Building Social Responsibility Through Family Group Conferencing

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ABSTRACT. Family Group Conferencing (FGC) is a method of bringing together a family group with service providers to come up with a plan to resolve problems in individual and social functioning. This paper describes FGC from a group development perspective involving planning and convening the single-session meeting. The FGC moves along with the help of a group worker called a coordinator, but its success is based on people-citizens-banding together. The core of the convening stage is when families are left alone, equipped with resources at their disposal, to determine a plan for change. This paper describes FGC, its group work elements, and il-

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illustrates how the model helps to build partnerships and social responsibility. [Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail address: <getinfo@haworthpressinc.com> Website: <<http://www.HaworthPress.com>> © 2001 by The Haworth Press, Inc. All rights reserved.]

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An abiding concern of social work with groups is developing a sense of social responsibility; namely, a commitment to contributing to individual and collective well-being. This concern has been articulated in Papell and Rothman's (1980) social goals model that emphasizes promoting social consciousness and social action. This paper presents Family Group Conferencing (FGC) as a means of realizing this early aim of social work with groups through advancing partnerships and democratic decision making (Braithwaite, 2000; Pennell and Burford, 1994).

As applied in child welfare, a FGC is a formally arranged meeting between family members, their extended kinship group and other support persons, and service providers (Hudson, Morris, Maxwell, and Galaway, 1996). The purpose of the FGC is to create a plan to resolve issues identified by the protective authorities, family members, or both. Described in greater detail below, there are three main stages which are facilitated by the FGC coordinator (Burford, Pennell, and MacLeod, 1995). First is the planning stage, which involves the coordinator working with the referred family members to identify who is family and whom to invite to the conference and organizing with them the logistics of holding the FGC. Second is the actual conference which is divided into three sub-stages: (1) beginnings, when the service providers and family group meet together, (2) the family private time, when the coordinator and service providers leave the room to allow the family group to come up with a plan (working stage), and (3) the ending or reconvening stage, where the coordinator and service providers are recalled to hear the family group's plan and to ensure that the main concerns have been addressed. The final main stage involves implementation of the plan and having a follow-up conference, if needed.

In 1989, the approach was legislated in New Zealand after protests by indigenous people against Pakeha (White) expert models, seen as eroding family and cultural ties (Rangihau, 1986), and advocacy for system reform (Hassall, 1996). Since then, FGC has been used internationally to address a range of problems, including child maltreatment, partner

abuse, and youth offending (Burford and Hudson, 2000). This paper describes its applications in child welfare from experiences in Canada, North Carolina, and elsewhere. FGC is framed within the social goals model, and the manner in which the family group proceeds through three stages of group work is outlined. To illustrate the process, a case example is presented. The paper takes the position that this group development process builds a sense of social responsibility to safeguard children and other family members.

SOCIAL RESPONSIBILITY AND FAMILY GROUP CONFERENCING

FGC is perhaps best associated with the social goals model from Papell and Rothman's (1980) schema. The earliest group work model, social goals, engenders social consciousness and promotes social action, key aspects of social responsibility. Early influences included John Dewey (1966), who touted progressive education to combat the decline of local community life; Mary P. Follett (1998), who promoted participatory democracy (Schopler and Galinsky, 1995); and Baxter and Cassidy (1943), who argued that skills in cooperative living could be learned best in the context of the group. Groups help to foster community interest and participation and move people into cooperative social action (e.g., Bertcher, Kurtz, and Lamont, 1999; Fike and Rittner, 1992; Lee, 1989). Tropp's developmental approach (1976), a refinement of the social goals model (Toseland and Rivas, 2001), regards the group as an environment in which members grow together to achieve their individual and collective goals. Building on the work of Grace Coyle, Tropp (1976) notes that "group self-direction toward a common goal is the most effective group vehicle for the social growth of its members" (p. 198). Additionally, as Papell and Rothman (1980) explain, the group worker "personifies the values of social responsibility and serves as a role model for the client, stimulating and reinforcing models of conduct appropriate to citizenship responsibility directed toward social change" (p. 119).

