SCOTTISH EXECUTIVE

Examining the Use and Impact of Family Group Conferencing

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EXAMINING THE USE AND IMPACT OF FAMILY GROUP CONFERENCING

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Acknowledgements

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Acknowledgements

EXECUTIVE SUMMARY

1.   Introduction

1.1.   This review of research and practice in Family Group Conferencing[1] was undertaken during 2006 at the Social Work Research Centre at the University of Stirling. It comprised two distinct, but complementary parts: a literature review and interviews with key stakeholders in the field. While the scope of the literature review was international, interviews were confined to service providers, academics and a few key others working within the UK. The aims of the research were to review evidence of the effectiveness of FGC for children with different needs and to gather views about the use and experience of FGC in children's services in the UK. Key questions to be addressed included:

- o   What are the origins and basis for the FGC approach?
- o   What are the values and characteristics of the FGC approach?
- o   How do approaches to FGC differ and what are the advantages and disadvantages of different models (e.g. professional versus lay involvement)?
- o   How is FGC being used and developed in children's services in Scotland and the UK?
- o   Is there evidence from the literature that FGC is cost effective?
- o   What are stakeholders' views about cost effectiveness?
- o   What do stakeholders think about the use and future scope of FGC in children's services in Scotland?
- o   What are the key skills, knowledge and values required to deliver an FGC service?
- o   Is there a need for more research to assess the impact of FGC?

1.2.   The literature reviewed was obtained by means of a comprehensive search for source texts using CSA and GetRef academic search engines and databases such as Social Services Abstracts, Applies Social Sciences Index and Abstracts (ASSIA), IBSS and National Criminal Justice Reference Service Abstracts. A total of 28 stakeholders were interviewed, 21 service providers, 4 academics and 3 others.

1.3.   Interest in the potential of FGC was fuelled by the 21st Century Review of Social Work. The report, *Changing Lives*, emphasised the need for social work services to work more effectively in partnership with service users, extended families and communities, recommending that services *'must build individual, family and community capacity to meet their own needs'* [2]. This aim is consistent with the rationale and values underpinning FGC.

2.   What is Family Group Conferencing?

2.1.   In interviews and in the literature FGC is described as a decision-making approach, based on a well developed model, which involves the extended family in making plans for children. FGCs are generally structured to incorporate four distinct stages:

- *Referral*: Family members and agency agree that FGC is required and co-ordinator is appointed.

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[1] 'Family Group Conferencing' is abbreviated to 'FGC'.
[2] Recommendation 2, *Changing Lives* Report of the 21st Century Review of Social Work, Scottish Executive, February 2006

- *Preparation*: Co-ordinator identifies family network, meets with people attending to discuss the reason for the meeting and invite them to participate.
- *Meeting*: Agency staff and/or other parties provide information to enable the family to develop a plan for the child, everyone attending discusses situation, family meets in private to discuss plan, plan is deliberated upon, amended if necessary and agreed by all attendees. In some situations the plan may then need to be agreed by another forum e.g. child protection case conference or LAC review.
- *Review*: Operation of plan is reviewed, FGC may be convened to amend/replace plan.

2.2. The original FGC model has been adapted many times so that it can be applied within different jurisdictions in relation to a variety of issues at different points in relevant child welfare/juvenile justice systems. In spite of these variations, most FGC schemes adhere to themes such as '*Widening the circle*' (involving extended family), '*Taking/sharing responsibility for solutions*', '*Culturally competent practice*', '*Family leadership and empowerment*', non-adversarialism and the use of '*Private family time*' for decision-making.

2.3. Among stakeholders interviewed, FGC was widely valued as a means of 'empowering' families and translating the rhetoric of partnership into practice. It was recognised that partnership working can be difficult in the present climate of professionally led, risk averse practice. FGC was also viewed as a way of according children the rights to participate in decisions affecting them and, if possible, to be cared for within their own family.

2.4. In terms of its practical benefits, FGC was viewed as an effective means of producing comprehensive and realistic plans for children which were owned by the wider family. It was regarded as a task-centred decision-making process which, although not designed to achieve this, may contribute to assessment and/or change in aspects of family relationships.

3.   Development of Family Group Conferencing

3.1. Since the development of FGCs in New Zealand, the model has been introduced in almost 20 countries, including Australia, Brazil and Saudi Arabia. A recent international survey indicated a dramatic increase in the establishment of new programmes between 1998 and 2002, followed by a tailing-off in 2003 (Nixon et al. 2005). The same survey reported that most FGC projects focused on child welfare and protection (60%) and youth justice (58%) followed by domestic/family violence and school conferencing (both 32%), and child mental health (29%).

3.2 Across the UK, access to an FGC scheme varies. In Wales and Northern Ireland a FGC scheme operates in most statutory social work agencies, while this applies in around 40% of authorities in England and Wales. Each of the agencies represented in the interviews could offer FGC in situations involving: child protection, children in need, children being considered for accommodation, children in residential or foster care and those leaving a care placement. Stakeholders interviewed also gave examples of agencies broadening the use of FGC to include youth justice services, schools, residential units and situations involving conflict in the community. Throughout most parts of the UK, FGC services are provided through a mix of voluntary and statutory agencies.

3.3   In Scotland, the use of FGC has been pioneered and led by Children 1st (a voluntary sector agency), which established the first projects in 1988/9. Fourteen local authorities currently provide a FGC service in collaboration with Children 1st, while Edinburgh has set up an in-house service.

4.   Debates on the Nature and Use of FGC

4.1.   As a means of empowering families within a professionally led system, it is inevitable that some aspects or principles of FGC might be understood in different ways.   The meaning and definition of 'empowerment' is not straightforward.   It has been suggested that since the growth of FGC has been promoted primarily by professionals, rather than families, the approach itself is professionally led.   Its use might nevertheless be viewed as empowering, as long as families engage on a voluntary basis. However when FGC becomes procedurally or legally required, the paradoxical prospect is raised of families being 'required' to take part in an 'empowering' process which aims to increase self-determination.

4.2.   Supporters of the approach acknowledge generally the potential for FGC principles to be subverted by agency needs and priorities, but they argue that this can be avoided if key elements of the FGC model, such as adequate preparation and private family time are retained. Adequate resourcing and 'model integrity' are also viewed by many as key to ensuring that FGC does not result in the views of more powerful family members holding sway, potentially causing others, notably children and abused or victimised women, to be further disempowered. Use of advocacy is viewed as key to countering this possibility.

4.3.   Whilst stakeholders with experience of FGC are often passionately convinced of its benefits, social workers are typically reluctant to refer. This is generally attributed to: fears that risks will be less effectively managed, shortage of social worker time and difficulties in fitting FGC into existing decision-making processes. Stakeholders interviewed emphasised that FGC did not increase the risk to the child, both because professional staff retained the power to agree a plan or not and since family members could be helpful allies in identifying and supervising risky situations. The literature suggests that strong agency or governmental support for FGC can help broaden the use of FGC, with local managers particularly well placed to encourage development (Doolan, 1999).

4.4.   Whilst acknowledging the potential benefits of FGC, the literature and stakeholders interviewed both warned against overestimating the model's capacity to improve children's lives, without a corresponding increase in core services (e.g. Lupton and Nixon 1999).

5.   Evidence of FGC Effectiveness

5.1.   FGC is expected to be effective in two ways:

- o   enabling the wider family to be fully involved in decision-making and planning for children;
- o   achieving better outcomes for children.

