INFORMATION SHEET FOR VIRTUAL FAMILY GROUP CONFERENCING/FAMILY GROUP DECISION MAKING: REMAINING TRUE TO THE VALUES AND PRINCIPLES

INTRODUCTION

When families are involved in the child welfare system, they have the right to be involved in decisions that need to be made whether or not they can be present in person. It is our responsibility as service providers to make this happen without compromising the values and principles of Family Group Conferencing (FGC)/Family Group Decision Making (FGDM) in keeping with the Guidelines for Family Group Decision Making in Child Welfare.

From time to time, including during times where in-person contact compromises public health, the FGC/FGDM process may need to be offered virtually. Providing FGC/FGDM services in this way requires additional attention to ethical, technological, privacy, informed consent and practice issues. This Information Sheet will help you to think these aspects through carefully, while remaining true to the values and principles of FGC/FGDM.

Click here for an Information Sheet about other types of virtual Family Engagement Meetings.

ETHICAL RESPONSIBILITIES

The over-riding responsibility in providing FGC/FGDM services virtually is to provide the same level of service as you would provide in person, including following all the ethical and legal requirements in your jurisdiction. These responsibilities apply to coordinators, supervisors of the coordinators, senior leadership, and funders.

Those providing FGC/FGDM services need to ensure that the referring agency (such as child welfare) is willing to participate in FGC/FGDM through videoconferencing and that the videoconferencing platform meets the referring agency’s legal and ethical requirements.

The ethical responsibilities of social workers when using technology in social work practice are contained in the following document: NASW, CSWE, ASWB & CSWA (2017), Standards for Technology in Social Work Practice.
Some of the standards that are particularly applicable to using technology to deliver FGC/FGDM services include the following:

- Standard 2.01: Ethical Use of Technology to Deliver Social Work Services
- Standard 2.04: Informed Consent: Discussing the Benefits and Risks of Providing Electronic Social Work Services
- Standard 2.05: Assessing Clients’ Relationships with Technology
- Standard 2.06: Competence: Knowledge and Skills Required When Using Technology to Provide Services
- Standard 2.07: Confidentiality and the Use of Technology
- Standard 2.09: Maintaining Professional Boundaries
- Standard 2.10: Social Media Policy
- Standard 2.11: Use of Personal Technology for Work Purposes
- Standard 2.12: Unplanned Interruptions of Electronic Social Work Services
- Standard 2.17: Primary Commitment to Clients
- Standard 2.18: Confidentiality
- Standard 2.21: Access to Technology
- Standard 3.01: Informed Consent
- Standard 3.02: Separation of Personal and Professional Communications
- Standard 3.03: Handling Confidential Information

TECHNOLOGICAL CONSIDERATIONS

Virtual Platform

The virtual platform needs to have the following capacity:

- Video, audio and text (chat box) capability for all participants;
- Private and secure;
- Multiple participants at the same time;
- Ease of access for users;
- A private space, such as a breakout room, during private family time;
- Communication with host (coordinator) while in the private space;
- Share screen capacity (during plan development/review).

Depending on the requirements in your jurisdiction, the platform may also need to meet the requirements of HIPAA or other legislation.
Telepresence: Feeling as if you are present with no artificial distance between you*

There are some additional considerations when interacting with participants virtually rather than in person. These include the following:

- Look directly at the camera and lean forward on occasion;
- Be 10% more active/lively than usual to be as effective as in person meetings;
- Pay attention to lighting so that your face is not in a shadow;
- Pay attention to the backdrop behind you – clean and plain; blue is the optimum color; avoid background pictures;
- Don’t have your camera facing the door (in case someone comes in unexpectedly);
- Gaze angle – eyes should be in upper third of the screen; don’t be looking down at the bottom of the screen;
- Dress professionally – avoid loud colors, checks, stripes, black/white, jangly jewellery;
- Be aware of your own hygiene;
- Minimize background noise as much as possible; use noise cancellation for microphone if available;
- Check audio continuity and clarity; if there is echoing place some pillows near the microphone;
- Avoid shuffling papers, sniffling, tapping fingers or pen, filing nails, typing and so forth.

