



*Edited by*

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*The image on the front cover is of New Brunswick's capital, Fredericton (photo:  
André Gallant)*

## **FOREWORD**

*I am very pleased that our team here in New Brunswick, Canada, was able to contribute to this portfolio. Our hope is that by sharing our experience through provincial case studies that we can make a difference for families and children in other jurisdictions that could benefit from a Family Group Conference.*

*Our Family Group Conference (FGC) journey, over the past several years, has been an exciting one filled with success and opportunities. It began in 2006 with a clear mandate that we needed to reform the way child protection services were being delivered. The previous traditional adversarial model wherein decision-making was predicated on a culture of professional expertise where Social Workers were believed to know what was best for families and children, was not working. Our jurisdiction had experienced several high profile child deaths all deemed to be low-risk cases at the time and there was a need to do things differently. The politicians and the public were expecting change from our department and there was a clear sense of urgency that is required in any significant organizational change. Although the pressure for change was enormous, we needed to take the time to establish the vision and values that would guide this change and lead this reform with courage and determination and most importantly to find an evidence based model that would create safety and ensure well-being for children.*

*As we established our vision for reform in the delivery of our child protection services, FGC quickly became a key component as it is based on a culture of true collaboration with families where the following beliefs that support our practice are essential:*

- children have a right to maintain kinship and cultural connections throughout their lives,*
- the family group has the strengths, resources and expertise to resolve issues and are central to all planning and decision making, and*
- the department has the responsibility to provide services and to work collaboratively with the family group in recognizing, supporting and building on a family group's capacity to care for their children in an environment of security and well-being.*

*It has been almost seven years since we implemented FGC in New Brunswick back in January of 2009. We are very pleased with the Outcomes for our families and children that include a significant decrease in the number of children that come into the care of the Department. There is also overwhelming positive feedback provided by families and children regarding their experience with the FGC process as participant feedback forms indicate a satisfaction*

***rate of more than 90% on all our key indicators. Also, in spite of significant financial pressures faced by our province which is experiencing similar budget pressure as other jurisdictions, our commitment to FGC has not waived.***

***The future continues to look bright for FGC as we expand this service to other program areas including children that are in permanent care of the Department, children with special needs and vulnerable adults requiring protection services. We are also very excited to share that we are in the process of developing a research framework with a partner university which will help us to better evaluate our success and continue to strive for excellence in the delivery of FGC services.***

***Marc Gagnon  
Director  
Department of Social Development  
Province of New Brunswick, Canada***



***East Coast scene, New Brunswick***

## **ABOUT THE EDITORS**

*Geraldine Poirier Baiani was appointed as Assistant Deputy Minister in the province of New Brunswick, Canada in 2007. At the time of her appointment she was the Regional Director of the Department of Family and Community Services in Southeast New Brunswick and had 29 years of front line and senior leadership experience in social services and child welfare. She graduated from the Universite de Moncton and is a member of the New Brunswick Association of Social Workers. She has been involved with many boards and community organizations including Board and Campaign Chairs for the United Way of Southeastern New Brunswick. She retired from government in 2013.*

*Joan Rapaport qualified as a child care officer in the UK in 1967. Her social work career has covered child care, mental health and project development. After completing her PhD in 2002, Joan worked at the Institute of Psychiatry and the Social Care Workforce Research Unit at King's College London, where she later became a Research Fellow. Her main research topics include carer issues, advocacy and mental health. Joan was a lay member of the Mental Health Review Tribunal from 2002 – 2014. Throughout her career she has been an active member of the British Association of Social Workers. Joan is currently a Visiting Research Fellow at the Social Care Workforce Research Unit.*

## **ACKNOWLEDGEMENTS**

*We have so many people to thank. The Social Workers who let us into their work lives and provided valuable insight into the actual workings of the family at a Family Group Conferencing. H. Anne Caverhill who got as excited as we did at the prospect of writing about the phenomenal work done by families and dedicated Child Welfare staff in this lovely province of New Brunswick Canada. We communicated with numerous people who have had professional experiences with the Family Group Conference process and, while they preferred to remain anonymous, we are grateful for their honesty and contributions. Special thanks to Marc Gagnon and his staff who provided great advice. Without his help and passion for what he does, this portfolio would definitely not have been created.*

