

OUTCOME REPORT:



Community Service Foundation Family Group Decision Making Conferencing

SUMMARY AT A GLANCE

From July 1, 2009 to October 31, 2010, CSF held 79 FGDM conferences, attended by 602 total participants, an average of 7.62 participants per conference. Utilizing (Pennsylvania's) state-sanctioned FGDM survey, CSF queried participants just after the conferences ended. The following three survey statements elicited remarkably high response rates:

1. The FGDM facilitator was respectful of the family group.
2. The family had private time to make their plan.
3. The conference was held in a way that felt right to the family.

These positive responses indicate CSF's considerable dedication to the FGDM process, as well as a significant level of family engagement — a major goal of FGDM and CSF.

INTRODUCTION

The Community Service Foundation (CSF) is a nonprofit organization serving delinquent and dependent youth in eastern Pennsylvania. CSF has been proudly serving troubled youth and their families since 1977. All of our services are based in the theory and practice of the emerging field called restorative practices.

Restorative practices aims to restore community in a disconnected world. The tenets of restorative practices teach us to value positive qualities in people and to believe that people have the ability to grow, change and make choices. Restorative practices is more than a set of general practices or tools in a toolbox. It is a developing social science that has implications across disciplines.

“The fundamental unifying hypothesis of restorative practices is disarmingly simple: that human beings are happier, more cooperative and productive, and more likely to make positive changes in their behavior when those in positions of authority do things *with* them, rather than *to* them or *for* them. This hypothesis maintains that the punitive and authoritarian *to* mode and the permissive and paternalistic *for* mode are not as effective as the restorative, participatory, engaging *with* mode” (International Institute for Restorative Practices, n.d., para. 4). All CSF programs follow this philosophical perspective and truly promote empowering people to make good decisions with the resources they have available.

The restorative philosophy also informs the basic premise of the family group decision making (FGDM) conference, which is considered a formal process in restorative practices discourse.

This paper includes a summary of CSF's FGDM program results. The surveys measure demographic information as well as satisfaction and participants' perceptions of the conference. CSF has tracked data since 2003, but more recently adopted the survey distributed by the FGDM Pennsylvania state leadership team. The survey was created and distributed by the University of Pittsburgh Pennsylvania Child Welfare Training Program. CSF chose this survey process because it has been widely accepted by FGDM leaders and practitioners in Pennsylvania. (http://www.pacwcbt.pitt.edu/FGDM_EvaluationPage.htm).

BACKGROUND

FGDM is a service that CSF provides for county children and youth and juvenile probation departments in eastern Pennsylvania. In addition, CSF has implemented these concepts on an organizational basis, employing the FGDM process as often as possible with clients and their families. This integration has transformed and enhanced the way CSF staff views and engages families.

CSF has invested in FGDM practices by consulting with the pioneers of FGDM and bringing them to Pennsylvania to speak and train professionals both within and outside CSF. Dr. Gale Burford, currently serving on American Humane Association's FGDM advisory committee and professor at the University of Vermont, was one of the first to hold a seminar to introduce people to this process in southeastern Pennsylvania. Paul Nixon and Sharon Inglis, FGDM pioneers and innovators in the U.K., supported the original development of CSF's FGDM program. These FGDM pioneers have helped create a strong foundation in FGDM principles and practices at CSF.

In 1999 Buxmont Academy, CSF's sister organization, launched the “SaferSanerSchools™” program to train educators to more effectively deal with difficult students in public and private school settings. Buxmont also founded the International Institute for Restorative Practices (IIRP), to provide education and research about restorative approaches to issues concerning family, community, school and the workplace. The IIRP has provided training and consulting to tens of thousands of professionals internationally as well as to

CSF counseling staff, including training in FGDM. The IIRP is an approved graduate school for educators and youth counselors, offering two degrees: a Master of Restorative Practices and Education (MRPE) and a Master of Restorative Practices and Youth Counseling (MRPYC). Advanced learning in the subject of FGDM is part of the Graduate School's curriculum.