*With thanks to the American Psychological Association, Telepsychology Best Practices 101.

Family Group’s relationship with technology

Standard 2.05: Assessing Clients’ Relationships with Technology, provides the following guidance: ...social workers shall consider clients’ views about technology and the ways in which they use technology, including strengths, needs, risks and challenges.

Part of the interpretation of Standard 2.05 includes the following: ...social workers should consider relevant needs, risks, and challenges, such as clients’ reluctance to use technology; difficulty affording technology; limited computer knowledge or fluency with technology; and the risk of cyberbullying, electronic identity theft, and compulsive behaviors regarding the use of technology.

When participants speak different languages, creativity will be needed so that all are able to participate and understand the various functions used in the virtual platform.
Problem solving limited internet access or other technological barriers

Standard 2.21 provides the following guidance: *When appropriate, social workers shall advocate for access to technology and resources for individuals, families, groups, and communities who have difficulty accessing them because they are a member of a vulnerable population such as people with disabilities, limited proficiency in English, limited financial means, lack of familiarity with technology, or other challenges.*

Coordinators have considerable skill in problem-solving challenges for participants being able to participate in an FGC/FGDM. The FGC/FGDM guiding principle here is that poverty, geographical location or other reasons limiting a participant’s access to the technology needed to join the meeting should not be a reason that a person cannot participate.

PRACTICE CONSIDERATIONS

Coordinator’s competence with the technology

1. The coordinator must learn how to use the technology competently, since the coordinator may need to provide support to participants while each learns how to use the technology. This includes the steps to place participants in a separate space or breakout room and the steps for how the plan will be written.

2. The coordinator needs to have a plan to address any interruptions in the technology so that the FGC/FGDM service is able to continue. Preserving an audio connection may be more important than maintaining a video connection.

3. The coordinator must maintain clear professional boundaries.

Privacy

1. Initial questions each time you have a virtual meeting with a participant:
   a. Are in a place where you will have privacy during our conversation?
   b. Can you tell me if anyone else may be able to hear our conversation?
   c. Do you have any worries about meeting virtually?

2. Pay attention to noises or other cues that someone else may have entered the room and ask about it. You could ask if someone has entered the room or other clarifying questions.

3. Request that participant does not record the meeting. The requirements verifying that the meeting is not being recorded will vary by jurisdiction.
4. The coordinator informs participants that the preparation meetings and the FGC/FGDM conference will not be recorded.

Informed Consent & Confidentiality

1. Standard 2.04: When providing social work services using technology, social workers shall inform the client of relevant benefits and risks.
   a. The family group determines whether or not they want to participate in an FGC/FGDM through videoconferencing or not. The family group needs to be aware that decisions may be made through other processes where they have less influence if they decide not to proceed with FGC/FGDM.

2. Standard 2.18: Social workers who use technology to facilitate supervision, consultation, or other confidential meetings shall use appropriate safeguards to protect confidentiality.

3. All documents containing confidential information that are shared electronically must be encrypted (Standard 2.07). The coordinator needs to ensure that the recipient is able to open the document and also that support is available when the recipient is having difficulty accessing the information.
   a. All other requirements regarding storage and transmission of electronic records must be followed. These may vary, depending on the jurisdiction.

4. If a signature is needed on a document, there are applications from Adobe Connect, DocuSign etc. that can be used. Whatever method is used, it needs to be flexible and easy enough to be used across different devices such as laptops, tablets, cell phones and so forth.

Preparation of adults (family members, service providers and guest speakers)

1. Confirm the identity of the participant before sharing any confidential information.

2. Ask participants to be in a private place since the preparation conversation may contain confidential information.
   a. Ask participants to speak loudly and clearly;
   b. Ask participants to let you know when they are having trouble hearing you.