*We are also grateful to Professor Jill Manthorpe and Stephen Martineau at the Social Care Workforce Research Unit, King's College London for their assistance with the production of this document.*

## **INTRODUCTION**

**Family Group Conferencing (FGC) is a culturally respectful, inclusive, family centered decision making process which brings together the child/youth, extended family members and friends, Social Workers, service providers and other individuals identified by the family as able to plan for the safety, permanency and wellbeing of the involved children.**

**It is much MORE than a meeting or a case conference. It is a commitment from the Minister of Social Development that the mandate of child protection can still be met while galvanizing and empowering the child's family to develop and make plans that will meet this same goal.**

**Family Group Conference was implemented in the province of New Brunswick in 2009 as part of a continuum of strategies that redirected the Minister's approach to servicing families and children at risk. Social workers are legally required to offer the service. However, families may decide whether or not to use it. It has proved difficult to ascertain take-up largely because of the rapid turnover of cases. However, around 20% has been estimated. Whilst this may seem low, significantly, since the program was implemented almost seven years ago, numbers of children in care have fallen by around 25%. This suggests the Family Group Conference has a relatively high success rate in respect of the 20% or so of families who opt to use the service.**

**Under the title of *New Directions*, Child Protection Social workers are required to receive Competency Based Child Welfare Training developed by the Department of Social Development. Core modules, solution focused training, interest based conflict resolution and family therapy, are premised on the belief that families have strengths and resources to plan for their children. Social workers engaged in the Family Group Conference program have, as a minimum, five years post-qualifying experience.**

**The Department of Social Development continues with the statutory mandate to protect children and ensure their permanency for healthy development. However, there is an additional responsibility to work in collaboration with the family to support, enhance and embellish the family's capacity to plan for the care of their children.**

**Seasoned Social Workers who said *this is never going to work...families are never going to be able to plan...let alone use flip charts to do so!*" are the same Social Workers becoming emotional as they describe the Family Group Conference process and the 'healing' that can take place in these families all of whom---regardless of their current life challenges—are committed in some shape or form to their children's future.**

**The following are some examples of the Family Group Conference process with families where traditional Child Protection services were not always able to accomplish good results and where the children were all targeted for possible long term child care in the child welfare**

system. Some of these children would have been adopted. However, as a result of these Family Group Conferences and the inherent family commitment to servicing their own, the children were able to thrive within their own family unit.

*The case studies described below have been drawn from and informed by real life events. Biographical and other changes have been made to protect the anonymity of those concerned.*

## SIX CASE STUDIES

### ***CASE STUDY #1***

Twin girls of six years of age had been in foster care for almost a year as a result of their parent's addictions and the girls' ongoing exposure to domestic violence. Services were being provided but with minimal progress. Both parents grew up in the child care system. Neither was adverse to Child Welfare involvement but nor were changes being made that could ensure that their daughters could return home.

A referral was made to FGC and a candid, respectful summary of the Department's involvement drawn up for the Family Group Coordinator, an independently trained Social Worker who works for the Department of Social Development but is not part of its decision making. The purpose of the summary is to transparently outline the Department's concerns; identify the family strengths and, explain what the family is being asked to plan for..... In this case for example, the Mom and Dad were attached and loving towards their daughters and never missed a visit. The parents were also cooperative and obliging with the Department but seemingly unaware as to the implications of their children living apart from them without any concrete movement towards having them returned to their care. The Department's expectations as expressed in the summary report were that these young girls need to be assured of a sober caregiver as well as a long term secure family home. Neither expectation was being met by the Mom and Dad at the time of the FGC.

The role of the FGC coordinator was to meet in person the parents and to connect with the various family supports (identified by the family) so as to prepare everyone—known as the Family Group, for the FGC. This preparation time is critical so that all participants can plan towards an atmosphere that is child-centered, blame free and solution focused. Her (or his) role is to stay neutral while she 'walks' them through the expectations in preparation for the day as well as facilitating the actual FGC day.

In preparation for the FGC, there was confirmation that Mom had little family support but Dad had a large extended family including siblings, parents and step parents, with both financial means and ability to assume custody of the children. All were invited and all attended the FGC.