The message of half a century ago, that group work provides an opportunity to learn and express social responsibility (Klein, 1953), reveals itself today in FGC. In the case of child welfare, FGC widens the focus from investigating the failings of parents, particularly mothers, to including relatives, friends, and community groups as a supportive network that work with the protective authorities (Lupton and Nixon,

1999; Pennell and Burford, 1996; Veneski and Kemp, 2000; Walter R. McDonald and Associates, 1999). Family group participants usually develop plans (Paterson and Harvey, 1991); their plans typically include contributions from kin, community groups, and public agencies and encompass both conventional services and culturally-based strategies (Pennell and Burford, 1995; Shore, Wirth, Cahn, Yancy, and Gunderson, 2000); and their plans tend to keep children with their families, relatives, or cultural group (Burford, Pennell, MacLeod, Campbell, and Lyall, 1996; Veneski and Kemp, 2000; Walter R. McDonald and Associates, 1999). Further, studies have shown that conferencing promotes the safety of children (Burford and Pennell, 1998; Lupton and Stevens, 1997; Marsh and Crow, 1998) and their mothers (Pennell and Burford, 2000a) and stabilizes child placements (Marsh and Crow, 1998; Walter R. MacDonald and Associates, 2000).

Thus, this “widening the circle” (Pennell and Burford, 1994) fosters FGC participants’ capacity for advancing both personal and social goals. The coordinator, family, kin and like-kin, community representatives, and service providers work together in a show of civic responsibility. With the collective work of the family group and service providers in the group setting, helped along by the coordinator, group members work toward family-and social-change.

A GROUP DEVELOPMENT PERSPECTIVE

FGC is, at its core, a group approach to change. The FGC approach involves both a natural group—the family—and a formed group—the family group. When family members identify their larger family group, they are working with a coordinator to form a group with outside support. At the conference, members bring to the group session familiar patterns of interaction and rules of engagement. At the same time, expanding the circle beyond the immediate family interrupts habitual patterns and provides room for greater creativity, support, and protections. Each stage of conferencing is carefully and collaboratively designed to promote socially responsible interactions and action. Before and while undertaking conferencing, community and organizational supports must be developed.

Community and Organizational Supports

The conferencing stages are embedded within a context of community and organizational support for the family group, sharing the re-

sponsibility for the safety and well-being of relatives. Because FGC is an innovation within the child welfare system, these supports are crucial for overcoming systemic barriers likely to block the success of conferencing with families (Burford, 2000). Without these supports in place, FGC becomes another mechanism for co-opting families and communities to fulfill agency mandates, such as reducing service costs, rather than respecting the indigenous strengths within the family group and their culture (c.f. Tauri, 2001). Guiding principles linking the work at the community/organizational level and the family group levels have been articulated (Pennell, 2001). A description of the community and organizational development work is available for both the Canadian (Pennell and Burford, 1995) and North Carolinian (Pennell and Weil, 2000) projects.

Given the important role of the worker in facilitating groups, this paper addresses one aspect of the community and organizational planning process: defining the role of the FGC coordinator and the criteria for selection. As noted above, the social goals model views the worker as a role model and enabler for responsible citizenship (Papell and Rothman, 1980). In carrying out this role, the FGC coordinator demonstrates and fosters democratic decision making in reaching collectively-defined goals.

The family group members need to be able to view the coordinator as the organizer and convener of their conference. If the coordinator has other service responsibilities with the family, this generates role confusion for the family, coordinator, the coordinator's agency, and the other participants and may undermine the family group's capacity to engage as full participants (Nixon, 2000). To prevent such confusion, the coordinator's role needs to be designated as independent of other functions. This may be accomplished through a number of avenues, including placing the FGC coordinators in a separate child welfare unit, contracting out coordination to community organizations, affiliating coordinators from across service agencies in one organization, or recruiting citizen volunteers to serve as coordinators. These options may be used as a way to widen the spectrum of FGC coordinators and heighten the program's cultural competence.

The person who is recruited brings cultural knowledge and practice experience to the role of FGC coordinator. As Garvin notes about groups, "compositional dynamics are created as much by the worker's characteristics as by the members" (1997, p. 61). Since in many smaller programs the person receiving the referral is the coordinator, it is especially incumbent on the program administrators and their advisory bod-

ies to recruit a coordinator with links to the community. This was the approach used in the Canadian project (Pennell and Burford, 1995). Larger programs often are able to select among a pool of potential coordinators and designate coordinators who would appear likely to understand and relate well to the particular family group. An example of the latter is the Family Conference Model in Santa Clara, California (Walter R. McDonald and Associates, 1999).

