

Family Group Conferencing: Doorway to Kinship Care

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Kinship care as a concept and as a tool in the best interests of children has in recent years become more prominent in the North American child welfare discussion. The need to find cost efficiencies has, to some degree, driven interest in kinship care. More importantly, however, there has been a reaffirmation of the belief that children require a sense of belonging and ultimately fare better when raised within the family network.

The idea of Family Group Conferencing has attracted international interest for similar reasons. Conferencing is regarded as a culturally sensitive tool, and thus has appeal where the child welfare agency is dealing with diverse communities.

Both the Children's Aid Society and Catholic Children's Aid Society of Toronto have been involved in the Toronto Family Group Conferencing Project since its inception in 1998. Over the past two years, these two agencies have each launched kinship care programs after extensive debate on the issue. At Brant CAS, a Family Group Conferencing program has been running since 2002.

This article, based on the early experiences in Toronto, explores how the two approaches can be used in a complementary manner, increasing the opportunities for children within their kinship system.

Family Group Conferencing (FGC)

A Family Group Conference is a decision-making forum which brings together service providers and the family group to plan for the safety and well-being of a child designated as being at risk or in need of protection.

Conferencing has its roots in New Zealand, where the indigenous Maori advocated for a child welfare and young offender system that had at its core collective decision making by the child's nuclear, clan and tribal relatives. Maori were prompted by the concern that their children were over represented in both systems, not unlike Native People in Canada. Consequently, conferencing was legislated in 1989 as a mandatory approach (*Children,*

Young persons and Their Families Act) to maintain family autonomy. The approach is now being used internationally for child protection, mental health, restorative justice, workplace conflicts or educational issues/conflicts.

In Canada, projects exist in Ontario (Toronto, Peel and Brantford), British Columbia (where FGC is referenced in the legislation), Alberta and Manitoba. It is also believed that there is a program run by Joan Glode in Nova Scotia.

It should be noted that FGC is not primarily a strategy for mediating conflicts, nor is it aimed at diverting abusers from being held accountable. FGC also differs from "Wraparound" in that FGC tends to be one planning meeting, which includes a larger family circle than is typically included in a Wraparound process, although there are similarities in the values and philosophy of both programs.

In the Toronto and Brantford models, the coordinator has a distinct, independent, neutral role in conferencing by supporting both the family network and the professionals involved in voicing their perspectives. Briefly, the coordinator gathers pertinent information and "bottom-lines" from CAS worker(s) and manager; meets with each person invited to the conference (member of the family circle or service provider) to share relevant information and prepare them for the conference; and attends to the conference logistics.

The coordinator facilitates the conference. This includes a first stage where there is an opening chosen by the family, and the service providers present their information. Family members then have private time without any service providers present, to develop their plan for the child(ren). This is the unique aspect of the model, reinforcing the family group's sense of competency, as the family directs their own decision-making process. The family then presents their plan to the child welfare team for agreement and/or renegotiation. Any participant can call a follow-up conference at any time for any reason by notifying the coordinator.

Kinship care

Kinship care is "any living arrangement in which a relative or someone else emotionally close to the child takes primary responsibility for raising a child" (Adapted from the U.S. Dept. of Health and Human Services Report to Congress on Kinship Foster Care). When children cannot safely be cared for by their parents, child welfare agencies make efforts to place them in the care of kin. These arrangements are often supported by Family Court orders that allow for ongoing child welfare involvement. CAS involvement may include supporting the kin care provider as a foster parent or through the provision of ongoing support services to the family and child in the community.

In recent years, kinship care has grown significantly as a child welfare service. Considerable research has been completed on programs in the United States. Many child welfare agencies in Ontario have either initiated kinship care programs or are exploring doing so. The impetus comes from an awareness of the benefits it offers, and an increasing paucity of placement resources (resulting in a growing need to place children far from their families and communities).

Stages in flow of service include identifying potential kin caregivers, the assessment of the potential caregiver, a decision to proceed, the transition for the child, the transition for the caregiver and the ongoing service to children. Kinship care caregivers face additional complexities as a result of their relationship with the child's family, and the U.S. experience highlights the need for strong supports e.g. resource worker, training, support groups, relief, Foster Family Association (FFA), access to Employee Assistance Plans and foster parent mentors.