The day arrived and the FGC took place at one of the local hotels. The location as to where the FGC takes place is always at the discretion of the family and never at Social Development or government offices. They can be held in church basements, day care centers, hotels, schools or any other place where the family is comfortable. Lunch is brought in as well as dinner if



necessary and again, in response to the wishes of the family. Pizza is a common choice although a request for a particular meal made by a relative who is a chef has also happened. Potato chips are also a favourite.

Following introductions and 'rules of respectful discussion' (developed by the family to reflect their culture and decision making needs), the Social Worker as well as any other professionals involved will share their summary reports as well as inform the group as to any progress or any new developments that may have happened since the original referral. This is done to ensure that there aren't any 'surprises' in terms of what the concerning issues are, as well as, the bottom line expectations from the Department. A copy of all such documentation is provided for the family including a list of available community resources. The Family Group then retreats to a separate and private place with the request that they come up with a plan for the care and safety of these young girls.

After a lengthy private family time the Family Group presented their plan, and in this instance, it was not at all what anyone had expected. The Supervisor involved with these parents said quite candidly that she had hoped that either the grandparents or one of the siblings, all of whom were comfortable financially—would agree to bring the twins into their home.

Instead, after a long day of planning, the Family Group, including the Mom and dad of these two girls, presented their own bottom line very clearly and authoritatively; that if these parents did not address their addiction issues so that they could resume parenting their children then the children were to be placed in the permanent care with a plan for adoption.

Alternatively, however the grandparents and siblings also agreed to take on the responsibility of holding the Mom and Dad accountable for their addictions with regular check ins and contacts with service providers to see how the parents were faring in terms of participatory attendance. This same extended family also undertook to provide relief care and help with housing should the children be returned to the parents. In other words, the family was holding these parents accountable and were clear with their own expectations as to what needed to happen in order to meet the Department's bottom line.

These plans are drawn up by the families and described in detail as they are presented back to the Social Workers and other representatives from the Department. The Supervisor recalled that she thought it harsh that the family would choose to have these children adopted should the parents not succeed in addressing their addiction and domestic violence problems, but this was the plan, committed to by both Mom and Dad and...it worked. The commitment was to trust the process, work through the plan with the family, and, as the next few months passed, Mom and Dad remained drug and alcohol free, both worked with counsellors around

relationship problems and gradually the twins were returned to their care. Throughout the life of the case, the Social Worker continued to monitor, review and collaborate with the Family Group on the plan and tweaked it as necessary. This was four years ago! The children have never come back into the Department's care and the family case has not been reopened for services since that time.

What was so remarkable about this particular family, particularly with the history of the Mom, was that there was an expectation that the young girls were headed for permanent care and probably adoption. It was only when this Mom and Dad heard from their extended family during Private Family Time that this seemingly served as the impetus to get their lives back on track and have the girls returned to them. And this is admittedly speculation since Private Family Time really is private...no professionals are involved and what is discussed in that time, remains private.

## ***CASE STUDY #2:***

This family had a 2 year old little girl with an unexplained injury and significant localized bruising. Other referrals from community groups described the child being exposed to loud and angry outbursts between the parents.

Following an extensive joint investigation with the police it was determined that the injury remained concerning but unexplained. The belief was that the 2 year old required protection but that the young family, now expecting another baby, also needed support. Traditional interventions were questionably effective since neither parent was able to assume responsibility that anything was really amiss. As a result, the decision was made to refer to a FGC so as to ensure that their extended family (their Family Group) was aware about what was happening; to ascertain whether this young couple had the ongoing support of the family, and to ensure regular visibility of the child.

The referral from the Social Worker to the FGC coordinator outlined the serious concern about the child's injuries which was transparently shared with the various family members during preparation. At the conference, a police officer explained the investigation and the Supervisor and Social Worker were able to discuss safety concerns for the child without assessing blame. The Supervisor who was present spoke of a shift in atmosphere when she explained that the purpose of the FGC was not to point fingers at anyone but to come together with a plan to move forward so as to ensure that the child stayed safe and unharmed.

This large network of a Family Group then moved to private time so as to work towards a plan to do so. What they come up with as a result included not only supportive care for the 2 year old but also specific plans for supporting these young parents in caring for themselves, specifically the dad who had difficulties in matters as simple as refusing to take baths. The family plan also supported the Mom and dad in working with a parent aide and counselling for relationship problems as well as a plan to address dad's drug addiction. Even more specifically, the plan described in detail how family members were going to access services within the community for the young couple independent of the Department.

