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The material in this handbook specific to the Framework for Practice tools has been developed by Sonja Parker of SP Consultancy and Heather Meitner of the NCCD A Child’s Research Centre, with the exception of the materials otherwise cited. For further information, please email sonja.parker@iinet.au or go to www.spconsultancy.com.au

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Transition to collaborative family decision making

From 1 July 2016, the department will transition to the Collaborative Family Decision Making program (CFDM). CFDM aims to:

- implement collaborative family decision making processes throughout the child and family system
- provide a consistent and empowering experience of decision-making and case planning/support planning for children, young people and their families who are involved with Child Safety
- embed decision making practices that uphold the *Strengthening Families, Protecting Children Framework for Practice* (Framework for Practice) principle that we listen to children’s, families’ and communities’ views and involve them in planning and decision making
- provide resources to increase and ensure CFDM processes.

In addition to new approaches to be introduced with the CFDM program, departmental investment in CFDM may change the operational structures of FGM delivery. Operationally, terminology relating to Family Group Meetings and convenors may change to CFDM language.

As the CFDM program evolves, CFDM tools, resources and practice approaches will be developed in conjunction with regional staff, and an amended version of this handbook will be developed in the future.

This interim update

This interim update encourages increased use of FGMs at other stages of decision making, co-convening approaches and incorporates training in FGMs delivered in 2015 by SP Consultancy. This update is consistent with CFDM intent and practice approaches broadly, however it does not provide specific practice and procedural detail on some of the new approaches that may be incorporated into CFDM.

This update reflects the changes to the department’s case plan template on ICMS which is now consistent with the Framework for Practice. Content throughout the handbook has been updated to reflect strengths-based approaches and Framework for Practice assessment and planning techniques applied to the FGM planning and delivery.
Purpose of the handbook

The Family Group Meeting (FGM) Convenor Handbook is a practical guide to assist new and experienced FGM convenors (and other officers who convene or are involved in the process of a FGM) prepare for, and convene, a FGM. It also helps with developing and recording a case plan for a child subject to ongoing intervention (with parental agreement or a child protection order).

The handbook should be read in conjunction with the Child Safety Practice Manual (CSPM) and Child Protection Act 1999. There are references to the relevant sections of these documents in each chapter. FGM convenors are expected to apply their professional knowledge, experience and skills to undertake the ‘Key steps’ and reflect on the ‘Practice considerations’ detailed in this handbook.

Where applicable, a list of resources is included at the beginning of each chapter to support each phase of the FGM process. FGM convenors should also refer to the department’s Intranet for the most up-to-date resources.

This handbook complements other training material developed for FGMs and other collaborative, family-led decision making approaches.

Note on terminology: the FGM Convenor Handbook is intended to provide advice to convenors. To make the document more readable and personal, convenors are referred to as ‘you’.

However it is recognised that there are other internal and external stakeholders that will use this handbook for reference or guidance. In some cases those stakeholders will undertake or share responsibility for processes and activities that this handbook may refer to as the role of the convenor. Users of the handbook are encouraged to discuss their role and contribution with the child safety service centre manager and other staff.

Continuous quality improvement and program development

The department is in the process of transitioning from the Family Group Meeting model to a Collaborative Family Decision Making (CFDM) model, as a more inclusive process for planning and making decisions about children’s protection and care needs. To support continuous improvement and ensure the intent of the CFDM program is achieved, an implementation review of the investment strategy and model design will occur.

Departmental staff can participate in program design and development through the FGM Yammer group, which encourages sharing of practice tips, local experiences, tools and resources. Search ‘Family Group Meetings’ in Yammer to find the page and join.

For external users of this handbook, please contribute program and practice feedback to your local regional office for sharing with the department’s Child Protection and Adoption Design and Commissioning unit and Practice Leadership Unit.
Introduction

As lead agency for child protection in Queensland, the Department of Communities, Child Safety and Disability Services (the department) works with families to support and strengthen their capacity to protect and care for their children. Family Group Meetings (FGMs) play an important role in case planning and decision making for children and their families at key points in child protection. Facilitating FGMs is an integral part of the department’s collaborative approach.