5.2   There is considerable research evidence to demonstrate that families are willing and able to come together and create a plan for their children. Most of these plans are approved

by social work services. It is also evident that the FGC process results in more people contributing to the plan, with a considerable increase in the involvement of fathers and male and paternal relatives. Though participating in a FGC can be uncomfortable, most family members are positive about the experience and feel listened to. Most family members appreciate the privacy afforded in private time, but a minority say that they would prefer if the co-ordinator had remained. Most studies of young people's involvement indicate that most young people feel they can have their say at their conference and that, despite the possibility of conflict or risk, their experience of FGC is positive. However a few studies have reported that a significant minority of young people feel their opinions are not respected or understood, while some felt they exercised only a little or no influence over proceedings.

5.3.   Compared with the focus on process and satisfaction, far less research has focussed on plan implementation and/or outcomes for children. The research which has been carried out on implementation indicates that this varies widely (from 25- 69%) and can falter due to either the family or social work services failing to honour commitments.

5.4.   Outcomes for children have been assessed on a range of criteria, for example, evidence of child safety, time spent in an out-of-home placement or capacity to resolve specific problems. Comparative studies are rare, though some writers have compared outcomes from separate studies (Marsh and Crow, 1998; Lupton and Nixon, 1999). These have generally indicated that FGC produces no worse outcomes than traditional practices. A more robust study by Sundell and Vinnerling (2004) produced less encouraging results, indicating that young people experiencing FGC were more likely to experience subsequent abuse and less likely to sustain kinship placements, compared with those dealt with through traditional processes. Further research is needed to clarify whether particular circumstances resulted in the unusually negative outcomes in this study.

5.5. There is a lack of reliable evidence on cost benefits. Whilst there is little indication from research that FGC reduces the demand for services, neither is the demand for services increased. However FGC does potentially maximise the resource provision from families. The available evidence indicates that FGC is likely to be cost neutral or to provide savings. The most evident savings accrue when a period of accommodation is reduced or avoided.

6.   Implications for Practice

6.1.   The link between effective family preparation and positive outcomes has been demonstrated in a number of evaluations. Preparation helps attendees to understand their roles as decision makers, creates an atmosphere of safety and understanding and promotes family leadership (Merkel-Holguin, 2003). Thorough preparation of professional contributors has also been demonstrated to be a significant predictor of positive outcomes. The time required depends on the number of people involved and circumstances, but Nixon et al. (2005) reported that the average was 16 hours over 3 weeks.

6.2.   Research suggests that co-ordinators require generic skills in mediation, listening and co-ordinating. Those interviewed also considered it vital that co-ordinators were well-organised, assertive and had strong empathy, tempered with ability to resist being caught up in dynamics between family members and between the family and social work staff. Sympathy with the empowering/ partnership ethos of FGC was viewed as essential. Most of those interviewed believed that some prior relevant professional experience would be needed

to develop these skills, but only a minority thought that co-ordinators needed to be qualified social workers.

6.3. The co-ordinator's independence from statutory responsibility for the case is a cornerstone of FGC practice and neither the literature nor those interviewed raised any challenge to this. However in some interviews it was suggested that 'independence' might be established by co-ordinators working in a range of settings and might include some authority staff. At an organisational level, voluntary agency services were viewed as potentially more independent. Differing views were expressed on whether this meant they were better placed to challenge local authority practice. In-house services were considered less costly and more likely to be 'owned' as part of the agency's mainstream work, rather than a relatively peripheral project.

6.4. There is general recognition that monitoring and implementation arrangements are often vague and need to be improved. One respondent's authority was in the process of setting up post-conference meetings to review progress. These would be chaired by a family member and attended by key professionals and relatives contributing to the plan.

7. Conclusion

7.1. In much of the literature and in most interviews FGC was viewed as an ethically sound and practically effective way of working with families whose strengths and resources often remain untapped by mainstream practice. In terms of the research evidence, it is well established that most participants are positive about the FGC process and that, with appropriate information and support, extended families can develop plans which are acceptable to social work services. There is less research evidence about how plans are implemented and about longer term benefits for children.

7.2. The enthusiasm of practitioners who have experience of FGC is impressive. They give many examples of children and families who have been helped to make practical plans and sometimes significant changes through their involvement in this process. With this endorsement from practice and since the partnership ethos of FGC corresponds closely with key Scottish Executive policies (e.g. Changing Lives and Getting it Right for Every Child), a case could be made for continuing to develop FGC. However there is much yet to be learned about which organisational and practice options would be most effective. For this reason, one useful way forward would be to pilot and evaluate a small number of FGC projects with differing organisational and practice arrangements.

7.3. The key challenge is to incorporate FGC principles into mainstream practice. Different views are held about the extent to which these principles can be retained if traditional elements of the model, e.g. private family time, are altered. There is however strong agreement, across the literature and those interviewed, that FGC is not a magic formula, but will only deliver improvements to services for children if it is offered as part of well-resourced core services.

INTRODUCTION

This is the report of a review of research and practice in Family Group Conferencing or Family Group Decision-Making[3]. The review was undertaken between April and September 2006 by the Social Work Research Centre at the University of Stirling and comprised two distinct, but complementary parts: a literature review and interviews with key stakeholders in the field. While the scope of the literature review was international, interviews were confined to service providers, academics and a few key others working within the UK.

As outlined in the literature review, over the last two decades, FGC has developed widely from its origins in New Zealand across many continents and countries. Within Scotland, Children 1st have taken the lead in introducing the approach over the last eight years. Fourteen local authorities currently provide an FGC service in collaboration with Children 1st, while one authority, Edinburgh, has set up an in-house service. Interest in the potential of this approach was fuelled by the 21st Century Review of Social Work. The report from this review, *Changing Lives*, emphasised the need for social work services to work more effectively in partnership with service users, extended families and communities, recommending that social work services *'must build individual, family and community capacity to meet their own needs'* [4]. This aim is consistent with the rationale and values which underpin FGC, suggesting that this approach should be developed. Yet in the course of the social work review, quite different views had been expressed about the potential of FGC, how it might best fit with other services and the strength of evidence for its effectiveness. The purpose of the study reported here was to review the evidence and some current practice developments.

Though the study was commissioned to contribute to the implementation of *Changing Lives*, it is potentially relevant to a wide range of current policy initiatives. In common with *Changing Lives*, *Getting it Right for Every Child* (GIRFEC) aims to achieve quite a fundamental change in services for children. The underlying principle of GIRFEC is that services should be centred on the child or young person. The service they receive should be based on common principles, but also tailored to address each child's specific needs and difficulties s/he is experiencing or causing others. Comprehensive inter-agency assessment combined with adequate planning which involves the child and relevant others are both key components of GIRFEC. A major focus of GIRFEC is therefore on improving professional practice and collaboration, and to achieve this a range of proposals will be implemented. These include: the introduction of new practice tools, e.g. single shared assessment; reducing barriers to multi-agency working; and adjusting the role of the children's hearing system to focus on situations where there is evidence of significant needs and that compulsion is required.