In terms of training and experience, coordinators should have an appreciation for the values of the model which include viewing families as partners who are capable of responsible decision-making. Coordinators need to be trained in the model with on-going support and consultation, experience in group work, and trust of the family group. This last factor is especially important in working with diverse racial and ethnic communities. As identified by North Carolina focus groups with African Americans, Latinos/Latinas, and Native Americans, a coordinator from the family's community-or at least respected by it-is critical for success (Waites, Macgowan, Pennell, Carlton-LaNey, and Weil, 2001).

Stages of Family Group Conferencing

With a foundation of community and organizational support, conferencing can proceed. A developmental perspective is helpful in understanding the tasks and processes at each stage of FGC. As noted earlier, Tropp expanded the social goals model to include the group leader working with the group to foster an empowering context through group development (Toseland and Rivas, 2001). The developmental schema includes three main stages: Planning/preparation, convening, and implementation/follow-up. Within the convening stage, when members come together, there are three sub-stages: beginning, working, and ending. Table 1 includes a summary of these stages.

Planning/Preparation Stage

Although planning is important for all types of group work (Kurland, 1978), this stage is essential to the success of FGCs. Preparations represents the most time-consuming portion of the coordinator's work—often two to four weeks, with between 20 to 40 hours of input by the coordinator (Marsh and Crow, 1998; Paterson and Harvey, 1991; Pennell and Burford, 1995; Walter R. McDonald and Associates, 1999)—and require close collaboration with both family members and service providers. The activities during this stage are largely similar to those of other

TABLE 1. Stages, Description, Collaborators, and Worker Functions in a Family Group Conference

Stage	Time	Description	Collaborators	Coordinator/Worker Functions
1. Planning/Preparation	2-4 weeks	Managing referral and planning for conference.	Coordinator, service providers, family group members.	Receive referral, meet with contact family person, determine invitation list, make arrangements, "tune-in," consult with a community panel.
2. Convening	Average of 4-6 hours			
a. Beginning (Sharing of Strengths/Resources/Concerns)		Opening ceremony. The protective authorities specify areas that the FGC plan needs to address. Group members ask questions and share views.	Coordinator, service providers, family group members.	Welcomes participants, describes the FGC process and norms, invites participants to introduce themselves and to share information.
b. Working (Private Family Time)		Service providers and the FGC coordinator leave the room. Family group meets alone to make a plan.	Family group.	Waits outside the room and role shifts to consultant when needed.
c. Ending/Reconvening		Coordinator and service providers rejoin family group. Family presents plan which gets refined and authorized.	Coordinator, service providers, family group.	Invites family to share plan, reaction from service providers, mediates any discussion, brings conference to closure, thanking participants.
3. Implementation and follow-up (if necessary) in the form of a family meeting or full-scale reconvened FGC.		Follow-up: Review progress and alter plans, if necessary.	Family meeting: child welfare worker, other service providers, and family group. Reconvened Conference: Coordinator, service providers, and family group.	Reconvened conferences: as above.

groups described in the literature (Garvin, 1997; Kurland, 1978; Shulman, 1999; Toseland and Rivas, 2001) and include determining the primary purpose of the group, composition, preparation of participants, location, and tuning in. Another important activity is consultation with a local advisory committee—the Community Panel—to receive cultural and practice guidance for each FGC. These activities are described below.

Purpose. The purpose of the FGC—“the specific reasons for which the group was established” (Garvin, 1997, p. 51)—is important to clarify in this planning stage (Kurland and Salmon, 1998). In child protection situations, the purpose for the referral of the family to a FGC is known when the investigation or assessment has been completed and the concerns are clarified by the referring workers and family group members. In general, the purpose of the FGC will be to come up with a plan to ensure the safety and well-being of the children and often the adults in their family.

Composition. The group members are identified by the coordinator in consultation with the family group. To determine the composition of the family group, the coordinator first contacts a family representative who is usually the parent or primary caregiver. This process can be assisted with tools such as the Social Network Map that delineates important people in the family members’ social network and assesses the nature of the relationships (Tracy and Whittaker, 1990). Once the parents and other immediate family members have identified likely participants, the coordinator contacts them and may be given additions to the invitation list. Through this snowball process, a fuller group is located. Family group members usually will respond in the affirmative to an invitation to take part, and those unable to come will often send a note or statement of support (Paterson and Harvey, 1991; Pennell and Burford, 1995). Rarely does a coordinator exclude family group members from a conference, but this may occur when their attendance poses a significant risk to self or others. Family group members range in number from a low of about four to a high of about sixty, with reported averages around seven to ten participants (Pennell & Burford, 1995; Walter R. McDonald and Associates, 1999).