The department’s *Strengthening Families, Protecting Children Framework for Practice* (the Framework for Practice) is a safety and solution-oriented approach that introduces collaborative assessment and planning processes into all critical decision making about children and families. Central to the Framework for Practice is the Collaborative Assessment and Planning (CAP) framework, which can be applied at any stage of the department’s involvement with a family. CAP-based FGMs and other family decision making meetings empower families in accordance with the strengths-based principles of the Framework for Practice.

The CAP tool has been used throughout this edition of the handbook to demonstrate how a FGM should be facilitated and what information must be gathered and documented. As you become more confident and competent in facilitating FGMs, you are encouraged to use any strengths-based process with the family to develop a plan that meets the requirements of the case plan.

There is a suite of practice tools and processes to support FGMs including preparation and group decision making. FGM convenors and associated practitioners can match the tool and process to the needs of the child and family. As convenor, you should use your professional judgement to match FGM meeting content and processes to the needs of each individual family.

Purpose of Family Group Meetings

FGMs are an important component of the Framework for Practice, providing a forum for consultation, collaborative assessment and planning with the child and the child’s family and community.

The purpose of FGMs is to provide family-based responses to a child’s protection and care needs. They also ensure an inclusive process for planning and making decisions about a child’s wellbeing and protection and care needs (*Child Protection Act 1999*, section 51G).

In accordance with current legislation and policy, a FGM must be convened to develop a case plan for a child (that is, an *initial* case plan) and may be convened to:

- review and prepare a revised case plan
- consider, make recommendations about, or otherwise deal with, another matter relating to the child’s wellbeing and protection and care needs.
The Childrens Court may also order that a FGM be convened for any of the above purposes *(Child Protection Act 1999, section 51H).*

The Framework for Practice strongly encourages the inclusion of families in decision making during any phase of departmental intervention. Department staff and FGM convenors are encouraged to look for opportunities to involve children and families in collaborative decision making wherever and whenever possible. This may include an independently convened family conferencing process at earlier stages, prior to a decision about protection, depending on the circumstances of the case.

Further information about applying collaborative family-led decision making, in planning, assessment, monitoring and reviewing, is provided in Chapter 1.

**Values and principles**

The manner in which FGMs are undertaken is based on the Framework for Practice, which includes a core set of values and principles.

**Values**

Values underpin and shape every part of our work — the way we respond to our clients and one another, how we structure our activities, how we set goals, form relationships, gather information, assess, plan and facilitate change. The values underpinning FGMs and collaborative family-led decision making are:

- family and community connection
- participation
- partnership
- cultural integrity
- strengths and solutions
- fairness
- curiosity and learning.

**Principles**

The principles give direction to convenors and other practitioners and help to translate the values into action. The principles underpinning FGMs are:

- We always focus on safety, belonging and wellbeing.
- We recognise that cultural knowledge and understanding is central to a child’s safety, belonging and wellbeing.
- We build collaborative working relationships and use our authority respectfully and thoughtfully.
- We listen to a child’s, families’ and communities’ views and involve them in planning and decision making.
- We build and strengthen networks to increase safety and support for children, young
people and families.

- We seek to understand the impact of the past, but stay focused on the present and the future.
- We are rigorous and hopeful in our search for strengths and solutions.
- We critically reflect on our work and continue to grow and develop our practice.

**Role of the Family Group Meeting convenor**

As FGM convenor, you have two primary roles — firstly, a prescribed role which involves completing specified tasks as required by the *Child Protection Act 1999*, and secondly, a convening role which involves using your skills and knowledge to effectively convene collaborative, family-led FGMs.