The same principles apply across the spectrum of services for children, young people and their families. Relevant initiatives for specific groups of children or young people would include:

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[3] The term 'Family Group Decision-Making' is used in the literature review, but 'Family Group Conferencing' is used in the report of the interviews, since this is the terminology used within the UK. They are abbreviated to 'FGDM' and 'FGC' throughout the report.
[4] Recommendation 2, *Changing Lives* Report of the 21st Century Review of Social Work, Scottish Executive, February 2006

- Children and young people in need of protection (*It's everyone's job to make sure I'm alright, 2002; Hidden Harm, 2004, 2006*)

- Children and young people affected by domestic violence (*National Strategy to Address Domestic Abuse, 2000; National Strategy to Prevent Domestic Abuse, 2003*)

- Children and young people accommodated away from home (*Extraordinary Lives, 2006*; *National Fostering and Kinship Care Strategy,2006* ; *We can and must do better, 2007*)

- Children and Young People's Mental Health and Well-being (*National Programme for Improving Mental Health and Well-being, 2004*; *Reducing Suicide and Deliberate Self-Harm, 2002)*

- Children and young people involved in offending *(Scotland's Action Programme to Reduce Youth Crime, 2002; Anti-social behaviour legislation and the introduction of Parenting Orders, 2004; Report of the Youth Justice Improvement Group, 2006)*

- Children and young people who present behaviour difficulties in school or are excluded. *Better Behaviour –Better Learning, Report of the Discipline Task Group, June 2001; Report on Behaviour in Scottish Schools, Anne Wilkin; Helen Moor; Jenny Muirfield; Kay Kinder and Fiona Johnson, National Foundation for Educational Research, 2006)*

None of these initiatives specifically mention Family Group Conferencing, nor do they accord a specific role to the extended family. Yet, as this review will report, FGC schemes have been successfully developed in each of the situations to which these documents apply. Experience across the UK indicates that there can be benefits both from drawing on the resources of the extended family and from operating in a way which enables those involved to negotiate their own solution to a problem, rather than imposing external remedies. Taking this into account, FGC is potentially relevant to a range of agencies and services including social work, education, health and police.

Partnership with *parents* is embedded in each of these initiatives, but few offer practical guidelines on how to translate this into practice. In addition, a reading of the policy documents outlined above indicates that, though the language of partnership is used, the relationship with parents is often couched in terms of the latter needing support, direction or correction. The latter applies particularly in newer initiatives such as the Anti-social Behaviour legislation and GIRFEC. One challenge of current policy and practice is therefore to view parents as partners in finding a solution, but also part of the problem. Advocates of FGC argue that, properly applied, the FGC model can help achieve an ethical balance between these two points of view.

The recently published research on Kinship Care (Aldgate and McIntosh, 2006) highlights that extended families already do care for many children and for some this arrangement works well. The research also shows that local authorities do not find it easy to support these arrangements within existing structures, partly because they involve constituting family members and relating to them in new ways. The kinship care research recommends that new

ways of viewing and supporting kinship care should be developed, so that families' capacities to care for their children can be maximised.

Correspondingly, the mainstream introduction of FGCs would result in new ways of involving family members in assessment and care planning which in turn might be expected to result in demands for a shift in the kinds of services available to support them. It is beyond the scope of this review to speculate on what these services might be, but they would presumably contribute to statutory services moving towards enhancing family and community capacity, as envisaged in *Changing Lives*.

Key Research Questions

The aims of the research were as follows:

- o to review evidence of the effectiveness of the FGC approach for groups of children with different needs;
- o to gather views about the use and experience broadly speaking of FGC in children's services in Scotland and the UK.

Key questions to be addressed by the research included:

- What are the origins and basis for the FGC approach?
- What are the values and characteristics of the FGC approach?
- How do approaches to FGC differ and what are the advantages and disadvantages of different models (e.g. professional versus lay involvement)?
- Broadly speaking, how is the approach being used and developed in a range of children's services in Scotland and in the UK?
- Is there evidence from the literature that FGC is cost effective?
- What are stakeholders' views about cost effectiveness?
- What do stakeholders think about the use of FGC in children's services?
- What do stakeholders think about the future scope of FGC in children's services in Scotland?
- What are the key skills, knowledge and values required to deliver an FGC service?
- Is there a need for more research to assess the impact of FGC?

In asking that these questions be considered, the research brief acknowledged that FGC was potentially relevant to a number of key aspirations outlined in the *Changing Lives* report. These included:

- a greater focus on prevention,
- approaches to delivery across the public, private and voluntary services, flexible service delivery,
- more effective use of social work skills,
- more empowered service users,
- increased capacity building.

These different, but interrelated considerations shaped the approach to the study and how its findings are being reported.

FORMAT OF THIS REPORT

The report begins with the literature review, forming part one of the report. Part two draws on the interviews with key stakeholders. In Part 3, key conclusions are drawn in light of findings from both sources.

PART ONE: LITERATURE REVIEW

CHAPTER ONE: INTRODUCTION

1.1.1   Family Group Decision-Making (FGDM[5]) represents an innovative departure from traditional decision-making models within child welfare which have tended to emphasise the expert knowledge and skills of professionals within a complex, often adversarial, context. The approach was first introduced over fifteen years ago as a youth justice measure in New Zealand and has since spread throughout many European and North American-influenced social work and criminal justice jurisdictions.   Despite the apparent popularity of this approach, where not legislatively mandated it remains a marginal practice.

1.1.2   This literature review explores these issues, outlining in the chapter its origins, providing details of the model itself and examining its growth and utilisation in a context of competing decision-making processes.   The next chapter reports on the key theoretical and practical debates concerning the use of the model.   As part of a comprehensive review of the international literature, research findings relating to the process and outcomes of FGDM (in general and also more specifically in the fields of education and youth justice) are elucidated in the following chapter[6].   Lastly, in the final section of this literature review, lessons from practice and ideas for further research are discussed in the light of the literature examined.

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[5] Abbreviations used in this literature review that relate to the conferencing process are FGDM (Family Group Decision-Making) and FGC (Family Group Conferencing/Conference).   The two terms tend to be used interchangeably throughout much of the literature and, in some respects, this review is no exception.   However, effort has been made to employ the term 'FGDM' when referring to the model itself or specific applications of the approach.   Substitution of this term for 'FGC' is generally avoided – 'FGC' is instead used to refer specifically to the actual conference that occurs during the FGDM process, to the plans that result from this process and as a means of distinguishing experimental groups.   Obviously, specific scheme names and references to either of these abbreviations in quotations are retained in their original form.

[6] Most of the literature included was obtained by means of a comprehensive search for the source texts using CSA and GetRef academic search engines.   These search engines utilised databases such as: Social Services Abstracts, Applies Social Sciences Index and Abstracts (ASSIA), IBSS and National Criminal Justice Reference Service Abstracts.   Aside from these searches, Merkel-Holguin *et al* (2003), Helland (2005), Marsh & Crow (1998) and Lupton & Nixon (1999) were also referred to as stand-alone summaries of the available process evaluations and as a means of tracing other pieces of literature not previously encountered.

CHAPTER TWO: ORIGINS AND GROWTH OF THE FGDM MODEL

The origins of FGDM

1.2.1   The FGDM approach was first implemented in New Zealand in 1989 during what is retrospectively seen as a period of intense social and economic change. As part of this, the extensive social welfare system, imported almost directly to the colonies from the United Kingdom, was called into question as a result of monetary difficulties, the emergence of the issue of children's rights and a wider shift in perceptions regarding the responsibilities of the state and community versus the individual.

1.2.2   Key to these changes in social work practice were concerns raised by New Zealand's indigenous communities. They argued that child welfare professionals usurped the traditional roles of the family/whanau (Morris & Maxwell: 1998). It was also argued that their practices demonstrated a lack of awareness of Maori cultural practices in their philosophical emphasis on the centrality of the child and their separateness from the family, an ignorance of kinship support networks and a failure to provide for cultural needs when children were placed in institutions or non-Maori foster homes (Pakura: 2004). Along with the poor outcomes for children associated with child welfare interventions (Doolan: 2004), these concerns were key drivers in the re-drafting of the Children, Young Persons and their Families Act 1989 (Connolly: 2004). Emphasising the importance of family and cultural identity in the care of children, the Act proclaimed that child welfare is a private rather than a state concern. As a means of translating these ideals into practice, this legislation introduced FGDM as the central decision-making process in youth justice and statutory civil actions relating to the care or protection of children (Pakura: 2004).