3. How will the family’s culture be woven throughout the process in a virtual format? How does this conference reflect the uniqueness of the family group?
4. Be prepared to help participants understand how the technology works, how to join the meeting, or any other support they may need in order to feel comfortable meeting in this way.
   a. Practice the various functions of the virtual platform that may be needed during the conference.
   b. See Standard 2.05 for additional considerations.

5. How will participants have access to information brochures about various topics such as minimum caregiver requirements or other documents they may need prior to the conference?

6. Discuss any possible safety concerns a participant may have and create a plan to address the concerns, given the parameters of meeting virtually.

7. In preparing those identified as support people, the focus needs to be on meeting the needs of the person who needs the support, particularly when they may not be in the same physical space together during the conference. Extra attention needs to be given so that there is a clear understanding between the two about the logistics of how the support will be offered. This may include explaining the options that are available to them in the virtual platform.

8. When preparing guest speakers, discuss how and when the guest speaker will join the conference.

9. Discuss the options available within the virtual platform for writing out the plan and come to consensus prior to the conference about which option is preferred. For example, some of these options may involve screen sharing so that the family group can create the plan through the virtual platform (on a virtual white board or Word document), a handwritten plan then held up to the webcam for all participants to see, or using the chat function.

Child/Young Person preparation

The same principles apply to preparing children/young persons as have been discussed already, particularly that the child or young person is in a private space during the preparation meeting. Attention needs to be given to the virtual logistics involved in how the child will participate during the conference.

It is helpful if the coordinator has spoken to the child or young person’s caregiver to explain the purpose of meeting with the child/young person privately, just as would be done during preparation in person. If the coordinator needs to reach the caregiver either during the
preparation meeting with the child/young person or afterwards, arrange with the caregiver about the best way to do this prior to meeting with the child/young person.

You can find many additional resources from the American Telemedicine Association, particularly the *Practice Guidelines for Telemental Health with Children and Adolescents*.

**Conference**

1. During the Conference, discuss the following with the group:
   a. How will each participant ensure privacy so that confidential information can be shared?
   b. How will they manage one person talking at a time so that everyone can hear?
   c. How will they reduce background noise – muting themselves unless speaking is one possible solution
   d. How will the group know who is speaking – does the person need to state their name first?
   e. How will the group let the person speaking know if they are having trouble hearing what is being said?
   f. If a guest speaker will be joining the conference, let the group know what time this will be happening.

2. Coordinator to be attentive to:
   a. Checking to see if the participants able to hear each other and understand the information being shared?
   b. Reminding the group about how they decided to manage one person talking at a time, as needed.
   c. Making sure technology is working properly for everyone on phone/video.

3. How will participants have the information brochures provided by guest speakers about various topics such as substance abuse or child development as well as other documents they need during the conference?

4. Prior to the family members going into private family time, ensure that they understand how to write out the plan within the context of the virtual platform.
Private Family Time

1. The coordinator (as the host of the virtual platform) moves all the family participants into a separate space in the virtual conference, such as a breakout room.
   a. Review with the family members how the coordinator can be reached should there be questions, technological challenges or when they are ready to invite the non-family members back into the meeting.

2. During private family time, additional virtual separate spaces may need to be available for those who are not family members such as service providers, for a private conversation between two participants, or for other reasons.

3. When private family time has finished, the coordinator ensure that all family participants have left their private space and rejoined the large group.

Review and Acceptance of the Plan

1. The coordinator provides a way for the Plan to be visible to all participants during the final phase of the meeting.
   a. The coordinator needs to be aware of the possibilities within the virtual platform so that this can happen.

2. The coordinator ensures that there is a way for the written plan to be saved in the coordinator’s computer.

Distributing the FGC/FGDM Plan

Be mindful about maintaining confidentiality when distributing the plan. If in doubt, follow your usual practice when the FGC/FGDM has been held in person rather than virtually.