Some FGC participants may seem likely to be at risk at the conference, and these individuals are encouraged to select a support person to provide emotional support. In this capacity they may speak on behalf of the family member or withdraw the member from the FGC if a time-out is needed. In cases of child protection, it is especially important for children or adolescents who have been abused to be accompanied by an adult support person. The same also applies for abused mothers and

abusing parents who may benefit from a support person assisting them in maintaining self-control.

The coordinator works with the family member to determine who should be invited from community organizations and public agencies. In child welfare situations, participants include the child protection worker and other relevant service providers, but with the invitations to service providers limited to ensure that the family group clearly dominates in numbers.

Preparation of Participants. Both family group members and service providers require preparation before attending the conference (Burford, Pennell, and MacLeod, 1995). The coordinator needs to review with them the purpose of the conference and its process and work out logistics, such as transportation, child care, and interpretation. The coordinator helps family group members understand that the FGC is a place where they can exert a say over their affairs. During this stage, the coordinator works with family members to establish measures so that they can safely take part (Pennell and Burford, 2000b). The service providers usually need orientation to the purpose of conferencing and the ways in which they can respectfully relate to the family group.

Location. One of the lessons from community consultations with several cultural groups (Waites et al., 2001), is that location is important for the success of FGCs. The group work literature clearly stresses the importance that the physical environment plays in the functioning of groups (e.g., Garvin, 1997; Shulman, 1999; Toseland and Rivas, 2001). The location is determined in consultation with the family group members, with emphasis on where they feel most at ease. Typical conferences in North Carolina are held in churches and community centers rather than in Social Services offices.

Community Panel. The coordinator forms a community panel as an additional resource. The coordinator uses the panel to review the preparatory steps and point out omissions and suggest strategies on how to engage the family group in an effective and safe manner. This locally-based panel can include people from domestic violence, mental health, schools, and other services, as well as representatives from cultural or faith groups. The panel is helpful in keeping coordinators attuned to issues in cultures different from their own. In domestic violence situations, a representative from the local shelter may offer insights on how to safeguard survivors taking part in FGC. Coordinators report that panels are helpful and provide “a great deal of comfort,” since they facilitate the coordinator’s “being able to contact

people within various systems to get their points of view” (Pennell and Burford, 1995, p. 74).

Tuning In. During the planning process, the worker prepares for the FGC by tuning in (Shulman, 1999). The coordinator reflects on how members might feel about coming together, face to face, to deal with difficult family situations. The planning process also helps family group members tune-in to what is likely to happen at the conference. During this period, they network among themselves, become aware of each others’ worries and hopes, and thus arrive at the conference with a greater capacity to act in a socially responsible manner.

Convening

The convening of the FGC consists of three parts: sharing of resources and concerns (beginning), private family time (middle or working) and finalizing and authorizing the plan (ending). Conferences vary greatly in length, with averages reported around four to six hours (Walter R. McDonald and Associates, 1999). Depending on the family’s culture, they may take place over a one or two-day period (Pennell and Burford, 1995). Coordinators need to allow the family group members the time that they need to carry out their work. This means avoiding pre-setting beginning and ending times and scheduling conferences so as to allow for an extended period of deliberations.

Beginning (Sharing of Information). The beginning of the convening stage includes family members, their support persons, and the service providers. As people gather for the meeting, family members have mixed feelings and settle into a seating arrangement that provides familiarity and support.

The worker has a number of tasks during this early stage, such as supporting the family’s opening ceremony, identifying the purpose of the FGC, asking members to introduce themselves, reviewing structural elements of the group (norms, communication, roles), and inviting members to share information and perspectives.

The FGC is opened according to the family traditions which may include prayer, singing, or words by a respected elder. Families have tended to value this time. During the planning stage, families are invited to plan for how they would like the FGC to begin. Members are welcomed and invited to introduce themselves and state their relationship to the family.