The IIRP, in partnership with American Humane Association's National Center on Family Group Decision Making, produced a documentary called "Family Voices." This 18-minute video follows nine culturally, economically and geographically diverse American families on their journey of discovery of FGDM, from their initial fears, questions and hopes to their joy in seeing the process work. In the empowering spirit of restorative practices, "Family Voices" lets families speak for themselves. It is an ideal way to acquaint both families and professionals with FGDM. The video premiered at American Humane's 2004 National Conference on Family Group Decision Making, held June 2004 in Harrisburg, Pennsylvania. http://www.iirp.org/books_n_videos_info/familyvoices.php

The IIRP has also created a website as a resource for general viewing of articles and upcoming events associated with FGDM and restorative practices: <http://www.familypower.org>.

CSF is dedicated to FGDM practices, not just as a service but also as best practice within the organization. CSF has trained more than 100 of its counselors to facilitate FGDM conferences. If a client is referred to any of our programs, CSF counselors are trained to identify possible opportunities to empower families and provide FGDM conferences. The FGDM facilitator's role is to prepare participants for the FGDM conference and ultimately to empower the family members to create a plan. The FGDM facilitator functions as the link between families, community agencies and county departments and ensures that the appropriate people attend the conference. The facilitator is responsible for communication to all participants during conference preparation. The facilitator then oversees the information-sharing stage of the conference as well as the last stage, when the family's plan is reviewed. The FGDM facilitator empowers the family to plan their conference so it will best meet their needs.

CSF believes it is important that the roles of facilitator and coordinator not be separated and that the same person guides the process from start to finish. The family is first engaged, and a rapport is developed with the FGDM facilitator. CSF believes it is important that this same person be present and run the conference. CSF understands the importance of being a neutral facilitator and knows it is essential that the FGDM facilitator not become overly involved with the family. Having one person coordinate and facilitate is a best practice in the national FGDM protocols. In a survey of conferencing around the world, 80% of programs use one person for both roles (Nixon, Burford & Quinn [with Edelbaum], 2005).

WHAT IS A FAMILY GROUP DECISION MAKING CONFERENCE?

A family group decision making conference is a restorative approach to problem solving that involves children, family members, extended family, friends, interested individuals, professionals and invited community resources. A formal meeting is conducted that includes the child and all of the interested people who can support a plan concerning the child. During the meeting, the entire family group works together to create a plan that will be supported by the courts. These plans call for the family group to take responsibility for the child/family in need, with community resources in place to make this possible. It is important to define family loosely, including immediate family, family friends, grandparents, aunts, uncles, cousins, clergy and neighbors. FGDM is a family-centered, culturally competent, strengths-oriented and community-based approach. It recognizes that families have the most information about themselves to make well-informed decisions (Nixon, 2002; Burford, Pennell & MacLeod, 1995).

There is significant work to be done by the facilitator in preparation for the conference. The facilitator has several meetings and contacts with the individual, their family (including the extended family) and professionals involved in the case to help frame and plan the conference. The family should be empowered to be responsible for the attendees and logistics of the meeting. The facilitator also coordinates with the family regarding when and where the conference will be held and how food will be provided. Sometimes families prefer to prepare food and bring it themselves, and sometimes they prefer to order from a restaurant and have it delivered. If the family is not financially able to purchase the food, the program will have funds in the budget for this purpose. The facilitator must also ensure that everyone has transportation to and from the meeting and will make arrangements if necessary. If the family has young children and they need childcare during the conference, the facilitator should support alternatives. Any other needs specific to the family are discussed during preparation and are dealt with appropriately.

The conference is held with the professionals and family to allow for a decision to be reached that is acceptable to all parties. There are three main phases of the conference: 1. Family and professionals meet together, and the professionals share pertinent information with the family, including reason for referral, concerns, background of the case, available resources, what would not be an option (bottom lines) and what they would like to see addressed in the plan. 2. Family has time alone to address the concerns and create a plan (all professionals including facilitator leave the room). 3. Everyone involved reunites and the family presents the plan. At this time the plan is put into motion, if acceptable, with the family taking responsibility for their parts and the professionals helping them obtain community support, if needed. When concluding the conference it is regular practice

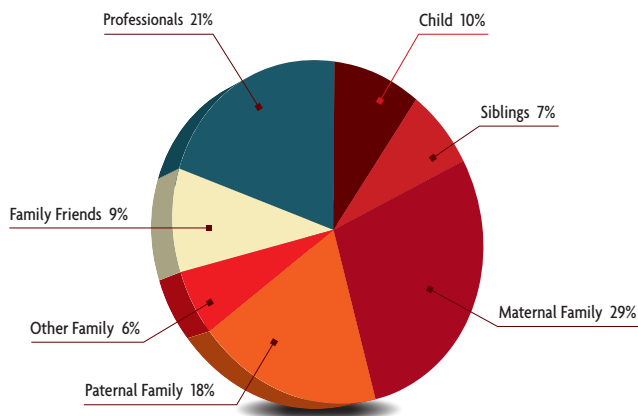
to offer a follow-up conference to reassess progress of the plan. It is then the responsibility of the facilitator to send everyone a copy of the conference plan.