Operational themes and the structure of FCGs

1.2.3.   The original FGDM model has been adapted many times so that it can be applied within different jurisdictions and used in relation to a variety of issues. Also, it is utilised at different points in the relevant child welfare/juvenile justice systems.   In spite of these variations, Chandler and Giovannucci (2004) argue that most FGDM schemes adhere to the following operational themes:

- *Widening the circle* – those with useful information to share, who love and care about the child involved or about the outcome are invited into the decision-making process.

- *Putting the problem rather than the person at the centre of the circle* – FGCs deal with the aftermath of harmful behaviour and are non-adversarial, facilitated processes which focus on healing and preventing harm rather than on placing blame.

- *Taking/sharing responsibility for solutions* – Rather than social care professionals being responsible for solutions, FGCs build partnerships among families, communities and agencies. Focusing on family strengths rather than deficits, all contribute knowledge, solutions and resources to ensure child safety and well-being.

- *Culturally competent practice* – FGCs draw on and are shaped by the cultural patterns and resources of the family and community involved as understood by them.

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- *Family leadership and empowerment* – FGCs shift traditional power relations so that families actively participate in making decisions. Information is shared and families take responsibility for their members and the safety and well-being of their children, while the state retains responsibility for child protection.

- *Community partnerships* – FGCs aim to build new relationships and partnerships with traditional and non- traditional partners in the hope that community-based resources can be found and secured to assist the family in discovering home-grown solutions.

- *Private time* – FGCs utilise time set aside during a conference in which the family, without professionals, dialogue and negotiate plans for the safety of the child.

1.2.4 Although the structure of proceedings around the convening of an FGC varies according to the specific model applied within jurisdictions, they generally incorporate four distinct stages (adapted from Lawrence & Wiffin (2002) and Ratonga Services (2006)[7]):

1. Referral
   - Agreement between family members and agency staff that a plan is required for the child or young person.
   - Independent co-ordinator appointed to work with the family to set up the FGC.

2. Preparation
   - Co-ordinator, in conjunction with family, young person and immediate carers identifies family network (including close friends).
   - Co-ordinator sends out invitations and agrees venue (usually neutral venue such as community centre), date and time of FGC.
   - Invitees contacted by co-ordinator to inform them of what FGDM is about and discuss any concerns or difficulties.

3. Meeting
   a) Information giving – Agency staff provide family with information on child or young person, resources and support available – chaired by co-ordinator. If in a youth justice context, the young person may admit or deny the charge.
   b) Discussion:
      - In a youth justice context the offence is discussed. Its impact on others, necessary steps to right the wrong and hold the young person accountable are discussed with the victim taking a prominent role in dialogue.
      - In most contexts, time is allowed for private family discussion – family group members discuss what they see as a beneficial and achievable course of action, taking into account the information provided beforehand.
   c) Agreeing the plan – The co-ordinator, agency staff and victim (if applicable) rejoin the family to hear their plan. Any concerns or difficulties with the plan are considered and any services and support central to the plan are discussed. The plan is approved provided that it meets the victim's needs (if appropriate) and is in accordance with guidelines regarding punishment and/or requirements regarding standards of care. Attendees decide how the plan is to be monitored and what steps are to be taken if it is not working.

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[7] http://www.cyf.govt.nz/1258.htm.

4. Reviewing the plan
   - a further FGC may be convened to review how the plan is working and, if necessary, make new plans.

1.2.5   A number of steps may be taken to ensure that the plan is being adhered to. Monitoring plans are generally adapted to family circumstances and may be agreed between the family and social worker at the conclusion of the conference (however, at many FGCs, no such arrangements are decided upon). As discussed above, another FGC may be convened to discuss progress, although this tends to be used only in instances where plans have failed, a lack of progress has been noted or when other problems subsequently arise.   More commonly, a formal review between the family and social worker may be organised in order to check progress.   Alternatively, more informal means of monitoring progress may be agreed; informal meetings may be convened, social workers may monitor progress informally through their continuing contact with the family or family members themselves may agree to monitor the outcomes of the plan and report any concerns to social workers.

1.2.6   Adherence to plans can depend upon the stringency of the agreed monitoring requirements (which may themselves make failure more or less likely) or the permitted degree of deviation from the plan (Do plans have to be followed exactly? Does reversion to a Plan B constitute success or failure? In spite of failures executing specific plan components does adherence to the 'spirit' of the plan constitute success?). Social workers' perceptions of risk, confidence in the plan or ability of family to execute the plan are likely to be factors influencing monitoring arrangements, as are the resources available within the family to monitor the plan and the family's ability to influence FGDM outcomes.

The growth in the use of FGDM

1.2.7   Worldwide growth in the use of FGDM as a child welfare intervention has been driven by a number of factors. The approach is innovative and, despite originating from a unique set of circumstances, has the potential to be applied in other jurisdictions and settings. Doolan (1999) argues that interest has been generated as a result of the influence minority indigenous people had on legislation and practice – comparable minorities in Australia, Canada and the US may also have sought to emulate these achievements in promoting similar culturally-sensitive reforms.

1.2.8   The difficult climate of social work and court-mandated child welfare and protection services (often characterised as adversarial and coercive in nature) as well as the considerable body of evidence relating to poor outcomes for children who are the subject of child welfare interventions (particularly those involving out-of-home placements: Borland *et al*: 1998, Stein *et al*: 2000) are factors which have also underlined the need for a new approach within this field. Further support for a shift in emphasis is also provided by Gray (1989), who argues that collaborations between agencies and families may be more effective than traditional adversarial decision-making procedures or unilateral action by a single agency in resolving situations involving large, indivisible problems.

1.2.9   Although these factors may appeal to specific interest groups, the simple ideas underlying FGDM have some wider import in the way they resound with the emphasis society somewhat idealistically places on traditional notions of family and community as a

hub of collective decision-making and action. The institution of mechanisms to devolve power and responsibility to families and communities is also consistent with other movements and philosophies which have influenced social care reforms over the past ten to fifteen years. Neo-liberal philosophies emphasising the withdrawal of the state from the public sector and the devolution of responsibility for, and ownership of, social issues to individuals, families and communities have emerged. Families and communities have become viewed as a potential resource which the state may 'partner' in order to utilise them. The emphasis on social inclusion and the promotion of access to services has also resulted in a need to recognise and respond to the needs of specific communities. Likewise, the emergence of a consumer-led social welfare model emphasising participation and the rights of individuals and communities has also favoured an expansion in the involvement of families and communities in social welfare measures. Specifically, the emergence of a discourse on children's rights and the growing emphasis on the needs and rights of victims of crime has influenced the FGDM movement. Furthermore, though not specifically informed by such ideas, FGDM developments in youth justice often encapsulate some of the principles of 'restorative justice' recently implemented within mainstream criminal justice practices.

Implementation and use of FGDM

1.2.10 The FGDM approach is applicable in a wide range of situations where there is a perceived need to increase communication and family participation as part of an effort to assist in child welfare and protection cases.

1.2.11 Since the introduction of Family Group Conferences (FGCs) in New Zealand, legislative mandates prescribing their use have been introduced in most parts of Australia, in the Republic of Ireland and in Northern Ireland. Doolan (1999) argues that obtaining a legislative mandate is a crucial step in 'mainstreaming' FGDM. He argues that in the absence of this, the methodology vacuum may be filled by bureaucrats with the result that implementation may be patchy, structures may be influenced by professionalism and hence, differ from the intended aims of the approach.