The extended family was clearly committed to making this work and details such as who would provide child care while the Mom and Dad attended appointments were spelled out extensively and in a detailed format. It was however manageable, family driven and able to be supported by the Department.

Several months later, the family planned for a formal FGC review. At this time, there was a celebration in recognition as to what had been achieved by them as a family with more details

added to the plan because there was now a new baby in the home. Within a few months the Department was able to withdraw involvement. The young couple have since separated but maintain co-parenting responsibilities with now extensive family involvement and support. Mom is the primary caregiver and the case has not been reopened for services since closure 6 years ago.

### ***CASE STUDY #3***

This family was brought to the Department's attention with a report that the Mom and Dad had severe drug addiction problems including marijuana grow operation in their home creating hazardous living conditions for their 4 year old daughter who was believed to be on the autism spectrum. Initially, the child was removed from the home where it was soon discovered that this little girl was non-verbal and spent most of her time rolling a ball back and forth, oblivious to her environment.

A referral was made for a FGC with the expressed desire from the Social Worker that the drug problems need to be understood by everyone as well as a plan *formulated* for the child that could ensure her long term safety and wellbeing.

In this instance, a large group of extended family members attended the FGC out of a strong concern for this little girl who many of them barely knew because of the separation between the family members.

With approximately 20 family members and friends in attendance the issues were explained to the family by the Social Worker as well as the need for a plan that would ensure the long term safety of the child and her living environment, her need for autism intervention services with the bottom line reality that she needed to be in the care of a parent who was not under the influence of drugs.

This Family Group then met in their private time and returned with an 8 page plan from a flip chart that according to the Supervisor was one of the most detailed and comprehensive plans ever presented! This Group completely wrapped their care around this little girl and her parents and were adamant should the parents not be able to do what was necessary to resume custody of their child, there were family members willing to adopt.

This family was adamant that this was their child, and would be raised within their family in a safe and healthy way. As an aside, this plan was so detailed with so much family involvement and commitment that one of the friends at the Conference stated that the family and friends are doing everything:

*'what exactly is the Department going to do'?*

To which the father of the Mom replied:

*'that's this idea behind this meeting, it's so we can take care of our own child instead of the Department doing it'!*

These parents worked hard with their plan which included daily dinners being provided from extended family as well as the parents' home completely cleared out and renovated from the drug operation. The child was able to be returned to their care and the Department withdrew, however, several months later it reopened for investigation with similar concerns. When this happens, there can be a review of the FGC and as such, the Family Group including the parents, was immediately brought in to reconvene and asked: what happened to the plan?

Their response was that they thought they were done because the Department had closed the case. It was quickly explained that the file was closed because the family was working their plan but it is a living plan that continues after the Department's involvement. The family quickly regrouped and went back to work activating their involvement and sustainability of the plan. This family has not been referred back since and *is* clear that if they had further concerns they would involve the Department. That was 5 years ago. Recently, the parents were seen in the community with their little girl who is now talking.

## ***CASE STUDY #4***

This family involved a young Mom with two babies, a boy and a girl under the age of 24 months. There were two different dads and the Mom had been diagnosed as having a mental health problem (Bi-polar) as well as exhibiting a borderline personality disorder. These mental health problems in combination with substance abuse problems were creating erratic behavior placing the children at risk of harm. Concerns were serious as to her ability to care for her children.

A referral was made for an FGC with the realization that there needed to be both an immediate as well as a long term plan of care for these young children. At the time of the conference which involved families coming from two different provinces and several family members from 3 different families, the children were in the temporary care of the Department.

At the FGC, the Mom and the Family Group came up with a plan that that the children would go with their respective fathers on a long term basis and that Mom's access would be supervised until she could establish that she was in a stable situation both physically and mentally. Mom supported this plan and while initially, she agreed to take part in rehabilitative services, she ultimately was not able to commit to doing this. As a result, the families were able to make legal arrangements with documentation submitted to the courts giving the fathers their respective custody. The children were released from the Department's care to the care of their fathers the following day. That was 5 years ago. There has not been any further involvement with these children. However, the Mom has had another child and Departmental involvement has resumed.