Principles of FGC and kinship care

a. Family Group Conferencing

- FGC is inclusionary rather than exclusionary in nature.
- The process is equally focused on maternal and paternal sides, attempting to engage all of the child's relatives.
- The competencies and strengths of the families are focused on acknowledging that the expertise about the family is indeed located within the

family circle. Service providers are viewed as carriers of expertise and knowledge, rather than as 'the expert'.

- Conferencing aims at creating a partnership where decision-making and planning is shared among family/kin and service providers, culminating in the development of a plan that is authored by the family respecting the concerns identified by the service providers.

b. Kinship care

The principles Toronto Catholic Children's Aid Society used to establish its kinship care program have been adapted from the U.S. Report to Congress:

- The focus of the child welfare system is and must continue to be the safety, permanency and well being of children who have been abused or neglected or who are at risk of abuse or neglect.
- Decisions regarding relative's roles must be based on the best interest of the child, consideration of which must include, in part, an assessment of the relative's capacity to care for the child both in the short term as well as permanently should the parents be unable to resume custody.
- The child welfare system should not replace or supplant voluntary family efforts to care for children. Children are admitted as a result of child protection concerns. Financial need is not, in itself, a sufficient reason for admission.
- Children placed in kinship care homes are entitled to the same level of service and proactive short term and long term planning as any child in care.
- Relatives should be viewed as potential resources in achieving safety, permanency and well being for children. They should be assessed on a case by case basis to determine if they are the most effective caregiver to advance these goals for the child. Relatives may serve in either temporary or permanent caregiver roles. Assessment of families as potential kinship care providers will be inclusive and balanced, including both strengths and areas requiring development.

Benefits of FGC and kinship care

In reviewing the perceived benefits of each program as outlined below, it is evident that the two programs have much in common in regards of outcomes.

- **More children in kinship placements with associated cost efficiencies**

Both programs result in more children remaining in or returning to their kinship system than by traditional child welfare practices. For example, in New Zealand, FGC has resulted in approximately two-thirds of the children in long term care being with kin and considerably fewer children being placed in care than a decade ago. In the U.S. 1 in 3 children in foster care are living with relatives due to kinship care initiatives. By adopting FGC and kinship care strategies, it is anticipated that the demand for placement in either outside resources or internal foster homes will be reduced, with accompanying reductions in residential costs and overall savings to the state. The fact that children are returned to their kinship system sooner and the fact that protracted litigation, resulting in lengthy periods of limbo for children will be reduced, also leads to long-term savings. Knowing that the majority of youth discharged from care return to their families increases the imperative to consider kinship care at a much earlier point.

- **Shifts in relationships**

Conferencing results in shifts in relationships between members of the family who report feeling closer to one another and more able to call on each other for support. Ideally, the plan adopted has been developed by consensus and thus such a placement offers more stability as there are fewer placement changes. Children say that the presence of their relatives makes them feel loved. Family involvement inherent in kinship care may also increase the opportunities for mediation or greater willingness to accept Crown Wardship if the child is placed with kin. Children in kin placements usually maintain closer ties with birth parents than those in non-related foster care. Families will sanction parents for

- unacceptable behaviour but also offer the parent a clear place within the family. Conferencing also leads to greater partnership between the family group and professionals and among the professional groups themselves.
- **Increased follow-through**
Family will maintain a sense of responsibility for and a commitment to the child, which will extend beyond the child's stay in care. Families are more able to develop alternative plans where required by changing circumstances.
- **Increased safety**
Conferencing facilitates "truth-telling" where the matters of concern are discussed directly and openly. By being cared for within the kinship network, children can have safe relationships with parents and other relatives, as the circle informed of the issues and monitoring of the situation is expanded. Both strategies ultimately result in a lower incidence of child abuse. Conferencing has had dramatic results in a decrease in family violence. By placing children within their own community, family, religious, linguistic, or cultural group, they may have a better ability to address unresolved family issues and trauma.
- **Use of resources**
Through these programs, both the resources inherent in family and community can be optimally utilized when there is a concomitant support from the social service network.

The value of the FGC process for kinship care

The benefits noted above highlight the commonalities both in philosophy and outcomes between these two processes. This may suggest that only one approach needs to be adopted within a particular agency. However, we would like to offer a rationale for using conferencing as a 'doorway' to kinship care, thus building on the connections between the processes.

