

# FAMILY TO FAMILY: KEY CHARACTERISTICS OF FAMILY MEETINGS

<b>SOME CORE VALUES OF FAMILY MEETINGS</b>	<b>ALL FAMILIES HAVE STRENGTHS</b>	<b>FAMILIES ARE THE EXPERTS ON THEMSELVES</b>	<b>FAMILIES DESERVE TO BE TREATED WITH DIGNITY AND RESPECT</b>	<b>FAMILIES CAN MAKE WELL-INFORMED DECISIONS ABOUT KEEPING THEIR CHILDREN SAFE WHEN SUPPORTED</b>	<b>WHEN FAMILIES ARE INVOLVED IN DECISIONMAKING, OUTCOMES CAN IMPROVE</b>	<b>A TEAM IS OFTEN MORE CAPABLE OF CREATIVE AND HIGH-QUALITY DECISIONMAKING THAN AN INDIVIDUAL</b>
	<b>CHARACTERISTICS SHARED BY ALL</b>	<b>FAMILY TO FAMILY TEAM DECISIONMAKING (TDM)</b>	<b>FAMILY GROUP CONFERRING (FGC)</b>	<b>FAMILY TEAM CONFERENCE (FTC)</b>		
<b>PURPOSE</b>	To provide support to families at risk of or already involved with the child welfare system, in a strengths-based team setting which ensures child safety.	To make immediate decision regarding child’s placement.	To make a decision that creates safety, permanency and well-being for children.	To develop a plan that ensures protection of child.		
<b>GOAL OF MEETING</b>	To make best possible plans by using a solution-focused team approach and ensuring family’s voice is central.	Team, including family, seeks consensus decision regarding placement that protects child and preserves or reunifies family.	Family, broadly defined, creates an initial plan to achieve the purpose of the FGC.	Family, using expertise and support of team members, develops plan to address needs and utilize strengths, at a variety of critical points.		
<b>DISTINCTIVE ELEMENT</b>	Needs/strengths-focused Culturally appropriate Individualized plans developed Inclusive regarding participants, with family input critical Linkages to continuing supports, both natural and traditional	Held for EVERY placement-related decision faced by EVERY family served by the public child welfare agency.	Two unique elements: Comprehensive preparation and private family time. Both elements position the extended family network as primary decision makers.	Family tells the “family story” Option to use for prevention purposes with families not yet involved with child welfare system.		
<b>DECISION RESPONSIBILITY</b>	Goal is to place family at center of decision making; ultimately the assigned social worker must approve of plans made.	Agency maintains responsibility if consensus regarding placement issue cannot be achieved.	The family crafts the initial plan. The agency worker partners with the family in the decision phase of the FGC to ensure the plan achieves safety, permanency and well-being.	Family determines outcome, except for identified non-negotiable issues.		
<b>SCHEDULING REQUIREMENT</b>	Varies...	<b>Mandatory</b> —meeting held before any placement or re-placement occurs, or before any initial court hearing in cases of imminent risk removal.	<b>Voluntary</b> —the parent must agree to participate in or authorize an FGC, and must be willing to have the child’s extended family network participate in decision making	<b>Voluntary</b> —meeting is held only with family’s approval and if scheduled by family’s assigned worker or community worker.		
<b>REFERRAL</b>	Varies...	Assigned social worker required to schedule when placement-related decision must be made.	In most communities, the assigned social worker, family or community member may refer the family to FGC at any time.	Assigned social worker, family, or other team member may refer at any time.		

	<b>CHARACTERISTICS SHARED BY ALL</b>	<b>TDM</b>	<b>FGC</b>	<b>FTC</b>
<b>PREPARATION</b>	Preparing the family for the meeting is both respectful and important to positive outcomes.	Often limited preparation due to crisis nature of many placement decisions. Assigned social worker invites family and prepares them.	Preparation viewed as critically important to engage family in participating and leading the process. FGC Coordinator typically spends over 3-4 weeks preparing for the FGC.	Assigned social worker or community worker has pre-meeting with family to determine goal/desired outcome, and to prepare family and identify team members.
<b>TEAM MEMBERS</b>	May include: birth parents; extended family; non-relative supports; child; neighborhood or other community partners; service providers; assigned social worker; involved agency staff and if already placed outside of family, caregiver and GAL/CASA.	Facilitator is deemed a team member. All who attend have either family's permission or a right to participate as "treatment team" members.	Family decides on participants during preparation with the Coordinator. Meetings average 9 family members.	Family decides on participants, with input from facilitator.
<b>FACILITATOR</b>	Trained facilitator with strong strengths-based orientation and excellent group process skills.	Immediately accessible, full time agency staff facilitator who, as team member, shares responsibility for quality decision. Same facilitator for family throughout their involvement with system.	A trained Coordinator, with no case specific responsibility, prepares participants, guides the process and does not have decision making authority. Coordinator may work for the child welfare agency or community-based organization	Trained agency staff, often the assigned social worker or community-based service provider.
<b>LENGTH OF MEETING</b>	Varies...	One to two hours	Three to five hours	Varies
<b>CONFIDENTIALITY</b>	Privacy and respect are core values and set the tone for the meeting. New allegations of abuse/neglect must be reported.	Focus on privacy—family is told information may be used for case planning, or in court if necessary. Use of forms discouraged.	Participants sign confidentiality statement.	Signed confidentiality statement used.
<b>AFTER MEETING RESPONSIBILITIES</b>	Attention to post-meeting safety and emotional issues is part of the discussion. Follow up meetings are typical.	Assigned social worker primarily responsible to implement decision from meeting; other participants play supporting roles. Outcome data collected and used for self evaluation and planning.	Participants may carry out and monitor resultant plan, in partnership with assigned social worker. Follow-up FGCs, as necessary, to adjust or change plans. Assigned worker maintains all case responsibilities.	Primary social worker or community person monitors individualized course of action (ICA) plan and makes adjustments if necessary.
<b>USAGE</b>	Growing! And complementary...a continuum of family meeting types provides the opportunity for best practice and positive outcomes.	TDM is a core strategy used in over 30 AECF Family to Family sites including Cleveland, Louisville, Detroit, Denver, and San Francisco.	Variations of FGC are being implemented in over 35 states and 22 countries.	Community Partnership for Protecting Children Initiative sites including St. Louis, Jacksonville, Cedar Rapids and St. Louis.