This is a good example of how an FGC can expedite and avoid long involvement with Child Welfare and children languishing in foster homes when there is extended family willing to commit to their care. This plan from the family would have included the Mom being the care provider were she able to stabilize herself and her environment. When this couldn't happen, the family stepped in, with the support of the Department, and arranged for legal custody of the children.

## **CASE STUDY #5:**

In this example, the Mom and her 3 year old son were referred to Child Protection Services with a myriad of concerns of neglect, domestic violence, addictions, and the Mom's mental health. Services, including a Parent Aide, Addictions counselling, as well Autism Intervention for the young boy, were being offered but with little success in meeting the family's needs.

Six months after the case opened for services, a referral was made to a FGC so as to allow the mother's extended family to understand the protection concerns and to plan to assist in the care of the child. The planning question for the conference was how the family and friends could support the grandparents who at this time were caring for the child while as well understanding and addressing the addiction and mental health issues facing Mom.

In preparation for the conference a detailed summary of the Protection concerns and family strengths was drawn up by the Social Worker. Again, this summary was provided to every member of the Family Group before the FGC, as well as read out loud by the Social Worker before the family retreated to their private time.

In this example, the family was supportive of the Mom yet in light of the concerns expressed by the Social Worker, were able to hold the Mom accountable for her actions. At this time, the family plan was to support the Mom in living with her father, and his partner, while her 3 year old son remained with the grandparents. The plan was to allow the Mom time to focus on her needs with a gradual return of the boy to her care.

Unfortunately, the Mom relapsed with drugs, and soon became pregnant with her second child.

A FGC review was held and the Mom attended this conference with a new commitment to address her mental health/addictions concerns while she was pregnant. Again, her family was supportive however she moved from her father's home, to her mother's home with the plan that she remained there until after the birth of her second child.

It should be noted that without the practice and process of FGC, both the little boy and perhaps the new baby would have been placed in foster care so as to give the mother time to address her addiction problems. Traditionally though, this Mom would have been doing this 'on her own' with an only *ad hoc* ability to involve her extended family/friends. An extended network of support would not have been part of this planning. As a result of the openness of the FGC conference however, and as described by the Social Worker, the FGC provided an atmosphere that would not allow this Mom to "slip away" or for her children to be in the foster care system.

What the FGC did both in preparation and on the actual day was to provide an opportunity for the family to understand the problems and display their constant support so as to encourage her to face her challenges, rather than run from them. The reality is that while the FGC forum



is facilitated by highly skilled Social Workers and Coordinators, it is the process that makes the difference because the family becomes knowledgeable and 'owns' the problem and ---seeks resolution.

Following the second conference, the Mom continued to make gains, and with her continued determination to remain healthy and drug free, she matured into an attentive and caring mother. Her little girl was able to return to her care, and the family worked with her to make this a gradual return, to ensure that she would adjust well to the change. When the file closed, the Mom and both of her children were doing well. The FGC process provided this Mom and her extended family the opportunity to be fully aware of the protection concerns, and allowed them to work together as family with the Department, to meet the long term safety needs of the children.

## ***CASE STUDY #6***

A referral concerning a Mom and her children, a 2 year old and her 4 year old came to the Department's attention, because they were homeless and essentially moving from 'friend' to 'friend' without a home of their own.

The Protection concerns were not only that she was homeless but whether she had any ability in meeting her children's basic needs. Initially the Dad was part of the picture but once the relationship with the Mom ended, he left the region and did not resume access or display interest in the children.

As a result, the children were brought into the legal custody of the Department with an extension of care granted as a result of the parent's inconsistency in participating in the case plan including missing visits with the children. The children were receiving services due to delays in their development but any kind of reunification process could not occur due to the perception that the Mom and Dad were ambivalent about being a parent.

These two preschoolers were headed towards permanent care and probably adoption when the decision was made to refer the family for an FGC. The position of the Department as outlined in the summary involvement and shared with the family was that there needed to be a plan for the children's permanency as both parents were now saying that they did not believe that they could have the children returned to their care.