1.2.12 In spite of a lack of legal mandate, FGDM has been introduced via best practice recommendations in the remainder of Australia, Israel, the Netherlands, all the countries within Scandinavia, South Africa, Thailand, the UK and the USA. Research and evaluations originating from some of these countries have made the existence of these schemes relatively well known. Nixon *et al's* (2005) international survey of FGC-related developments also received responses from practitioners in 17 countries, including (in addition to those already mentioned above) Belgium, Brazil, Puerto Rico and Saudi Arabia.

1.2.13 In terms of growth in the use of FGDM, Nixon *et al*'s survey suggests a dramatic increase in the establishment of new programs between 1998 and 2002, followed by an apparent tailing off in their introduction in 2003 (this latter trend could not be verified as data were not yet available for 2004). Despite this growth in the number of FGDM schemes, Nixon *et al* suggest that their use remains fairly small scale; when questioned about overall and annual numbers of FGCs held, most indicated 'between 1 and 10'. They report that most FGDM projects focused on child welfare/protection (60%) and youth justice (58%), followed by family violence and school conferencing (both 32%) and child mental health (29%).

New Zealand

1.2.14 FGCs are principally used within the youth justice field in New Zealand. They are used for medium to serious cases both as a pre-charge mechanism (determining whether prosecution can be avoided – 40% of all FGCs) and as a post-charge mechanism to deal with cases admitted or proven in court (Morris & Maxwell: 1998). Wellington held 554 FGCs to address youth offending in 1996, while in 1998 there were 215, a reduction which Doolan (1999) argues reflects the successes of the FGDM approach. Overall, 6,700 FGCs were convened to consider matters of youth offending in 1998, 3,700 of these were directed by the Youth Court and 3,000 were referrals from the police (Doolan: 1999).

1.2.15 The use of FGDM has also been extended to child welfare and protection cases where young people are believed to be 'at risk' because they are experiencing physical or sexual abuse, violence or conflict between caregivers, emotional or physical neglect, behaviour beyond their, or their caregivers, control, or a lack of stable or adequate care[8]. In 1998, 24,000 notifications of abuse and neglect were received by the relevant authorities. Of these 18,000 required some follow-up work and 1,300 were referred for Care and Protection FGCs while a further 630 resulted in court action followed by a FGC.

1.2.16 Some of the earliest FGDM evaluations were carried out in New Zealand although Marsh & Crow (1998) comment that major opportunities were missed due to the inadequacies of the computerised monitoring system used there. Furthermore, Robertson (1996) states that little monitoring is undertaken in New Zealand, while Connolly & Mackenzie (1999) argue that the potential for long-term outcome evaluations has been hampered by a lack of funding and an unwillingness to allocate these resources in comprehensively evaluating FGCs. Marsh & Crow provide a digest of some of the research available from New Zealand[9]. Unfortunately, most of these were not available at the time of writing, although their findings were discussed by Marsh & Crow, whose own assertions on the basis of these evaluations are included where appropriate.

Australia

1.2.17 In terms of specific developments, Lupton & Nixon (1999) state that, in legislatively mandated contexts, Southern Australia established family care meetings as part of the statutory care and protection process in 1993 (Wuntersitz & Hetzel: 1996) and used conferencing in youth justice cases from 1994 (Hayes & Daly: 2003). New South Wales established a privately-funded pilot in 1996 (Cashmore & Kiely: 2000), while Queensland also introduced legislation mandating FGCs in the mid-1990's (Doolan: 1999). Ban (2000) also adds that Western Australia and Tasmania made statutory provision for FGDM in the youth justice and child welfare fields in the 1990's. Indeed, by 2000, all but two jurisdictions (Victoria and the Australian Commonwealth Territory) had enacted legislation implementing FGDM (Hayes & Daly :2003).

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[8] http://www.cyf.govt.nz/1258.htm
[9] Renouf *et al* (1990) interviewed 82 staff members in their review of the implementation of the Act. Paterson & Harvey (1991) reviewed 184 FGC cases, using questionnaires and interviews with co-ordinators and staff. Levine & Wyn (1991) interviewed and surveyed youth justice co-ordinators. Mason *et al* (1992) conducted a major Government inquiry into FGCs, analysing 350 written and 530 oral submissions and visiting FGCs and interviewing staff. Maxwell & Morris (1993) also undertook a major study of 200 FGCs. Finally, Gilligan *et al* (1995) examined family views of the process (interviewing 67 family members from 43 family groups).

1.2.18 In relation to non-statutory schemes, Lupton & Nixon (1999) state that the approach was first established in Australia in 1992 by a religious welfare agency in Victoria (operating initially in a child welfare context, the scheme was extended in 1994 to cover the welfare of children with mothers in prison (Ban: 1996, Campbell: 1997)). While implemented mainly in child protection contexts, non-statutory FGDM schemes are also used as a diversionary intervention for minor offending in Wagga Wagga and Canberra (Morris & Maxwell: 1998). In this context, FGCs are based explicitly upon a 'Reintegrative Shaming' model borrowing heavily from traditional aboriginal practices (Braithwaite: 1989). Marsh & Crow (1998) summarise other Australia research including studies by Swain (1993) and Boffa (1995).

Thailand

1.2.19 Roujanavong (2005) describes the implementation of Family and Community Group Conferencing (FCGC) in Thailand. Since 2003, this approach has been used for dealing with juvenile justice cases that have a potential punishment of lower than five years imprisonment. The model is seen to fit well within Thai society because it closely mirrors traditional dispute settlement procedures. Participants are more numerous than in many other schemes; a psychologist, multiple representatives of the community and the director of the protection centre are in attendance along with the actors usually present. The initial take-up of FCGC was reported to be low due to unfamiliarity with the relevant procedures, but reportedly it has now been implemented uniformly and to a high standard. Expansion of the scheme to juvenile justice cases with a potential punishment of more than five years imprisonment has been mooted along with use of conferencing as a preventative measure, tackling issues before the child comes into contact with the criminal justice system. Further expansion beyond child welfare issues, to resolve disputes in the school and villages is also planned.

South Africa

1.2.20 In South Africa, FGDM was piloted initially in youth justice and then extended to child welfare settings. Lupton & Nixon (1999) report that conferences have been used in areas where community spirit and problem-solving capacities have been eroded and aim to build on community and family structures such as 'street committees' that emerged in the townships during apartheid.

Israel

1.2.21 Three FGDM pilot programmes operate in Israel in the areas of youth justice, child protection and education. This project was a joint venture between various government offices and the fellowship ASHALIM (Association for Planning and Development of Services for Children and Youth at Risk & Their Families). In relation to youth justice, the pilot began in 2000. Working from three locations, more than 80 cases have been referred to this program so far and around 30 processes have been completed. The child protection pilot began also began in 2000 in 18 locations across Israel, while the education pilot operates in three locations (information obtained online[10]).

USA

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[10] http://www.americanhumane.org/site/PageServer?pagename=pc_fgdm_programs_israel

1.2.22 Brown (2003) states that projects (probably based on Oregon's Family Unity model discussed below) started developing across the United States as early as 1989. Shortly after its introduction the FGDM approach received support from the American Humane Association, which promoted its use extensively from the early 1990's. However, Immarigeon (1996) states that efforts to further develop the use of the approach largely ceased in the mid 90's in both the US and Canada due to a lack of adequate information, alternative child welfare priorities and a failure to attract sufficient funding and support. Most FGDM schemes in the USA were established following the passage through Congress of the Adoption and Safe Families Act (ASFA) in 1997. Chandler & Giovannucci (2004) argue that ASFA mandates that state child welfare agencies revisit practices and change them so that they are consistent with protecting children and preserving family integrity. A further driver in the development of FGDM was the definition by the federal government of outcome measures (e.g. length of time in foster care, number of placements, number of kinship adoptions, reabuse etc.) that states must record and make public.