PURPOSE

The purpose of this report is to provide outcomes based on a relatively new practice called family group decision making (FGDM). The information is intended to provide feedback on the development of FGDM conferences facilitated by Community Service Foundation (CSF).

SAMPLE

Figure 1: Relationship to Children (n=598)



CSF used a non-probability purposive sample method, surveying people who participated in a CSF-facilitated FGDM conference. The sample includes all participants who responded to the survey, which exceeds 600 respondents. Information reflects surveys collected from July 1, 2009 to October 31, 2010. The sample includes all family participants, community-services representatives and professionals at each conference. Conference facilitators do not fill out a survey. All referred cases originated in counties located in eastern Pennsylvania. The results include conferences that were referred to CSF for FGDM-facilitated services as well as FGDMs internal to CSF, identified by CSF staff as appropriate for the process. A majority of the information (83.5%) is from participants referred externally to an FGDM as a facilitated service.

DATA COLLECTION

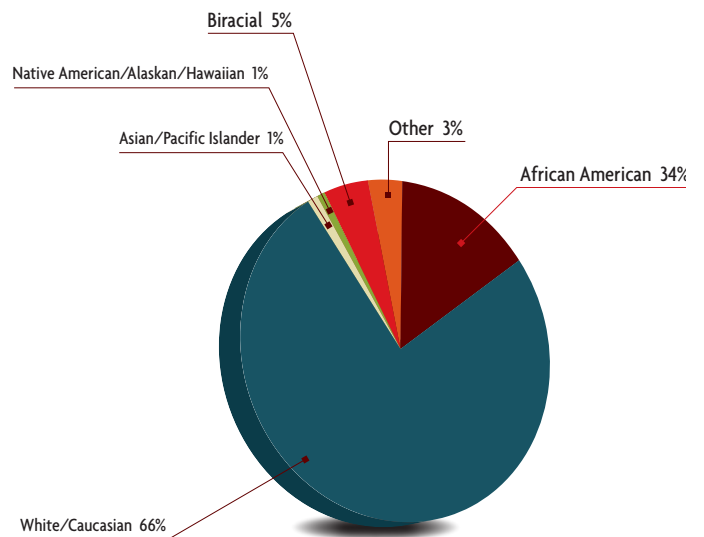
The CSF facilitator makes all participants aware of the survey during the preparation phase of the conference. At the end of each conference, participants are asked to fill out a survey. Each individual participating in the research was informed about and

fully consented to their participation. All individuals are given the survey with ample time to complete it. The CSF facilitator collects surveys before participants leave the meeting. A participant may choose to not complete the survey. If a professional leaves the conference before the conclusion, a survey is mailed to his or her office, including a fax number to which to send the finished survey. All survey information is entered into a secure database at CSF.

RESULTS

The focus of this survey has two main thrusts: The first is to identify who is participating in FGDM conferences. The second is to learn about the quality of participants' experiences of an FGDM conference. Please see Appendix for the full report of survey outcomes. We see from the reports that 79.26% of the attendees are family members or part of the informal family network support (see Figure 1: Relationship to Children). This aligns with the FGDM concept of including family and other informal family networks that are involved with the identified child/youth.

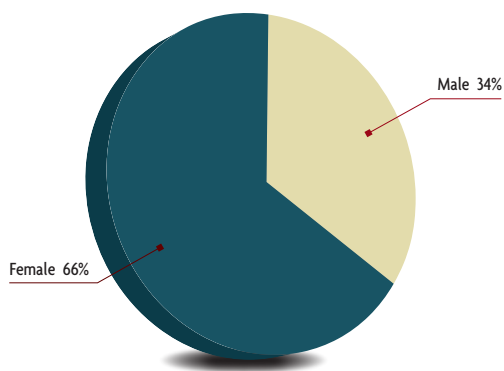
Figure 2: Race



Regarding conference demographics: the highest percentage of participants/survey respondents were Caucasian (75%) (see Figure 2: Race); females (66%) (see Figure 3: Gender) and adults age 22-60 (75%) (see Figure 4: Age). Some participants chose not to fill out the demographic portion of the survey or the section pertaining to the relationship to the child, but did choose to fill out the satisfaction portion of the survey (n=602). There is no information regarding how many participants didn't fill out the survey at all or were too young to fill it out. There were only English versions of the survey available, and there were no alternatives for illiterate participants.

