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Reflections

Working towards a safe community for our children!



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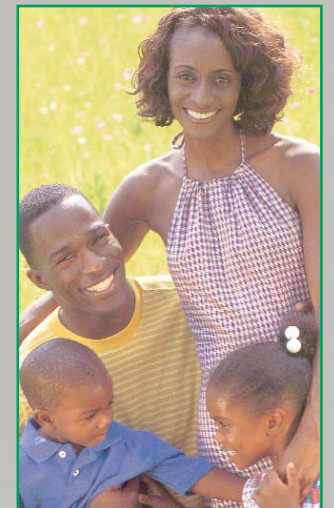
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What is ... Family Group Decision Making



Family Group Decision Making (FGDM) is an alternative approach to working with and engaging families who are involved with child protection services offered by the Brant CAS. The main goal of FGDM in Brant County is to give the extended family group (i.e., nuclear family, extended family and friends) a voice in the decision making process to ensure the safety and well being of children who are at significant risk of or in need of protection from abuse and neglect.

FGDM is based on the premise that families want to plan for their children and want to ensure that the children's needs are met. FGDM also believes that every family has abilities and strengths and it is these positives that families can build on when planning for their children's well being.

FGDM process allows the family group a voice in this decision making process that is greater than in the traditional child welfare process. It is through this inclusive process that families and professionals alike find creative and meaningful solutions to addressing the child's needs.

This program began in New Zealand because the Maori people wanted more involvement in decisions that affected their children. It has now spread to over 20 countries in the world.

For more information contact FGDM Co-ordinator at the Brant CAS.

"The welfare of the family underlies the welfare of our society."
 - H. Spencer.

Family Group Decision Making

The Children's Aid Society of Brant initiated the Brant Family Group Conference project in 2002. The name was changed to Family Group Decision Making in July of 2005.

“What I found most helpful about Family Group Decision Making was that the CAS saw that there is a family and they get to figure out what to do to solve the problems themselves”. (Family Participant)

Families want to be and can be in charge of their lives, they recognize and accept the risks to their children, and they will make good decisions and arrangements for the protection, care and supervision of their children.

“I think it woke me up in time to realize just how much the kids' mother and I have hurt them.” (Adult participant)

By the end of Brant's second year in 2004, the majority of FGDM meetings made plans for the children to remain in or returning to the care of their families. The Toronto Family Group Conference Project reports that by the end of its 6th year of operation, the Project had served 153 children. Approximately 88% of plans resulted in children remaining in or returning to their extended family group.

HOW DOES IT WORK?

PREPARATION:

In Brant County, the CAS social worker makes a referral to the FGDM Coordinator. The FGDM coordinator is neutral and works “offsite”. The FGDM coordinator's job is to support both the family and the service providers to voice their perspectives in a respectful, clear manner.

During a referral meeting with the CAS social worker and manager, the coordinator gathers information and the “bottom lines” are developed to ensure that any plan created ensures the safety and well being of the children.

The coordinator contacts service providers, with the permission of the family, to request a written report and attendance at the meeting itself. The reports are short, written in accessible language, and copies are provided to the family at the meeting.

“Everyone knew from meeting with the coordinator exactly what the issues were and why it was important for the children to have a permanent home. Everyone was given advanced warning for planning”. (Family Participants)

THE MEETING:

The meeting itself is usually about 5 hours long. Since this meeting is a family gathering, the children in the family are in attendance. Childcare, snacks, coffee & juice, and a meal are provided as part of the gathering. The meeting is made up of three stages.

1. Information giving: The CAS social worker provides a report about the family's involvement with CAS; the risks that exist for the child; and the concerns and strengths observed in the family.

Other service provider reports are read and provided to the family. The child's statement is read to the group. A speaker may also give a short presentation about a particular topic. Questions raised by the family are answered and concerns regarding the risk are discussed, until the family is clear about the risks to the child.

2. Family private time: Family group meets privately (all service providers and coordinator leave the room) where they develop a plan to address the safety and well being concerns for their children, guided by the bottom lines set by CAS.

3. Plan presentation and evaluation: Finally service providers are invited back and the family group presents their plan to the child welfare workers for approval. The plan must meet the needs of the child and ensure the safety and well being of the child.

Given that the plan presented by the family does not compromise the child's safety and physical and emotional well being it is accepted.

“Clearing the air between both families (maternal and paternal) helped resolve some things and end hearsay! We got answers that were clear and truthful and not based on hearsay”. (Family Participant)

“The availability of CAS staff to provide information and answer relevant questions was really helpful.” (Family participant)

“We accomplished in one day here what couldn't be accomplished by a bunch of adults over the past four years!” (Child participant)

AFTER THE MEETING:

A copy of the plan is provided to everyone within 10 days of the meeting. If there is court involvement, the FGDM plan would be presented to the court if necessary.

WHAT ARE THE BENEFITS OF THIS PROGRAM?

FGDM has many positive results:

- FGDM has resulted in fewer children placed in care.
- It reduces neglect and abuse of children.
- Families have a better understanding of the child welfare concerns.
- It increases communication between all the family members and the children's aid society.
- Families feel more connected with each other.
- It increases safety for children!

“We got to sit and discuss the situation with our family ourselves” (Child Participant)

“Everyone had a voice and an opinion” (Family Participant)

“I am impressed with the progress CAS has made in dedication of their workers helping families help themselves”. (Family Participant)

Kinship Foster Care



Kinship foster care is the temporary care of children by kin. Kin may include grandparents, aunts and uncles, neighbours or any other member of the child's social network. Kinship foster care was initially developed in New Zealand and the model has spread internationally. Families are invited into a home study and training process, in order to be approved to care for the children in their family.

When children enter foster care, the Children's Aid Society has the task of finding a home with the best possible match. Despite the tremendous efforts of traditional foster caregivers, children who come into foster care often feel alienated from their families. Kinship foster care allows children to maintain a closer connection to their family.

Kinship foster has many benefits for children:

- For most children, being placed with kin reduces the trauma of entering foster care.
- Kin generally have an unspoken understanding of their family's culture and values and are able to keep this alive for the child.
- Kin tend to have a greater commitment to their family's children and a willingness to “hang in there”.
- Kinship foster families often provide a more natural environment for children to visit with their parents.
- Kin often become more involved in the short and long-term planning for the children.

Kinship foster care has many benefits for the child, but is often very challenging for the kinship foster family. Some of the challenges they face include: caring for an additional child with little time to prepare; the change in the relationship from being a grandparent or other family member to a caregiver who has to set boundaries and limits; learning to navigate the child welfare system; dealing with grief and upset related to the child's parents and balancing hectic schedules while meeting the expectations of the CAS and adapting to the needs of an additional child in the home.

Brant CAS is committed to supporting kinship foster families, as they provide children with a connection to their families, which is also mandated by the Child and Family Services Act. The Brant CAS understands that “while hurt comes from within the family, healing also comes from within the same family” (Walker et al., 2000). Many of the children and families involved in Kinship foster care are working through a healing process.

Family and close friends play such a significant role in developing a child's life story. Whether it is providing short or long term care for a child, providing relief to a regular foster family or even sending a letter or a birthday card ... kin, can make a difference for the child. For more information on how you can support a child in care who you know, please contact a family services worker at the Children's Aid Society of Brant.

