

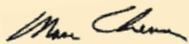
DHS Making an Impact

Family Group Decision Making

In Family Group Decision Making (FGDM), families come together to resolve the problems that brought them into the child welfare system.

In 1999, Allegheny County became the first county in Pennsylvania to implement FGDM, and in the nine years since then, the DHS Office of Children, Youth and Families has used this model in two community-based offices to engage more than 1,100 families in ensuring the safety and well being of their children.

Nobody tells the story of FGDM better than those who have participated in it—like Michelle, whose story follows. She's a special person and, as you will see, so are the staff members who have been helping her.



Marc Cherna
Director, Allegheny
County Department
of Human Services



A Decade of Progress
1997 - 2007

Dan Onorato
Allegheny County Executive



It was her children's truancy from school that triggered the visit from the CYF intake worker last August, but Michelle (not her real name) knew that was just the tip of the iceberg. Some of the other, related problems were obvious: the family's housing situation, for example, with delinquent rent and utilities and the threat of eviction. But there was more. Michelle admitted freely that she was losing control of her life (and her children) because of her drug problem.

In the past, this confession might well have triggered the placement of the children in foster care with the possibility of eventually terminating her parental rights. At best, the social work staff would have set about telling Michelle what she needed and what she should do. Instead, the intake worker recognized Michelle's potential and, with her consent, referred her to Touching Families, one of two community-based providers of

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They cared about me as a person."**

Family Group Decision Making (FGDM) services. Here, a Family Coordinator and Family Advocate met with Michelle to "get the whole picture," and – most important – to ask her what *she* needed and what they could do to help *her*.

The next several months were busy ones. With assistance from the staff, she moved to a better apartment, and in-home services helped her gain control of her day-to-day life. Conferences with the schools resulted in a plan to get the children back on track, and Michelle resolved to be more consistent about



their attendance. Meanwhile, she was evaluated by local addiction and mental health service providers. What she learned was a revelation.

“I knew I had a drug problem,” she said, “but I didn’t know that I was also dealing with mental health issues. I had been so isolated, but the outpatient therapy opened up new doors for me, helped me to see other things in life and to begin working toward each goal.” She also entered a recovery program and has been clean ever since.

A family conference, bringing together Michelle’s relatives and close friends, resulted in a plan for “back-up support” for times when she might need a hand with the children. And the Family Advocate made sure that Michelle was aware of various community resources she could turn to for help when she needed it.

Through it all, says Tanisha Perry, Family Advocate Manager for CYF, Michelle “has been wonderful, open and honest about everything. She truly wants what is best for herself and her children, and she has shown great courage and determination in tackling her problems.”

Family Group Decision Making staff, who receive in-service training from the Center for Family Excellence, foster the Center’s identified “values for life” in the participants. Michelle, they note, demonstrates a high level of self-persistence, a quality that will help her stay on track in the future.

Although her case will be formally closed soon, Michelle realizes that the road ahead won’t be easy. “These problems didn’t come about overnight,” she acknowledges, “and they won’t be resolved quickly.”

She is grateful for the help she’s received from the FGDM staff, who “went above and beyond. . . . They cared about me as a person.” And she knows that they will continue to be there for her, even when she’s no longer an active client.



“Cases may be closed, but our door never is,” says Perry. Michelle is comforted to know that she “has someone who cares.”

How Family Group Decision Making Works

A family is referred to the FGDM unit by CYF staff during the intake process or at any point while the case is active. Referrals are also received from the Allegheny County Children’s Court. Participation by the family in FGDM is completely voluntary.

In conferences facilitated – but not led – by professionals, nuclear and extended family members come together to decide what should be done to protect the children and assign responsibility for doing so.

CYF caseworkers monitor the progress of each family and are available for support when needed. Embracing this approach that motivates and empowers families to recognize their own needs, strengths and resources and to take an active role in changing their lives for the better reflects CYF’s confidence in the family’s capacity to function as the child’s primary support system.

Family Group Decision Making, a model for family engagement when children are at risk, was pioneered in New Zealand and is now used throughout in the U.S. and in the majority of Pennsylvania’s 67 counties.

Family Group Decision Making
DHS Office of Children, Youth and Families
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The family members have the primary responsibility in caring for and protecting their children, and they should be supported in their efforts to keep their children safe.