1.2.23 Following these legislative changes, FGDM emerged as one of the means of realising the aims of ASFA. Furthermore, the National Council of Justice and Family Court Judges (NCJFCJ) has adopted the approach as a best practice technique and supported its use in instances when agency involvement with a child and family is in danger of leading to court involvement. Chandler & Giovannucci (2004) report that the model is now widely used in practice among communities in California, North Carolina, Michigan, Minnesota, Florida, Washington, Arizona, Colorado and New Jersey. FGCs are also used state-wide in Hawaii, presumably because it mirrors traditional dispute resolution procedures. Chandler & Giovannucci also provide a comprehensive overview of developments in the US[11].

1.2.24 The US is the site of the greatest proliferation of alternative names for FGDM/FGC and, more importantly, variations in procedure. Nixon *et al* (2005) argues that this phenomenon (principally occurring among non-government sponsored programmes) often reflects a practice change or embellishment at the level of facilitation, the avoidance of a stereotype or avoidance of an affiliation with competing programmes. However, these changes can impact directly on the operation of FGDM, involving, as they often do, variations in the extent to which some of the basic 'tried and trusted' elements of the approach are adhered to. Although these variations will be discussed below, it is also important to recognise the existence of a competing model originating from the US.

1.2.25 Around the same time as FGDM was developed in New Zealand, the state of Oregon developed a similar process using a 'Family Unity Meeting' (FUM). The Family Unity Model (Graber& Nice: 2000) differs from FGDM in that the facilitator remains present throughout the meeting, there is no 'private family time' and parents have the power to veto the involvement of specific family members. The model is used with child welfare cases including those involving drug and/or alcohol dependent parents and juvenile justice cases (Lupton & Nixon: 1999). Marsh & Crow (1998) argue that the use of FUMs is now part of mainstream policy, having risen sharply from 1000 in 1995 to 2000 in 1996. In spite of their initial differences, FUMs have been influenced by FGCs and now make increasing use of private family time. Further blurring the distinction between FUM and FGDM is the

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[11] Evaluations of FGC projects in Washington State (Vance & Elofson: 1999, Shore *et al*: 2001, Dawson & Yancey: 2006), North Carolina (Waites *et al*: 2004) and Utah (Walton *et al*: 2003) are also available.

wholesale adoption of FGC procedures by some US counties and states (including San Diego) under the FUM name (Quinnett: 2002).

Canada

1.2.26 FGDM has been applied in the fields of both restorative justice and child welfare/protection in Canada. Lee (1997) reports that The Federal Department of Justice, the Royal Canadian Mounted Police and Correction Services Canada have adopted the approach at a federal level, as have social services at a provincial level. Immarigeon (1996) also states that in Winnipeg (Manitoba) conferencing has been used to deal with aboriginal youths involved with the youth justice system (evaluated by Longclaws *et al* (1996)).

1.2.27 Examples of Canadian schemes include the Newfoundland FGDM Project which was implemented in 1994 in three different Newfoundland communities (aboriginal, rural and urban). This project focused largely on situations involving family violence and drew specifically on principles of reintegrative shaming, family preservation and community policing (Lupton & Nixon: 1999). The project was extensively evaluated by Burford and Pennell (1995, Pennell & Burford: 2000) and was the source of one of the few long-term outcome studies available. Mandell *et al* (2001) also evaluated a child welfare project based in Etobicoke (Toronto area). Launched in 1998, this charity-funded project resulted in positive procedural findings (e.g. family satisfaction), but experienced a low volume of referrals. Immarigeon (1996) also discusses British Columbia's FGDM programme, which began in 1994 following extensive consultation with local indigenous populations regarding the most culturally appropriate child welfare reforms.

Scandinavia

1.2.28 FGDM was implemented within a child welfare environment in eight counties in Denmark for a two-year trial period from 2000 to 2001. Discussing the project, Rasmussen (2003) reports that it was implemented differently across participating areas and that time and resources proved to be significant obstacles, with the lengthy preparation time involved and high staff turnover sidelining the initiative. Despite the pilot reportedly re-energising the administering department, social workers reported experiencing initial uncertainty regarding FGC administration and expressed concern about losing control of their work and the consequences of FGDM.

1.2.29 Lupton & Nixon (1999) report on the development of FGDM in Sweden between 1995 and 1997. Following extensive lobbying by an association of grandmothers who felt overlooked as a child welfare resource, the practice was adopted and promoted as best practice by the Swedish Association of Local Authorities using existing legislative and procedural frameworks. Ten local authorities were selected as pilot areas and staff were trained by social workers and researchers from the UK. The model was applied in the area of child welfare and protection although projects varied in their targeting of single parent, drug/alcohol users etc. The Swedish project was distinctive in that it was co-ordinated and researched nationally. Sundell *et al* (2001) reported largely positive procedural findings from an evaluation of the scheme, although it is reported to have experienced problems with low numbers of families being referred for/accepting referrals. Sundell & Vinnerljung (2004) also provided long-term outcome data in their three-year follow up study. Unlike other

outcome studies, this reports negative findings in relation to the impact of conferencing on re-referral rates, case closure rates and out-of home placements compared to children subject to traditional child welfare procedures.

United Kingdom and Ireland (except Scotland)

1.2.30 FGDM has been used in the UK since the early 1990's as a child welfare and protection intervention. Sundell *et al* (2001) discuss the introduction of FGDM in the UK, stating that the individual enthusiasm of professionals (such as Ryburn) and the support for the model from the Family Rights Group (FRG) helped stimulate interest in the practice. In particular, FRG conferences and training sessions helped to disseminate information to interested professionals and foster a 'bottom-up' movement to implement the approach.

1.2.31 The UK Children Act 1989, like New Zealand's legislation, emphasised the participation of families in child welfare planning and, in tandem with the grassroots movement discussed above, was essentially the catalyst for FGDM in the UK. Brown (2003) argues that despite the facilitating role of this legislation, the UK Government adopted a laissez-faire approach in relation to the development of FGDM. *'Working Together'* (DoH: 1999) stated that FGCs might be appropriate in a number of child welfare and protection contexts but would not replace child protection conferences, thereby specifically limiting their application and failing to endorse their use. In a review of the Children Act 2004, Morris (2005) discusses the recent policy shift from 'need' to 'risk' as a determinant of service provision. She raises concerns that the 2004 Act (requiring authorities to 'have regard to' the importance of parents and other person caring for children in improving their well-being) offers a diluted and muddled interpretation of participation, the reality of which could be processes of extended consultation with service users without real involvement.

1.2.32 Holland *et al* (2005) state that FGDM is a 'small scale' child welfare intervention in the UK. Brown (2003) largely supports this, stating that only around half of councils with social services responsibilities (55%) had or were interested in establishing a FGDM scheme (38% had a project (24% were established, as opposed to pilot schemes), while 17% were considering setting one up). Brown identifies the main period of growth in UK FGC projects as occurring between 1991 and 2000, while the period from 1999 to 2001 is identified as one of consolidation, with a doubling in the number of established schemes. Schemes are managed in a variety of ways with a number of charities being involved in training and consultancy. Barnardo's[12] (one of the national agencies providing FGDM co-ordination services, training etc.) report that, to date, they have been used in more than 60 local authorities in England and Wales. NCH and FRG are also heavily involved in aspects of FGDM provision, with FRG also running national and regional practitioner and conference networks. Overall, the picture from the emerging from the research is not one of a lack of schemes but rather that schemes are not adequately resourced and, due in part to the highly proceduralised processes of dealing with children at risk, do not receive enough referrals for them to be considered a mainstream practice.