There were 602 participants who filled out the 17-question experience questionnaire. Using 80% as the cut-off percentile for a favorable response, 14 of 17 questions asked of participants generated a favorable response of “strongly agree or agree.” Three questions had lower response rates of 67%, 70% and 77% respectively, with the response “strongly agree or agree.” The question with the highest participant/respondent rating was: “The FGDM facilitator was respectful of the family group” (95.48% strongly agree, agree). The question with the lowest participant/respondent rating was: “The only job of the FGDM coordinator was to organize the conference. He/she did not have any other jobs to do with the family” (67.61% strongly agree, agree).

Figure 3: Gender



THE TOP THREE OUTCOMES WERE:

1. The FGDM facilitator was respectful of the family group (95.68%) (see Figure 5, Outcomes, column 1).
2. The family had private time to make their plan (93.85%) (see Figure 5, Outcomes, column 2).
3. The conference was held in a way that felt right to the family group (93.69%) (see Figure 5, Outcomes, column 3).

THE LOWEST THREE OUTCOMES WERE:

1. Different sides of the family were invited to the conference (ex. father and mother’s sides of the family) (76.91%) (see Figure 5, Outcomes, column 4).
2. Children and Youth approved the plan without unnecessary delays (70.27%) (see Figure 5, Outcomes, column 5).
3. The only job of the FGDM coordinator was to organize the conference. He/she did not have any other jobs to do with the family (67.61%) (see Figure 5, Outcomes, column 6).

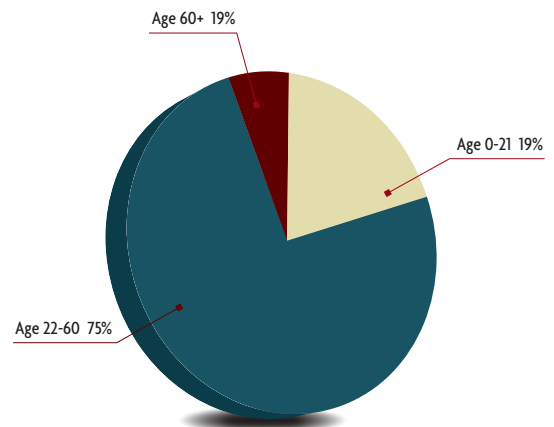
DISCUSSION

The hope with FGDM is to engage a wider network of support for each child who receives an FGDM conference. From the above information, I think we can say that CSF is engaging many family members and non-family supports to participate in conferences.

The high favorable response rates to the following three survey questions: 1. “The FGDM facilitator was respectful of the family group” (95.68%); 2. “The family had private time to make their plan” (93.85%); and 3. “The conference was held in a way that felt right to the family group” (93.69%) (all responses: “strongly agree” or “agree”) lead us to conclude that most of the participants were extremely satisfied with the process and thought it was helpful. How people were treated, where the conference was held, preparedness and information provided all seem to be strengths of this process currently.

The high response rate to another survey question: “The plan included ways that the family group will help out” (90.6% “strongly agree” or “agree”) indicates that the family group understood they were to be engaged in the FGDM process on an ongoing basis.

Figure 4: Age

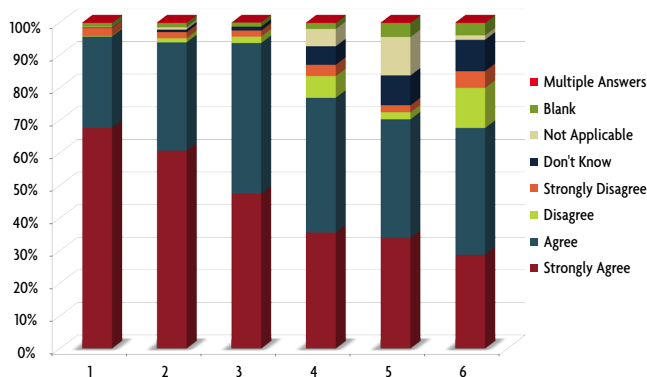


Sixty-seven respondents identified themselves as “mother of the family,” compared to 32 who identified themselves as “father of the family.” Furthermore, 66% of conference participants/respondents overall were female. This data lead us to believe that family engagement could be improved overall by increasing paternal and other male representation. This sort of gender discrepancy seems to be common to FGDM conferences worldwide (American Humane Association, 2011, para. 1).