The group sets guidelines for participation. Typically, these include maintaining confidentiality and a safe and collaborative process. Other

important structural elements that the worker addresses are communication and roles (Garvin, 1997). The coordinator makes it known that within the cultural norms of the families, all have a stake and voice in the outcome and that their contribution is both welcome and necessary. The coordinator intends to maximize contributions by all, setting the stage for family group members to contribute to the planning process.

The next step during the beginning stage is information sharing. Although the service providers share information, all participants are invited to do so. For example, after the child protective worker has identified the family's strengths as well as concerns about the children's safety to be addressed in the plan, the school guidance counselor relays the children's academic progress and challenges, and then a substance abuse worker describes available services that the family group members may choose to include in their plan. The sharing of concerns by service providers can be painful, as noted by a coordinator in one FGC:

I acknowledged the pain in each of the families and that I knew it was difficult for them to be there to discuss these painful issues. I indicated that it takes a lot of courage to sit together and discuss these issues and that they needed to respect each other and each other's feelings. (Pennell and Burford, 1995, p. 125)

Family group members may also take this time to express their hopes for the conference and add concerns to the service providers' list. Messages from absent family members may be read to the group.

Working (Private Family Time). Once everyone has been given the chance to share information in the beginning stage, the service providers leave the room to allow the family group to create a plan in privacy. Offering the family group members the opportunity to come up with a plan to provide safety for their relatives maximizes their civic participation and illustrates the model's empowerment orientation. The coordinator and any mandated authorities remain nearby, available to answer questions and to rejoin the conference after the plan is generated. The family's deliberations are the core of FGC. Whereas in the previous stage the coordinator and service providers often take center stage, the family group members now work together to formulate their plan.

There is sometimes a temptation for those outside to rejoin conferences, particularly when hearing the sounds of crying or arguing, or when family members leave the room to ask for help. To the latter, the coordinator will offer assistance, but not solutions. The coordinator is

available to support the family group's deliberations, not to direct them.

Previous studies (Burford and Pennell, 1998; Pennell and Burford, 1995) have examined what goes on during the family's private time. Sometimes there is venting. One observer noted:

Almost immediately everyone was yelling and disagreeing, pointing fingers at each other. The father started pacing the floor and swinging his arms every time he spoke, Foster mother did not back down or feel threatened at this point, but she did request him to sit because he was making her nervous. (Pennell and Burford, 1995, p. 150)

In other cases, families respond to the information provided from the previous stage, and get down to task: "Immediately after [coordinator] left the room family members began talking. The first thing that [son] said was 'Nothing is going to change if she [mother] doesn't stop drinking' " (Pennell and Burford, 1995, p. 150). Sometimes there is silence. One observer noted that "the family sat in silence for 10 minutes before a relative took charge of the meeting" (Pennell and Burford, 1995, p. 175). In such cases a natural leader tends to emerge and bring the group to a decision which is recorded by a member.

To explore this decision-making process, Pennell and Burford (1995) asked family members, coordinators, and independent observers to identify who were the main persons involved in reaching decisions about the plan. Findings from 232 questionnaires indicated that mothers were the main person involved in reaching decisions followed by fathers, aunts, and all family members. When asked if the right people made the decisions at conferences, family members overwhelmingly reported yes. To determine if they felt they had input into the decision, family members were asked, "at the conference, were you able to say what you thought was important?" Family members overwhelmingly responded yes. In interviews after the conferences, participants were asked about how they arrived at decisions. Using a measure developed by Pennell (1990) which asked respondents about decision-making styles, respondents reported that the top three methods were consensus, inspiring (i.e., following a trusted leader), and bargaining. A secondary analysis of the responses from the Canadian urban setting found that the respondents showed a high level of agreement on whether the primary decision processes were present or absent (Pennell and Macgowan, 1998).

These data address some understandable but unfounded concerns about FGCs that abused persons do not have a voice in deliberations or

that families are too dysfunctional to come up with a plan. Another concern sometimes raised is whether there would be violence during the private time. However, international studies report that violence does not occur (Marsh and Crow, 1997; Pennell and Burford, 1995) or very rarely happens (Paterson and Harvey, 1991). Safety is maximized through the lengthy preparation process, the presence of support persons, and allowing members to leave the room if tempers begin to rise.