1.2.33 Brown's (2003) survey found that 93% of councils used FGDM in child welfare and support settings (protection, accommodation etc.) while the remaining 7% were in youth

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[12] http://www.barnardos.org.uk/famillygroupconferences.htm

justice[13] and education (in an effort to resolve problems experienced by children in relation to non-attendance, bullying and behaviour problems Hampshire County Council initiated such a project in 1999). The use of FGDM has also now been extended to domestic violence, although in fields other than child welfare it remains a very marginal practice.

1.2.34 Marsh & Crow (1998) evaluate the development of the first UK FGDM projects which emerged in 1994 following training courses run by FRG. Six areas were identified to run schemes as part of a co-ordinated pilot. These areas used a variety of management and resourcing procedures to deliver the projects in different contexts (Gwynedd is a Welsh speaking area, work in Leamington Spa focused on the Asian community, while in St. Basil's (Birmingham) young homeless people were targeted). Other areas piloted FGDM in a range of settings; Haringey testing the model on child protection cases from a largely ethnic minority population, Wiltshire using the model in education, health and social services. Studies of the individual pilot sites were linked together in the '*Family Partners*' and '*Pulling Together*' research programmes which focused on the implementation and use of FGCs in child protection. Rosen (1994) conducted a small study of the Wandsworth project and Barker & Barker (1995) examined the Gwynedd scheme, interviewing family members, co-ordinators and other professionals (Lupton *et al* (1995) also used a similar approach in their evaluation). Marsh & Crow's study (1998) draws much of this research together, examining qualitative and quantitative material from all 80 pilot FGCs (involving 99 children from 69 families) and also includes an analysis of some follow-up data.

1.2.35 Eire and Northern Ireland share some characteristics with New Zealand. Similarities include the existence of strong and diverse community networks and the historical presence of traditional decision-making fora involving the wider family network (enacted as part of the Brehon Laws, which existed in some rural areas until the 18th Century). While Doolan (1999) correctly argues that a legislative mandate for FGDM exists in Northern Ireland (in the field of youth justice), Gribben (2005) asserts that the approach has mainly been implemented there on a 'best practice' basis. She argues that (in relation to child welfare) implementation is based on the UN Convention of the Rights of the Child, the Children's (NI) Order 1995 (equivalent to contemporaneous legislation in Scotland) which encourages parental and familial responsibility for children, and the Dept. of Health's '*Co-operating to Safeguard Children*' (2003), which specifically refers to FGDM as a best practice measure[14].

1.2.36 The Family Group Conferencing Service in Northern Ireland was initially established in 2000 as a two-year pilot funded by Barnardo's Northern Ireland along with two statutory agencies[15]. Attracting Government funding after the pilot period, the scheme has since incorporated a School Restorative Conferencing (SRC) element[16]. Gribben's (2005) audit of the Barnardo's characterises its management structure as being based on strong procedures and parameters of accountability (similar to the Essex model) and using co-ordinators from professional backgrounds. She contrasts this with schemes run by other bodies (e.g. Netcare)

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[13] Jackson (1998) explores potential issues relating to their use in the youth justice field in England and Wales.
[14] In relation to more specific applications of the model, the Dept. of Education (NI) policy documents '*Pastoral Care in Schools: Promoting Positive Behaviour*' (2001) and '*Report of a Survey of the Education Welfare Service in N Ireland*' (2002) refer to School Group Conferencing as a best practice measure while the Education and Library Boards Order 2003 locates pupil welfare among the duties of Schools and Boards of Governors, thereby indirectly facilitating the use of FGDM.
[15] The Southern Health and Social Services Board (Armagh & Dungannon Trust) and Southern Education and Library Board.
[16] Crozier (2000) discusses the implementation and format of child welfare FGCs in Northern Ireland.

which utilise simpler, verbal processes and employ lay co-ordinators. Overall, FGCs are available in eight of the eleven Social Services Trusts across Northern Ireland.

1.2.37 It is in the area of restorative justice where conferencing is legislatively mandated in Northern Ireland. Following the findings of the Criminal Justice Review (Dignan & Lowey: 2000), the Justice (NI) Act 2002 and the Justice (NI) Bill 2004 recommended a move towards a restorative model of youth justice based on the Northern Ireland Youth Conferencing Service. Additionally, the Youth Conference Rules (Northern Ireland) 2003 establish the procedures to be followed when convening and facilitating a conference (O'Mahoney & Campbell: 2004)[17]. The Youth Conferencing Service was introduced as a pilot scheme in 2003 and was initially available for all 10 to 16 year olds (and some 17 year olds) living in Belfast. In mid-2004 it was expanded to cover more rural areas. Following Campbell *et al's* (2005) largely positive independent evaluation of the youth conference process, the service was rolled out further in June 2005 and formally extended to 17 year olds in September 2005.

1.2.38 In the Republic of Ireland, FGCs were introduced into the youth justice system by the Children Bill (1999). Unlike in the UK, their use has been mainstreamed in child welfare settings by establishing a legislative mandate for their use as part of the Child Care Act (2002). Few details were available on the use of FGDM in the Irish Republic. Although a FGC pilot evaluation report by O'Brien (2002) is known due to its use as a comparator by Hamilton (2005), it could not be obtained at the time of writing.

Scotland

1.2.39 As in England and Wales, no legislative mandate for the use of FGDM exists in Scotland. The model was first implemented here on a 'best practice' basis in 1998/9, some years after the passage of the Children (Scotland) Act 1995 (Murray *et al*: 2001, Gill *et al*: 2003). Like the Children Act 1989 enacted south of the border some years before, this legislation facilitated conferencing as a means of promoting collaborative working and partnership with families in an effort to tackle child welfare issues. Unlike in the rest of the UK or in New Zealand, a combined child welfare and juvenile justice system (Children's Hearings) was already in place prior to the establishment of FGCs. In comparing elements of the Scottish child welfare system Murray *et al* (2001) point out the main differences between FGDM on the one hand and children's hearings and social work department meetings (e.g. child protection case conferences) as being:

- the locus of decision-making (rests with the family instead of with a lay panel or professionals);
- the number of professionals present (lower at FGCs than at other meetings);
- the emphasis on bringing the family together at FGCs; and,
- children's rights (no legal rights are afforded to children at FGCs, while at the other meetings (particularly children's hearings) there are clear legal guidelines relating to children and young people)

1.2.40 FGDM currently occupies a distinct position within the range of child welfare processes available in Scotland. While promoting partnership with and aiming to empower

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[17] O'Mahoney & Campbell (2004) discuss this development in the context of the 'troubles' and the resulting informal community justice structures and widespread antipathy towards the police.

families are laudable aims, in the context of available alternatives there may be concerns about the possible disempowerment of young people.

1.2.41 The use of FGDM was pioneered in Scotland by Children 1st (a voluntary sector agency), which established the first projects in Moray and Dundee in 1988/9 and now manages schemes in 13 areas (including East Lothian, Midlothian and South Ayrshire) with more being planned (Hamilton: 2005). Reportedly, significant variation exists in the staffing and management of these projects and their position relative to existing social care services. Children 1st also offer FGDM-related training and consultancy services in Scotland.