The family having identified a particular potential kin care provider does not constitute an assessment of that individual's capacity to provide care for the child. The FGC can identify a potential kin care provider and a referral can then be made to the kinship care program for assessment.

Conferencing is a decision-making process that gives the family group a voice, and both local and international research have supported the fact that families want to be part of the planning process regarding their children.

A concern that has been raised in the kinship care experience is that not all relatives may support the plan that is pursued. With its philosophy of inclusiveness, conferencing widens the circle to expand the group of potential caregivers and supports, so that all options are reviewed. What an agency sees as an obvious plan may not be obvious to the family members, who have a better knowledge of their own resources and secrets. The process further ensures that the plan decided on is supported by all family members, minimizing the chance for the plan to be undermined or sabotaged by other parts of the extended family.

The very thorough preparation in conferencing allows for education around resources and how the system functions with the whole family group rather than focusing only on providing this information to the potential care provider. This increases the likelihood of the family and CAS being able to work in partnership.

Another concern raised in kinship care programs is the question of resourcing. Frequently family members want to offer a plan for the child, but do not have the necessary resources to implement such a plan. An FGC ensures the optimal use of resources that exist formally and within the family circle. However, with poor, marginalized families the need for the state to provide affordable housing and financial supports remains a concern.

Having one meeting where all parties are present allows the child to witness the collective support for the plan and assists with loyalty binds that children may face. Further, the fact that all have been informed about the extent of

the concerns and reminded of some of the strengths the family could potentially build on, facilitates increased safety as everyone becomes aware of the issues and risks. Also, the family group has developed an increased sense of competency through the process so that there is greater likelihood of future conflict being resolved constructively.

The role of the coordinator is seen as critical as it allows the family to deal with someone that is perceived as neutral, and so promotes the sense that this has been a fair and just decision making process.

Following a FGC, the kinship care worker is therefore able to approach the assessment with the confidence that this is a plan that has broad support both within the family circle and the child welfare team.

Issues in setting up FGC and kinship care programs

While we are recommending that the conferencing and kinship care programs be used in tandem, we caution against fusing them into one program. This is because the family network should have the opportunity to decide with which potential family member a child should be placed rather than the child welfare team taking on this role alone. FGC can offer a far larger pool of candidates to care for the child, thus increasing the possibilities of a successful placement. Additionally, the family network should have the opportunity to decide that a child be placed in care long term should they feel that they do not have the necessary capacity or resources to raise the child.

Education and training is needed to shift some of the negative perceptions/attitudes that child protection staff may have towards kin. An orientation is also needed to help workers understand the difference between the programs. Buy-in from all stakeholders within the agency and the community is needed. Agency attitudes regarding the value and purpose of kinship care as a permanency option need to be addressed.

It is important that the programs be adequately resourced. The resourcing for families is part of the issue. The rules and regulations regarding agency foster care licensing may prevent some kin from being accepted as kinship foster

parents. The differential support afforded kin caregivers as opposed to regular foster parents has in the past become a barrier and we are proposing that they be offered the same level of support.

It is useful if there is a clear sense that the two programs complement each other. This will be reflected in how the successes of each program are reported within the agency. Explicit or implicit competition with each other, particularly when there are scarce resources, should be avoided.

One needs to be clear about how one is prioritizing and what the selection criteria should be. Although ideally conferencing should be offered to all families when a decision is required, and in kinship care where criteria are met, this is not always possible.

Helping the kinship care team to become familiar with the family dynamics following a conference if they are conducting the home studies, can reinforce the complementarities between the programs. This is also important because kinship care may act as the gatekeeper to financial resources. It is helpful for the FGC coordinators and the kinship care workers to have a thorough knowledge of each other's programs.

If evaluation will be built in, it is recommended that the methodology be considered before the program is launched so as to ensure that the research is as rigorous as possible.

Conclusion

Kinship care provides unique opportunities to reinforce children's sense of identity and self esteem, which flows from knowing their family history and culture, facilitating children's connections with their siblings, encouraging families to consider and rely upon their own family members as resources, enhancing children's opportunities to stay connected with their own communities and promoting community responsibility for children and families.

Where an agency is considering establishing a formal kinship care program, or wishes to strengthen its current

kinship initiatives, the introduction of Family Group Conferencing should be considered. Family Group Conferences are more than an adjunct, offering a process which allows the voice of the family to be heard in the decision-making and the development of stronger, sustainable plans.

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