FGM convenors are delegated under the *Child Protection Act 1999* (section 51H) to convene a FGM, and you must convene FGMs in accordance with the requirements of that Act. This requires the use of FGMs to provide family-based responses to a child’s protection and care needs, and to facilitate an inclusive case planning and decision making process for the child.

FGM convenors are independent from the ongoing intervention provided by the department and do **not** carry out case work tasks or make decisions about children subject to ongoing intervention by the department. This independence is important to the integrity of the FGM process and enables convenors to engage with all participants to assist them to reach agreement about key items in the case plan.

You should provide the child, members of the child’s family and community, and the child’s carers with meaningful opportunities to participate in the development of the case plan and/or making decisions about the child’s care and protection needs.

Further, given the often adversarial nature of statutory child protection intervention, your role also includes listening carefully; engaging family members, network members, departmental staff and other professionals in an open, fair and respectful manner; and facilitating and resolving conflict.

In your role as convenor, you should bring together and use the Framework for Practice values and principles, the guidelines that support facilitated meetings and your child protection knowledge and professional skills.

The use of an independent FGM convenor is not always possible. There may be times when the case worker or Senior Team Leader working with the family facilitates the FGM. The Framework for Practice encourages case workers to hold CAP meetings with small or large groups of the child’s family members, network members and other professionals in the course of their day-to-day decision making and case work. However, it is preferable to have an independent FGM convenor or private convenor in situations where the complexity of the child protection concerns or the contentiousness of the case makes it difficult for case workers to work with the family.
For an Aboriginal or Torres Strait Islander child, private convenors considered being suitably qualified, or staff from a Recognised Entity could be engaged to convene or co-convene a FGM or other type of collaborative family-led decision making meeting, in addition to departmental FGM convenors.

Private convenors

The Child Protection Act 1999 (section 51I) makes provision for private convenors (non-departmental employees) to convene, or co-convene, a FGM. A private convenor must be appropriately qualified. If a private convenor is engaged to convene a FGM, the departmental delegate must ensure the private convenor complies with Part 3A of the Act (case planning), and follows the same processes and responsibilities that apply to departmental convenors.

Private convenors could be a cultural entity, or have specialist qualifications. This will depend on the circumstances of the case.

Responsibilities of the Family Group Meeting convenor

You are responsible for completing prescribed tasks and implementing effective processes.

Prescribed tasks

The Child Protection Act 1999 requires a FGM convenor to:

- provide certain persons with a reasonable opportunity to attend and participate in the meeting (section 51L)
- prepare participants to participate in the FGM (section 51M)
- obtain the views of persons who are unable to attend the FGM (section 51N)
- record the case plan developed at the meeting in the approved form (section 51O).

Processes

In convening collaborative meetings, a FGM convenor is responsible for:

- ensuring FGM preparations are culturally respectful, taking into account and actively mitigating the effects of power imbalances caused by differences in age, cultural/familial positioning, relationship factors and the use of statutory power
- modelling and encouraging respectful relationships, both during the preparation phase and during the FGM
- promoting a family-focused and strengths-based approach throughout the FGM process
- guiding the FGM process to build shared understanding and agreement between participants, so that everyone can take responsibility for a successful outcome
- being clear and transparent about how decisions will be made, what decisions are going to be made, and who is responsible for making each decision
• helping the group to reach collaborative decisions whenever appropriate
• encouraging all participants to contribute, including helping to organise their ideas and information, and guiding and managing the process of building agreement
• keeping the process on track and moving forward with all participants engaged, while making best use of time and resources.

**Guidelines that support facilitated meetings with families**

‘Nothing about us without us’

The department has enormous power to intervene in the lives of families and the parent-child relationship. This statutory power needs to be exercised if a parent is unable or unwilling to protect their child from preventable and significant harm. However, the department has a responsibility to ensure that this power is exercised in ways that are respectful and preserve the dignity of family members. FGMs are designed to foster inclusiveness and collaborative decision making, so that the strength, capacity and empowerment of parents and families is enhanced rather than undermined by the department’s involvement. The expression ‘nothing about us without us’ captures this commitment to ensuring that any planning about the family is done with the family.

