arrived at them, rather than decisions being imposed upon them. This is particularly important in the cases of children who cannot return to their family for safety reasons, and who may need to enter substitute care. Decisions regarding placement, contact, and length of wardship order lend themselves particularly well to Family Decision Making.

Case Example [This is a case composite.]

Marie is 18 years old and has one child aged 18 months. She has been struggling on her own since the baby was born and she has lost contact with her family. Marie and her baby were brought to the notice of the Department of Community Services when a neighbour reported that the baby was frequently left in the unit on his own. This was found to be true on investigation. Further, the unit was in a filthy state, with no food in the cupboards. The baby was malnourished and Marie was found to be using drugs.

DoCS offered Family Decision Making to Marie. She was anxious initially, as she was worried that the family would blame her and not offer any help. She agreed, however, to a family group conference as a way of sorting out the crisis. Following a referral from the Assistant Manager, the Burnside Coordinator contacted: Marie's parents and the parents of the baby's father (who was in gaol); Marie's sister, Bev; and a brother of the baby's father. They all came to the Family Group Conference held at Marie's parents' home. Also present were DoCS and several professionals who could offer help. The 'bottom line', DoCS explained, was that Marie could not have the sole care of the child until her drug habit was under control through a methadone program, and she could demonstrate proper care for her baby.

The family was determined that the baby would stay in the family, and spent an hour alone working on a plan. The final plan of action was that Marie would move in with her parents for six months with the baby. She undertook to begin counselling and to attend a parenting course about toddlers. She also agreed to link with the local family support worker (who had been at the conference) and to learn about budgeting, child development and building up her own self-esteem. Marie was also given information about play groups, and regular respite care with the paternal grandparents and her sister, Bev, was arranged to allow Marie to have breaks.

The family decided that these arrangements would be in place for six months, with the family support worker monitoring the action plan. They wanted to have another FGC following this period to determine if Marie was ready to have sole care of her baby.

- The crisis presented by a child deemed to be in need of care and protection provides a window of opportunity for change in a family. The crisis is strong motivation for the family to come together and make decisions.
- Family Decision Making pays close attention to the cultural backgrounds of families and the decision making process respects cultural needs.
- The Burnside Family Decision Making Conference Coordinator is independent from DoCS or other agencies who assess or provide services for the child or family and is seen as neutral.
- Family Decision Making is consistent with trends in the legal system favouring mediation processes, which allow people to work out their own solutions to problems (Bao-Er, 1998).
- Family Decision Making is consistent with best practice trends in collaboration and partnership.
- It is preferable for children to be in the care of relatives rather than non-relatives if that is possible. Research suggests that 80% of children in NSW who are placed outside their family reconnect some time later (Cashmore & Paxman, 1996). For a significant number of these children, this is a difficult task if their kinship ties have been stretched or broken beyond repair. Owen (1996) estimates that the substitute care system fails 7 out of 10 children. Cashmore and Paxman (1996) and Fernandez (1996) document the negative effects on children of multiple placements in substitute care and of broken attachments.

TRAINING, SUPERVISION AND SUPPORT

The DoCS/Burnside Family Decision Making project workers strongly believe that training, supervision and support are essential in working successfully with this model. Originally, 30 Burnside, DoCS and health workers were trained by Paul Ban from the Victorian FGC project. After the project began operation, 85 DoCS staff in Cumberland/Prospect were trained by the Burnside FDM Project Coordinator and DoCS Training Officer, to enable them to understand the model, to refer suitable families to the project and to participate at conferences. Regular, professional supervision and debriefing was available for conference coordinators by the Burnside FDM Project Coordinator who is a Psychologist. Support and co-ordination was offered by the two committees, which had steering and operational functions, that oversaw the project.