The two survey questions with the lowest outcomes seem to call for modification to the survey itself. The question with the

lowest outcome: “The only job of the FGDM coordinator was to organize the conference. He/she did not have any other jobs to do with the family” (67.61%) seems to point to biases and assumptions regarding separation between the roles of coordinator and facilitator. The low survey outcome indicates that the wording of the question caused confusion in respondents. This is due to the fact that in CSF conferences the facilitator and coordinator roles are performed by the same person.

Figure 5: Outcomes



Similarly, the relatively low outcome pertaining to survey question 17: “Children and Youth approved the plan without unnecessary delays” (70.27%), suggests that the question caused confusion for respondents. The question presumes that a children-and-youth worker is approving a plan, even in cases where a juvenile probation officer is responsible. The question also assumes that all conferences are children-and-youth motivated, but this has not been CSF’s experience with referrals.

The question with the third lowest outcome: “Different sides of the family were invited to the conference (ex. father and mother’s sides of the family)” (76.91%), seems to point to a need to continue to increase family engagement in the FGDM process specifically on the paternal side of the family. As noted above, engaging fathers and their side of the family can be a challenge.

CONCLUSION

FGDM is a restorative process that provides a way for multiple stakeholders to come together to create a plan for a child or youth in need or at risk. In bringing together more than 600 participants in FGDM conferences from July 1, 2009 to October 31, 2010, CSF has certainly taken this process forward. Further, the highly positive response rates to the questions noted above indicate that the process is increasing family engagement in addressing their own problems, a major goal of FGDM.

Traditionally, meetings held to benefit children and youth have been dominated by professionals. In a reverse of this approach, the ratio of participants in CSF’s FGDM conferences was three to one family networks to professionals, a figure we find most encouraging, as it indicates strong family engagement.

This research document provides the first steps in the evaluation of CSF’s practical application of the FGDM process. We believe future research should attempt to examine: 1. the effect of FGDM on the stability of youth within their community, 2. the effect of FGDM on family communication and, 3. the effect of FGDM on recidivism.

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<u>Relationship To Children</u>	<u>Count</u>	<u>Percentage</u>
Child/Youth & the focus of the meeting	56	9.36%
Mother of the family	67	11.20%
Father of the family	32	5.35%
Stepfather of the family	8	1.34%
Stepmother of the family	3	0.50%
Sibling	44	7.36%
Maternal aunt/uncle or cousin of the family children	58	9.70%
Maternal grandparent of the family children	43	7.19%
Mother's Significant Other	3	0.50%
Paternal aunt/uncle or cousin of the family children	47	7.86%
Paternal grandparent of the family children	20	3.34%
Father's Significant Other	2	0.33%
Family friends, neighbors	56	9.36%
Other	62	10.37%
Foster parent of the children	5	0.84%
Faith based (pastor, rabbi, priest, minister)	5	0.84%
CYS caseworker	37	6.19%
CYS supervisor	9	1.51%
Legal (GAL, judge, lawyer, legal advocate)	0	0.00%
Juvenile probation or adult probation	13	2.17%
Children's residential provider e.g. RTF, group home	3	0.50%
Mental health or drug & alcohol professional	17	2.84%
School professional (teacher, guidance counselor, school liaison)	4	0.67%
Community support resource (housing, food bank, TANF, energy assistance)	2	0.33%
Domestic violence professional/specialist	0	0.00%
Housing shelter professional	0	0.00%
Early intervention/early head start/head start professional	2	0.33%
Total:	598	

<u>Age</u>	<u>Count</u>	<u>Percentage</u>
0-12	2	0.50%
13-17	45	11.25%
18-21	30	7.50%
22-30	83	20.75%
31-40	67	16.75%
41-50	98	24.50%
51-60	50	12.50%
61-70	18	4.50%
Over 70	7	1.75%
Total:	400	