**FGM coordination involves facilitating change**

FGMs provide opportunities for family members, network members and professionals to get together to identify dangers for the child and work out a case plan with realistic and meaningful solutions. This is a change process, which may require family members to make significant shifts in the way they are living their lives. Facilitation is the key that helps people make the shifts that are required in a change process — understanding the need for change, seeing a different future and acknowledging that making a difference requires changes in their own thoughts, attitudes and behaviours.

Facilitation is a questioning approach focused on helping people to think through where they are, where they want to go and how they are going to get there.

**Effective facilitation focuses on outcomes, process and relationships**

An effective FGM convenor will:

• clarify the purpose of the meeting and design an agenda using tools that will best assist the group
• guide and lead the discussion so the group can work through the agenda effectively while enabling everyone in the group to participate
• create opportunities and processes that enable the participants to build stronger working relationships with each other.
The problems are usually complex and there are usually multiple (and different) views

There is usually a range of factors that make it difficult for FGM participants to meet and talk about problems and work together to create solutions. The problems (or perceived problems) within the family are usually complex, and professionals and family members may hold very different views about the issues. There are understandably strong emotions associated with harm or perceived harm to a child and the removal of the child from the family’s care, or the fear that this may happen. There may also be complicating factors that make it difficult for people to focus on the issues, such as substance use, mental illness, trauma or extreme stress.

Families are resourceful and can contribute to solutions

Effective facilitation starts from a position of equal respect for all participants, so that family members are given the opportunity to use their resourcefulness and contribute to solutions that provide for a child’s safety. Family members are the experts on their own family. The best outcomes for a child result when families and their networks participate meaningfully in decision making about the child’s safety, care and wellbeing.

Your role as convenor is to ensure that the structure and process of the FGM allows the family (and safety network) to participate to the greatest possible extent.

Facilitating FGMs involves managing authentic conversations

It is common for participants in FGMs to feel and express strong emotions, such as grief, anger, despair or frustration. While this can be difficult to manage, expressing strongly felt emotion is a legitimate and necessary part of people being fully present in the situation and being open to the process of change. It is important that the expression of emotion does not impede the meeting or get in the way of people being able to work collaboratively. Effective facilitation of FGMs encourages participants to engage in authentic conversations, in ways that are respectful and enable the group to remain focused on working toward the desired outcome.

Facilitation supports and challenges the participants

FGM convenors need to simultaneously support and challenge the participants. If participants are supported without being challenged, they may walk away feeling well-supported and listened to, but without having been challenged to reflect on their assumptions or focus on the need for change. If participants are challenged without feeling supported, they may feel as if their views and positions are not understood and may become defensive and unwilling to change. To create a space where participants can speak honestly about their own positions and remain open to hearing the views of others, you need to offer both ‘high support’ and ‘high challenge’ as described by Jenny Rogers (2010) in her Support and Challenge Matrix:
Importance of being neutral or multi-partial

FGM convenors are independent from the ongoing intervention provided by the department. This allows the convenor to step back from the detail and their personal views, and focus on the process and help the group work together. The idea of a convenor being ‘multi-partial’ means making sure everyone’s voices are heard and each person’s ideas are considered. The convenor should be perceived as being on everyone’s side at all times.

Preparation, preparation, preparation

Good facilitation is all about preparation. It is your responsibility to make sure that before the meeting:

- all the participants are clear about the purpose of the meeting (and have participated in identifying the purpose, wherever possible)
- all the participants have as much information as possible about what will be covered during the meeting (process and content)
- any critical information that could significantly impact the meeting is shared beforehand, if possible (particularly information that is likely to be contentious, such as allegations or substantiation of harm to the child, critical incidents that have recently occurred, significant changes in the family’s circumstances, and critical decisions that have recently been made, including applications to the Childrens Court and change in placement).