OUTCOMES

Twenty-five family group conferences were carried out under the pilot project. DoCS and other workers reported that the process was a completely different way of operating with families, when compared with the traditional Case Planning Meetings or other procedures where professionals make all the decisions about care and protection matters. As Ban (1996) found, using an independent facilitator ensures that families perceive the statutory authority as a key information provider rather than as a controlling agent. The Burnside Coordinators reported a steep learning curve but are extremely positive about the model. The families appreciated the process and have come up with good Action Plans.

An external evaluation is under way and will provide information on how people have experienced the process, an analysis of the outcomes of the conferences, a literature review and some cost comparisons. Although world-wide research identifies a variety

of positive outcomes that family group conferences are expected to achieve, long term studies are needed to track these outcomes.

A NEW DIRECTION

As the first *Towards Better Practice* paper (NSW Department of Community Services, 1996a) made clear, a new and improved phase of child protection work is called for, with an increased emphasis on assessing the child in the context of their family.

The *DoCS Training Handbook* (NSW Department of Community Services, 1996b) acknowledges that child abuse occurs when the family is isolated from essential support systems. The handbook (p.39) states these aims for successful case planning:

- to reduce risk to an acceptable level;
- to empower the family to take responsibility for the wellbeing of their child/ren;
- to build on the family's existing strengths.

This is very much the approach of Family Decision Making (Ban, 1996).

FUTURE IMPLEMENTATION OF FAMILY DECISION MAKING

Family Decision Making represents an exciting new practice development in the continuum of care and protection services for children. The development of a set of core competencies and training requirements in Family Decision Making is under discussion at State and Federal levels by a number of practitioners, in order to ensure quality control and best practice outcomes. Family Decision Making is also under consideration as part of the NSW legislative reforms of the *Children Care and Protection 1987 Act* for inclusion as an option within the Act.

It seems likely that, in the next few years, Family Decision Making will play a crucial role in the child protection and juvenile justice systems in Australia and in countries overseas. To a large extent, this will arise through a growing emphasis on the key principles of family group conferences: the importance of family for children and young people; a respect for the cultural context of families and their children; and the right of children and families to participate in making decisions about themselves. □

REFERENCES

Ban, P. (1996), 'Implementing and evaluating family group conferences with children and families in Victoria', in *Family group conferences: perspectives on policy and practice*, eds J. Hudson, A. Morris, G. Maxwell, & B. Galaway, Sydney: The Federation Press, pp 140-151.

Bao-Er (1998), 'Resolving disputes over child care and protection', *Alternative Law Journal*, Vol. 23, No. 5, October 1998.

Cashmore, J. & Paxman, M. (1996), *Wards leaving care: a longitudinal study in NSW*, Sydney: NSW Department of Community Services.

Fernandez, E. (1996), *Significant harm: unravelling child protection decisions and substitute care careers of children*, Aldershot: Avebury.

Hirst, J. (1996), 'Family planning', *Community Care*, 9-15 May 1996.

NSW Department of Community Services (1995), *Risk identification, assessment and management: participants' handbook*, Sydney: NSW Department of Community Services.

NSW Department of Community Services (1996a), *Towards better practice: a process for child and family work*, Paper No 1, Sydney: Child Protection Unit, Child and Family Services Directorate, NSW Department of Community Services.

NSW Department of Community Services (1996b), *D.C.S. training handbook*, Sydney: NSW Department of Community Services.

Owen, J. (1996), *Every childhood lasts a lifetime: personal stories from the frontline of family breakdown*, Brisbane: Australian Association of Young People in Care.

Ryburn, M. & Atherton, C. (1996), 'Family group conferences: partnership in practice', *Adoption & Fostering*, 20 (1), 16-23.

FURTHER READING

Ban, P. & Swain, P. (1994a) 'Family group conferences: Part one. Australia's first project within child protection', *Children Australia*, 19(3), 19-21.

Ban, P. & Swain, P. (1994b), 'Family group conferences: Part two. Putting the "family" back into child protection', *Children Australia*, 19(4), 11-14.