

# Working together to respond to the needs of children - Collaborative practice between Family Group Conferencing and Alcohol and other Drug Services.



**NADA Conference, June 2016**

Michelle Ridley, Clinical Issues Team

Christel Whecker, Case Worker, Family Group Conferencing

# Hello and Welcome!

2

Our family connections are so important.



The Office of the Senior Practitioner

# History of Family Group Conferencing (FGC)

3

Grew out of Maori cultural practice in New Zealand in the late 1980s.



# Coffs Harbour's FGC team

4



The Office of the Senior Practitioner



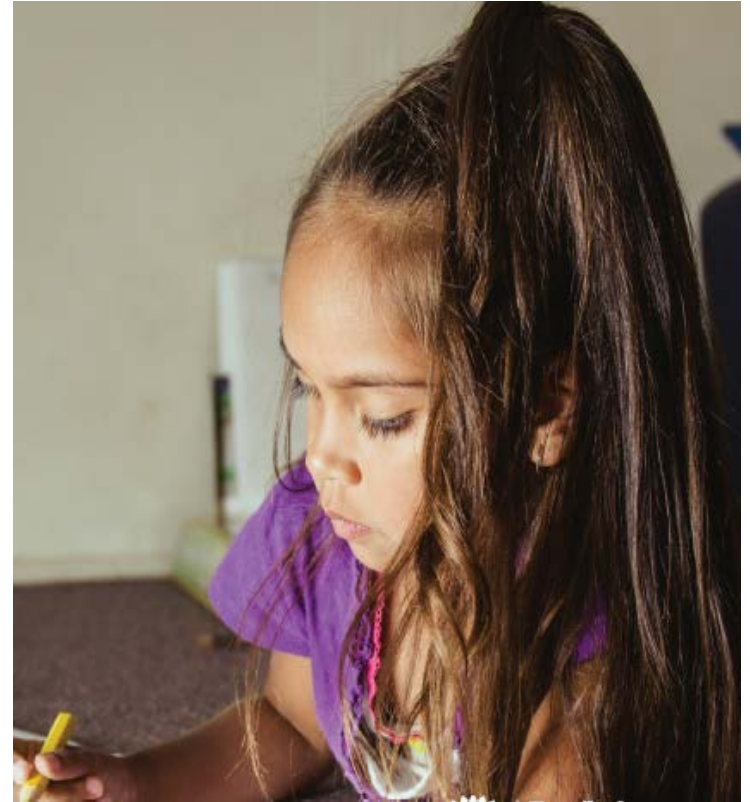
# How do FGCs work?

5

Before the FGC the facilitator spends time with the family.

At the FGC the family talk & plan  
- acknowledging that families are the experts on their own family.

**The child stays at the centre of the intervention.**



# The 3 stages of FGC

6



- 1. Information Sharing**
- 2. Family time**
- 3. Agreeing to the plan**

# FGCs Work!!!

7

Over the past 6 months the Coffs team have facilitated FGCs with 40 children, 180 family members, 45 agency info providers with 85% of the children remaining in parental or kinship care with family

Research into FGCs in NZ found fewer children were being removed from their families (Connolly, 1994 & Pakura 2003)



# Real families – real experiences

8

“You’re different to how you worked in the past, when child services would come to our house with their clipboards and judge us and remove our kids” (an Aunty attending a FGC).

“It’s been really good to hear the facts about ice as we thought once you used you were an addict for life and we’ve been really worried our son will never be OK again” (a grandmother attending a FGC).





# FGCs - How & why AOD services should be involved

9

“Just as a health system is more than hospitals, so a system for the protection of children is more than a statutory child protection service (Commonwealth of Australia, 2009)”

A parent's hopes and dreams for their kids is a catalyst for change, so to best support our clients (mothers, grandmothers, carers) we all need to work together.



# Moving Forward - Where to from here

10

Care and Protection

## Practice Standards

Practice leadership



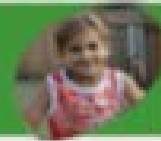
Relationship-based practice



Holistic assessment and family work



Collaboration



Critical reflection



Culturally responsive practice with Aboriginal communities



Culturally responsive practice with diverse communities



Practice expertise



Sharing risk



Documentation in casework



# Thank you

11

Questions???

For more information please contact the Clinical Issues Team  
[clinical.issues@facs.nsw.gov.au](mailto:clinical.issues@facs.nsw.gov.au) or



The Office of the Senior Practitioner