The extended family was invited to the FGC and came from outside the province. They met for an entire day at a church. During their private time, the Family Group, including the two parents, maternal and paternal grandparents, proposed that the children could leave the foster home and return to their family by moving to the maternal grandparents. Although they lived half way across the country, the Department agreed that if an assessment confirmed that this was a safe option for the children, that custody would be signed over to grandparents (so they could apply for their Medicare and any medical documents they would need in the other province as well as having permanency in their living situation), then the Department could support this plan.

This is precisely what happened and as a result of the plan worked out at the FGC, the children are now living with extended family. Before FGC, these children would in all likelihood been brought into permanent care following an extended time period in a foster home and eventually adopted. Several years might have to pass through before this could take place and the younger the child, the more that time is of the essence. Further, the FGC allowed for the parents, in particular the mother, to be aware that her children would be cared for in her own

family environment despite her or the children's father unable to care for them at this juncture of their life. FGC opens up a forum for these conversations to take place without an impression of punishment or failure.

**Some of the comments made by participants at the Family Group Conferences are as follows:**

“The fact that both families confronted and spoke what they thought.”(13 year old child)

“Children should always be protected and I think these conferences should have been going on a long time ago.” (Great Great Aunt)

“That we came up with solutions together and came down with a plan.”(14 year old girl)

“Entire family was there, food was good and everyone was calm.” (13 year old child)

“That we made a plan to get my child back.”(Mom)

“Family put differences aside for the kids; it actually turned out better than expected.” (Mom)

“I think the conference is a great idea and it has given me hope where I didn't think there was any hope at all.”(Dad)

“well, I can't say much, they got together and were better behaved than I thought they'd be!” (13 year old boy)

“What was good about the conference was that we all pulled together and talked things over with everyone here. Everyone was agreeable and calm.”  
(Grandmother)

Everyone focused on the children and ultimately made decisions which were about them and for their safety – Hope was given.” (Grandmother)

“I was apprehensive before I came but once we started and a lot of us participated I felt more comfortable. It helped with the reports of the workers. I was happy that so many came. There were a few who wanted to come but were a lot more apprehensive than myself.” (Grandfather)

“Getting to meet [child’s] other side of the family and also talking and each one speaking of their concerns for the [child’s] wellbeing.” (Great Grandmother)

“Playing in the play room, liked the food and liked seeing all my family.” (6 year old little girl)

“Family engaged in discussion with each other and proposed a plan even though relationships were strained.” (Social Worker)

“Family was able to come up with a plan even if they often tried to have the worker tell them what to say.” (Social Work Supervisor)

“It provided a family response to a situation that would likely require a long term involvement by Social Development. Family came up with a plan that was likely superior to what SD could have come up with. It allowed both families to share concerns and come up with a common solution they could live with.”(Social Worker)

“Everything was about the child” (Grandmother)

## SUMMARY AND CONCLUSIONS

Family Group Conferences have opened up the conversations that needed to be taking place in families when the very basic needs of the youngest family members are not being met. Families are being informed of problems and, as a result, are able to come together and engage in planning for the safety, permanency and wellbeing of their youngest family member. The outcomes of these six case studies highlight the importance of Private Family Time in galvanising the power of family influence to examine issues that are raw to all those involved in a meaningful way and to make the necessary changes happen.

A decade ago the GO TO plan in child welfare would have been to place children who were at high risk and in need of protection in the permanent care with an adoptive home sought for them. In some instances, this still needs to happen. However what Family Group Conferencing has done is to embed the principle that families do have strengths, they can care for their children and, if that is not possible, that they can be participants in planning for them. Most families can and will do the planning. A Family Group Conference provides the forum to make this happen; it empowers the family to work reciprocally with Social Workers to achieve mutually agreed objectives.

As an added bonus, the implementation of the Family Group Conference has created financial savings. These have been ploughed back into the service and used to employ more Social Workers. The average caseload of a Social Worker in Child Protection in New Brunswick is now (2015) **seven** families. As a consequence, Social Workers are able to work intensively with families and to provide rigorous follow-up to ensure the Family Group Conference plan is working. Of significance, the model enhances the enabling role of social work and allows Social Workers take pride in their achievements. Social work training is under constant revision and fine-tuning to meet the unfolding demands of the Family Group Conference service.