Ending/Reconvening. Once the family agrees on a plan, the coordinator and other service providers are called back to the meeting. The coordinator reviews the plan and may need to help the family group clarify its steps, include overlooked areas of concern, and designate means of monitoring and evaluating the plan's implementation. The involved protective authorities are responsible for authorizing the plan and needed public resources. Usually the protective authorities are grateful to approve the plan, which includes action steps that they would have specified, such as counseling, but often through means that they would not have imagined (such as land-based alcohol treatment as proposed at Inuit conferences, Pennell and Burford, 1995).

The value of these plans is that they were crafted by the people closest to the need of service. These plans were the result of the collaboration of family, friends, and other community members to bring about change. At the end of this stage, the plan is typed up and distributed to the participants.

Implementation and Follow-Up

Once the plan is in place, the family group and service providers are charged with carrying it out. The protective authorities continue to hold their mandate to protect children and other family members; however, now they have a plan in place for working with the family group and community organizations and call periodic family meetings to review the progress and make modifications in the plan. When the plan is not working well or the family has major changes in their circumstances, the coordinator may be asked to re-convene the family group. Usually family group members and service providers welcome this opportunity and require far less preparation (Pennell and Burford, 1995).

CASE EXAMPLE

An example illustrates the stages and issues of an FGC. It is intended to highlight aspects of FGC rather than offer a comprehensive descrip-

tion of a conference. The case is constructed from the findings of the focus groups (Waites et al., 2001) and the initial work in North Carolina.

Planning/Preparation

Rose Hernandez was referred by child welfare protective services for a FGC. As the Hernandez family were Mexican-American and Roman Catholic, a bicultural/bilingual coordinator from the Catholic Social Ministries was assigned. Consuela Perez, the coordinator, met with the referring social worker who provided details about the situation. The worker noted that Rose was absent from home when her 6 and 8 year old boys (Ernesto and Mateo, respectively) were found alone for several hours. According to a neighbor, Rose was often intoxicated while caring for her two children. Her husband died six months earlier in a car crash.

Consuela met with Rose to discuss the situation and to begin to identify family members and supports. Rose shared that her parents were deceased, but that she had a sister, brother, and aunt who lived in a neighboring county. Using the Social Network Map, Rose identified additional persons who might be helpful to the family; these included a priest and a friend at church as a possible support person. Consuela also met with Mateo and Ernesto to explain the conference and find out their wishes on how to organize it. Rose and her sons agreed that the latter did not need to remain throughout the FGC. The boys would move to an adjoining room with a familiar babysitter and join the family during breaks and the mealtime. However, both children were invited to draw a picture or write words to be shared at the conference.

The coordinator asked Rose for the best way to invite members. Rose suggested that she invite her aunt (Caridad), brother (Carlos), and the friend (Maria), but that Consuela contact her sister (Lupita) with whom she had not spoken for some time. Lupita was especially helpful in identifying other relatives. Over the three-week preparation period, ten family group members accepted the invitation to take part in the FGC, including the paternal grandmother (Roselia) residing in Mexico. Her travel costs were paid for by Social Services. From the formal service community, Consuela ensured that the child protective services worker would attend, as well as a representative from the local substance abuse agency who had undertaken an assessment required by the child protection authorities. In addition, a therapist who met with Rose after her

husband's death would be invited (Rose stopped seeing her as she no longer had transportation).

The conference was to be held at the church on a Saturday so as not to conflict with family group members' work schedules. At Rose's request, lunch was catered by a local Mexican-American company, paid from the FGC budget; her sons had input especially into the dessert selected. Because the FGC would be conducted primarily in Spanish, Consuela secured the services of an interpreter, for the benefit of the English speakers. The interpreter was affiliated with the Church and someone whom Rose was comfortable having present. Consuela met with members of the Community Panel who offered consultation and support, particularly in regard to handling substance abuse and interpretation.

Convening

The FGC was held in a sectioned off auditorium of the Church. The room was carpeted with large throw pillows and decorated with familiar symbols of the Church and Mexican culture. The seats were arranged in a circle with a flip chart in the corner. At the last minute Consuela learned that the babysitter was ill and could not attend the meeting. Roselia happily volunteered to stay with her two grandsons.