The convenor must make sure that participants have been prepared before the FGM. The child’s case worker or supervisor may oversee the preparation of parties participating in FGMs, but you should work closely with the case worker to follow up on preparation. You can also provide support to help ensure that all relevant family members (as broadly defined) and support people are aware of the FGM and are supported as much as possible to join the FGM or have their views represented.
Involve children and young people in FGMs

The question is not whether a child or young person should participate in FGMs, but how should they participate. Participation ranges from the child attending all of the meetings, through to not attending and having someone else represent their views. In general, if the child is old enough to understand the purpose of the FGM and wants to attend, then they should attend as long as it is safe for them to do so. Decisions on the extent to which the child attends the meetings need to be made together with the child’s parents, the child and the department. For attendance to be a positive experience, the child needs to be prepared beforehand and supported during the meeting, and given feedback afterwards.

Involve carers in FGMs

As with children, the question is also not whether carers should participate in FGMs, but how they should participate. In accordance with the Child Protection Act 1999 (section 51L), convenors must give other people who have a significant relationship with the child, an opportunity to attend and participate.

Carers, including kinship carers, may participate in all or part of the meetings, or may provide information in another way as negotiated with the convenor (instead of attending the meeting in person). In circumstances where carers have a different cultural background from the family, this dynamic should be managed sensitively.

Carers can contribute important information, such as the strengths and needs of the child, their parents and family members, and the child’s daily care and support needs. This may help enhance the child’s safety, wellbeing and belonging. Carers may also offer direct support or other resources.

FGMs are part of the assessment, decision making and planning process

Collaborative family decision making practices, including FGMs, are a significant part of the overall assessment, decision making and case planning process. They are held at critical planning and decision making points along the child protection continuum and involve family members and their networks in assessing and planning for the child’s safety and wellbeing. They are not exclusively used after a protection decision has been made.

Practice considerations for your role as a Family Group Meeting convenor

The following table by Michael Wilkinson provides a summary of your role as a convenor. The role of the convenor is complex and it may take years before you feel comfortable and experienced in the role. You can read and study the skills, but the best way to feel more confident and competent is through practice.
| **Guide** | You should design and plan the agenda and select tools that best help the group achieve the purpose. Then carefully guide the participants through each step of the meeting process. |
| **Motivator** | From the beginning of the meeting to the closing statement, you should encourage and motivate the group to focus on their task. Pay attention to the energy of the group, establish the pace and maintain the momentum. |
| **Bridge builder** | You should help everyone express their different views. Focus on identifying similarities that build bridges to consensus. |
| **Clairvoyant** | Throughout the meeting, watch for signs of anxiety, fear, anger and disempowerment. Respond quickly to avoid dysfunctional behaviour. |
| **Praiser** | At every opportunity, you should praise the efforts of participants, the progress made, and the results achieved. Praise well, praise often and praise specifically. |
| **Peacemaker** | It is almost always better to avoid a direct confrontation between participants. But should one occur, you should step in quickly, re-establish order and direct the group toward a constructive resolution. |
| **Taskmaster** | You are ultimately responsible for keeping the meeting on track. This means interrupting irrelevant discussions, preventing detours and maintaining a consistent level of focus throughout the meeting. |
| **Active listener** | At every opportunity, you should make a conscious effort to hear and understand the content, intent, meaning and feeling of what is said. |

**Additional reading**


• Harris, N (2008), ‘Family group conferencing in Australia 15 years on’ NCPC Issues No. 27 — February 2008 (available for download from Australian Institute of Family Studies).


• Secretariat of National Aboriginal and Islander Child Care (SNAICC) ‘Aboriginal and Torres Strait Islander Participation in Child Protection Decision making’ 2013 (available from SNAICC)