<u>Ethnicity</u>	<u>Count</u>	<u>Percentage</u>
Yes	31	7.29%
No	394	92.71%
Total:	425	

<u>Gender</u>	<u>Count</u>	<u>Percentage</u>
Male	168	34.29%
Female	322	65.71%
Total:	490	

<u>Race</u>	<u>Count</u>	<u>Percentage</u>
Black or African American	70	14.58%
White or Caucasian	361	75.21%
Asian or Pacific Islander	6	1.25%
Native American or Alaskan or Hawaiian	3	0.63%
Bi-racial	23	4.79%
Other	17	3.54%
Total:	480	

Objectives

	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Not Applicable	Blank	Multiple	Total
1. Each service provider was clear about their role (ex. child protection, counseling).	288 47.84%	258 42.86%	6 1.0%	16 2.66%	4 0.66%	13 2.16%	13 2.16%	4 0.66%	602
2. The FGDM facilitator was respectful of the family group.	407 67.61%	169 28.07%	1 0.17%	15 2.49%	1 0.17%	1 0.17%	7 1.16%	1 0.17%	602
3. The only job of the FGDM coordinator was to organize the conference. He/she did not have any other jobs to do with the family.	173 28.74%	234 38.87%	74 12.29%	31 5.15%	58 9.63%	8 1.33%	23 3.82%	1 0.17%	602
4. The family group understood the reasons for holding the conference.	302 50.17%	251 41.69%	24 3.99%	14 2.33%	3 0.50%	0 0.00%	6 1.00%	2 0.33%	602
5. The conference was held in a place that felt right to the family	286 47.51%	271 45.02%	6 1.00%	10 1.66%	8 1.33%	2 0.33%	19 3.16%	0 0.00%	602
6. The conference was held in a way that felt right to the family group (ex. the right food, right time of day).	286 47.51%	278 46.18%	12 1.99%	11 1.83%	7 1.16%	0 0.00%	8 1.33%	0 0.00%	602
7. More family group than service providers were invited to the conference.	255 42.36%	236 39.20%	37 6.15%	19 3.16%	32 5.32%	9 1.50%	14 2.33%	0 0.00%	602
8. Different sides of the family were invited to the conference (ex. father and mother's sides of the family).	214 35.55%	249 41.36%	40 6.64%	21 3.49%	34 5.65%	32 5.32%	11 1.83%	1 0.17%	602
9. People at the conference were relatives and also people who feel "like family" (ex. old friends, and good neighbors).	269 44.68%	246 40.86%	40 6.64%	25 4.15%	4 0.66%	10 1.66%	8 1.33%	0 0.00%	602
10. The family group was prepared for the conference (ex. got enough information on what happens at a conference).	251 41.69%	287 47.67%	37 4.49%	17 2.82%	13 2.16%	1 0.17%	5 0.83%	1 0.17%	602
11. The service providers were prepared for the conference (ex. got enough information on what happens at a conference).	254 42.19%	250 41.53%	12 1.99%	14 2.33%	12 1.99%	0 0.00%	9 1.50%	0 0.00%	602
12. The conference had enough supports and protections (ex. support persons).	252 41.86%	275 45.68%	31 5.15%	11 1.83%	12 1.99%	7 1.16%	12 1.99%	2 0.33%	602
13. Service providers shared their knowledge but they did not tell the family group how to solve their problems.	254 42.19%	240 39.87%	43 7.14%	21 3.49%	16 2.66%	14 2.33%	13 2.16%	1 0.17%	602
14. The family had private time to make their plan.	365 60.63%	200 33.22%	8 1.33%	11 1.83%	5 0.83%	4 0.66%	8 1.33%	1 0.17%	602
15. The plan included ways that the family group will help out.	292 48.50%	255 42.36%	18 2.99%	12 1.99%	12 1.99%	0 0.00%	13 2.16%	0 0.00%	602
16. The plan included steps to evaluate if the plan is working and to get the family group back together if needed.	265 44.02%	260 43.19%	31 5.15%	17 2.82%	16 2.66%	5 0.83%	8 1.33%	0 0.00%	602
17. Children and Youth approved the plan without unnecessary delays.	204 33.89%	219 36.38%	13 2.16%	13 2.16%	55 9.14%	71 11.79%	26 4.32%	1 0.17%	602