Sharing of Information and Concerns

The family's priest opened the session with a prayer, as requested by Rose. Consuela then invited the participants to introduce themselves and state their relationship to Mateo and Ernesto and reviewed the group's purpose and process. The two children, present throughout this period, next shared their contributions. Mateo had his statement read aloud by his uncle Carlos. Ernesto had his grandmother Roselia pass around a picture of their family. They were congratulated on their exhibits, which were placed on a table in the center of the circle. Roselia also shared words of support from the grandfather, who was unable to travel to the U.S. Then the two boys left with their grandmother to the playroom. With the group's input, Consuela drafted some guidelines for the session, and these were posted in Spanish and English on the wall. Rose's sister, Lupita, angrily expressed disappointment that Rose never reached out to her for help in this time of bereavement.

Consuela acknowledged the pain in the group and the family group's caring for Rose, Mateo and Ernesto and then invited the service provid-

ers to share information and their concerns. The child protection worker talked of being impressed by the closeness between Rose and her children and by the family group's resolve to address the issues. She outlined the main expectations, to ensure that Mateo and Ernesto were safe and that Rose got help for her drinking. As the worker spoke, Rose coughed repeatedly and avoided any eye contact and Caridad cried. The substance abuse worker and the private therapist spoke with respect of Rose's love for her children and her sons' love for her, stated their concerns about her reliance on alcohol, and described the assistance that their and other agencies could provide. Once everyone had a chance to ask questions and express their views, Consuela thanked the group for their contributions and invited them to take part in the luncheon in the next room.

After lunch, Consuela brought the family group back into the conferencing room, and Mateo and Ernesto and their grandmother returned to the playroom. At the family's request, the interpreter stayed and sat by Lupita's husband to interpret. The coordinator, child protection worker, and priest remained in the building while the family group moved into their time alone.

Private Family Time

For a few moments, the group said nothing. Lupita reiterated her concern that her sister never reached out to her and that she hadn't heard from her in months, despite phone calls. She became angry about the children being left alone and about Rose's drinking. Rose had a coughing fit and temporarily left the room along with her friend Maria, her support person. She briefly conferred with her priest and then returned. Inside the room, Caridad asked for calm saying that shouting would not get the group anywhere. Everyone agreed that it was in the family's interest to keep the boys with Rose, who reluctantly agreed to treatment. During one point of the conference, members paired off and had discussions.

As it was getting late, Rose's brother Carlos called people back to the larger group to begin suggesting ideas for a plan. The mood in the group was much lighter, and family members were joking with each other. Nevertheless, all became involved in figuring out the plan and offering help to Rose and her sons. Carlos wrote down their ideas on the flip chart. At the top of the list was the mandated requirements that the children not be left alone and that Rose get treatment for alcohol abuse. As Rose had mentioned that she was still finding it hard to cope after the

death of her husband, counseling was suggested. Other needs that were noted included child care while Rose ran errands or attended treatment, transportation to sessions, and a new refrigerator. Periodically Carlos would go out to confer with the child protection worker and the coordinator. After some further discussion, the plan included the following: (a) Rose would continue to see the therapist at the substance abuse agency and follow the treatment recommendations; (b) Rose would return to see the therapist to deal with her husband's loss; (c) Maria would help in transportation; (d) child care would be handled by Caridad during the day and Lupita or Maria at night; and (e) Social Services would purchase a new refrigerator. At this time, Carlos invited Consuela, the child protection worker, and the priest back into the room, and Lupita brought the grandmother and the two children back as well.

Ending

When the group rejoined, Carlos reviewed the drafted plan. Some revisions were negotiated at this time. These were: (a) Lupita would serve as the family group's monitor of the plan and keep in contact with child protection services, (b) Social Services would pay for monthly phone calls of the grandmother with her grandsons, (c) transportation would be provided by a volunteer at church, and (d) a follow-up meeting would be convened in three months by the child protection worker. The conference closed with a prayer by the priest.

Implementation and Follow-Up

At the follow-up meeting in the church, the family group and the other participants came back together. Lupita stated with pride that Rose was now in regular contact with her, Rose shared that her sons were talking regularly with their grandparents in Mexico, the substance abuse worker observed that Rose had followed her program, but the therapist cautioned that Rose needed on-going support. A second follow-up meeting was scheduled in another three months.

The example helps to illustrate the power of the group to come up with a viable plan for family members that is consonant with their culture. The coordinator works with the family group and service providers to lay the groundwork for the conference and convenes a meeting in which the family group has the preparation, information, and support to

make responsible decisions. The family group, with continuing assistance from public agencies and community organizations, serves as a force for change. In this way, FGC reflects the values of social responsibility.

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