*If you would like more information please contact Marc Gagnon at [marc.gagnon@qnb.ca](mailto:marc.gagnon@qnb.ca)*

## APPENDIX

### A FICTITIOUS EXAMPLE OF A FAMILY GROUP CONFERENCE PLAN INFORMED BY REAL LIFE EVENTS

#### RE: 'Bobby' and 'Billy Smart'

Held on February 14/15

#### ***Present:***

Family Members:

Bobby Smart-child of FGC

Billy Smart-child of FGC

Betty Smart-mother

Bart Prince-father

Ben Smart-maternal grandfather

Beatrice Smart-maternal step-grandmother

Beau Prince-paternal grandfather

Bethany Prince-paternal step-grandparent

Brittany and Brock-maternal Uncle and Aunt-via phone

Service Providers:

Missy May-Child Protection Social Worker

Tricia Tom-Child Protection Supervisor

Monica Law-Family and Early Childhood West Educator

Rose Marie-Translator

Regrets: [Apologies]

Tess and Gus Harry-Foster Parents

Reports:

Child Protection report by Missy May

Childhood West Educator report by Monica Law

Child's Voice by FGC Pricilla Kelly

### **Confidentiality Agreement**

Pricilla Key reminded participants about the Confidentiality Agreement each signed and requested that it be respected.

### **THE PLAN**

#### ***FGC Planning Question***

What needs to happen for Bobby and Billy to have a long term, stable home environment where their needs can be met?

Following their private family time, Bobby and Billy's family presented the following Plan:

*Plans for kids:*

1. Stable environment
2. Lots of attention
3. Understanding
4. Lots of love
5. Both cultures (Spanish and English)
6. Motor skills



7. To make sure that all Doctor appointments are kept to date.
8. Security and well-being
9. Fun

At this moment we would like for kids to be placed with Betty's father but if ever something should happen, that the kids would go to Bart's father until Bart or Betty are prepared to have them by themselves.

Who decides when/if kids go back to Bart or Betty? The family will come together/meet to decide together.

In the long term we would like for the children to be placed with Ben and if something should happen to be placed with Beau. Would like this to happen asap.

*Next Steps:*

- A home study of Ben and Beatrice's needs to be done. This can take up to 30 days to complete. Missy has contacted another province and they can do the home study.
- Ben to find out what he needs in another province to get services for the children; ie. health cards and family allowance.
- Ben and Beau to work together if a lawyer is needed to draw up legal papers for a Custody arrangement.
- Missy to get Ben's email address and send him a list of professionals the children are involved with. Ben to check if services are available in another province.
- Ben and Beatrice to sign forms for Prior Contact checks.

*Visits with children until they leave the area:*

- Betty will continue with visits Monday, Wednesday and Saturday from 12:30 – 3:30 at Family First.

- Bart – The Department can pay bus transportation once a month for him to come to home town. Bart to find a place to stay and call Missy to set up visits.

*If visits are not kept:*

- If there is a 'no show' the visits will be cancelled until Betty and/or Bart meets with Missy and/or Tricia.
- Betty can start speaking some Spanish during visits.
- Ben can drive to collect the children when the time comes to move. He will tell Bart the date the children are moving.

*Plan B* – If something happens that the boys are unable to go to Ben, the Department will proceed to the home of Beau and Bethany.

All participants agreed to this plan and it was signed.

***FOR FLIPCHARTS PRODUCED BY THE 'SMART' FAMILY PLEASE SEE OVERLEAF***

# Guidelines for Discussion

1. Trust in one another
2. Focus on wellness of the children
3. Past is over. Important thing is future of the children.
4. Have an understanding for parenting.
5. Honesty + Be truthful.

# ! Plans for Kids !

- What ?
1. Stable environment.
  2. Lots of attention
  3. understanding
  4. lots of Love
  5. Both culture (Spanish & English)
  6. Motor - skills
  7. To Make sure that all doctor Appointment are kept to date.
  8. Security & well-being
  9. FUN

Who ?

Right at the Moment we would like that the kids Be Placed with Betty father, but if ever something should happen that the kids would go to Bart father until Bart or Betty are prepared to have them by themself.

Who decides when / if kids go back to Bart or Betty ?  
- the family will come together / meet to decide together.





**Painted houses, St Andrews, New Brunswick**



**Farm, Fredericton (photo: André Gallant)**