1.2.42 FGDM is used for all types of interventions in Scotland, including 'high tariff' cases involving children at risk. Hamilton (2005) states that around a quarter of referrals (both 23%) to Scottish FGDM schemes were for cases involving accommodation or contact/residence issues, while less than one in ten (7%) was held in order to resolve child protection issues. Three quarters of referrals to Children 1st FGDM schemes originate from social workers, with eight per cent coming from the education sector.

1.2.43 Three evaluations of FGDM in Scotland have so far been carried out. Murray *et al* (2001) evaluated Moray and Dundee schemes between 1999 and 2000, observing 15 FGCs and interviewing 47 family members and professionals. Gill *et al* (2003), the authors of which are three Children 1st conference co-ordinators, examined the use of FGDM in permanent child care planning. Children 1st's own 'audit and evaluation' of Scottish FGCs (Hamilton: 2005) provides descriptive data on all their conferences convened between 1999 and 2005 (372) alongside service user and professional views of the schemes. Though the latter study reported numerous problems associated with poor data collection practices, it remains the most comprehensive Scottish study to date.

Summary

1.2.44 The FGDM approach first implemented in New Zealand in 1989 spread throughout many jurisdictions with comprehensive social welfare systems throughout the 1990's. Principally promoted in a 'bottom-up' manner by enthusiasts and practitioners, the approach grew in popularity as the result of a 'movement' among some social care professionals. The model challenges the orthodoxy of traditional decision-making forums in child welfare and, in line with wider philosophical and economic changes, facilitates the empowerment of the family. Despite local adaptation and application of the model in the fields of juvenile justice and education, the core principles of approach are apparent throughout its iterations. However, despite these factors, the model has often failed to attract government backing and has been inconsistently applied within different jurisdictions. The failure of FGDM to really 'take off' is addressed within the next chapter, which discusses a number of important debates around the core issue of the approach's marginality.

CHAPTER THREE: THEORETICAL AND PRACTICAL DEBATES CONCERNING THE USE AND USEFULNESS OF FGDM

Introduction

1.3.1   There are many points of theory and practice about which considerable debate has emerged in the relevant FGDM literature. The crux of many of these debates is the tension between the central tenets of the FGDM model and the role of social care professionals and traditional decision-making processes. This chapter explores some of these issues, providing examples from the international literature in an effort to analyse these matters comparatively. While these problems are marked by their apparently intractable nature, some practical guidance on the basis of published research, along with suggestions for further research, are provided where appropriate.

1.3.2   Overall, there are five key areas of concern identified in relation to FGDM:

- the extent to which FGDM empowers the family in practice;
- problems implementing and mainstreaming FGDM;
- the extent to which FGDM can be applied to different situations and how the model deals with family power imbalances;
- 'drift' from the core principles of the FGDM model; and,
- whether FGDM promotes the interests of children in long-term.

Empowering the Family?

1.3.3   Lupton and Nixon's (1999) work on FGDM is principally concerned with the issue of empowerment. They argue that the attractiveness of this principle has been one of the main drivers in the development and growth of FGDM. However, empowerment is a difficult concept to define and measure within specific contexts. Discussing the ramifications of 'empowerment' for consumers and professionals, they argue that a consensus on the principles and agenda of empowerment (who should be empowered, why) needs to be agreed upon before it can have a meaningful effect. However, these kinds of debates are not in evidence, with empowerment being promoted principally by professionals themselves (FGDMs late 80's/early 90's growth occurred because of 'bottom-up' promotion by enthusiasts). Under such circumstances 'empowerment' is likely to lose much of its reflexivity and may perpetuate client disempowerment, reinforcing passivity and lack of self-determination while strengthening professional power. Further problems arise when empowerment is constrained by ideological (risk-aversion, lack of consensus on the aims of empowerment) or practical (ineffectual nature of interventions, financial constraints) factors[18]. Although these arguments appear rather dramatic when logically extended in this fashion, the unforeseen consequences of well-meaning professionals empowering individuals without those individuals being 'on-board' with the process are worthy of further scrutiny. Similarly, clients who do not wish to be, or are resistant to being, empowered present problems in terms of how (or indeed whether) choice can be promoted within contemporary social work practices.

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[18] These concerns are discussed further below in the section on implementation below.

1.3.4   Jackson & Morris' (1999) analysis of youth justice FGDM schemes in England and Wales indicates that family members participating in the Hampshire pilot often thought they had little choice in whether or not to accept FGDM. Furthermore, in cases where choice was recognised, they reasoned that the only available alternative was a court appearance. Therefore, in practice, families tended to see referral as a *fait accompli*; few actively chose FGDM and families became the objects of professional attempts to 'empower' them. Moreover, in the absence of specific referral criteria they became 'hostages to fortune' in the sense that referral was governed by the particular view of FGDM taken by individual workers[19].   Despite this apparent lack of control, Jackson & Morris concede that most families were positive about their FGC.

1.3.5   Evidence from the child welfare and protection fields is rather more ambivalent. A number of studies report that when given the choice of a referral for FGDM, families frequently chose not to participate in such programs. Sundell (2000) reports that 85% of families refused to participate in the Swedish pilots, while Brown (2001) and Thomas *et al*'s (2003) randomised controlled studies both experienced overwhelming problems due to the lack of families willing to undertake FGDM. Although these problems could be associated with other contextual factors they cast some doubt on the consequences of empowerment and raise questions as to whether and how communities can be empowered from outwith.

1.3.6   Most evaluations of FGDM schemes (assumed to be voluntary) report high *process* satisfaction ratings for families, which may equate to feelings of empowerment arising from the FGC. On the one hand, it may be argued that those families opting for FGDM are generally amenable to, and suitable for, the process and hence, more likely to be satisfied by it. However, should high process satisfaction ratings apply to all families (regardless of the nature of involvement) the question of whether the ends justify the means presents itself. Moreover, can meaningful empowerment arise from procedural satisfaction, or can such mechanisms only be truly empowering if they confer lasting benefits on participating families, allowing them to favourably alter their circumstances[20]? Lupton & Nixon (1999) argue that, in order to be empowered, families must experience beneficial outcomes in both spheres. Process and outcome findings are examined below, but it is important at this stage to elucidate some of the philosophical issues that may impact upon whether such outcomes may be achieved.

1.3.7   As discussed above, many countries implementing FGDM have also adopted wider neo-liberal philosophies with which the model is consistent. Accompanying features of such philosophies are an emphasis on individual responsibility and the implementation of programmes to reduce the scope of welfare state interventions and utilise other community-based resources. Such programmes entail reductions in spending as the state turns from a 'service provider' role, becoming a facilitator and co-ordinator of resources. Considered alongside this shift, evidence of insufficient funding for FGDM projects, refusal of FGC plans and requests for service provision or compulsion in referring families to FGDM programmes could be problematic, creating an impression of enforced self-reliance rather than empowerment.

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[19] Under such circumstances they report that families tended to exercise control by restricting the passage of information about family members, thereby controlling attendance.
[20] In order to test these propositions, Lupton & Nixon (1999) distinguish empowerment from participation (power to make decisions respected by profs) and from change (power to alter situations for the better) and examine the available evidence in relation to these concepts.

1.3.8   There is little evidence that FGDM reduces families' need for state welfare provision. Merkel-Holguin *et al* (2003) state that many 'process' evaluations found that, despite increasing resource provision from the extended family, FGDM does not diminish requests for statutory and community service provision. Burford & Pennell's (1995) evaluation of an FGDM scheme in Newfoundland reports that 31 of 36 plans requested counselling services, while 23 requested in-home support. Moreover, they argue that despite family's willingness to provide assistance to other family members, their identified needs were, to some extent, consistent with the level and types of resources available in their community. The level of information provided at FGCs meant that families were better able to co-ordinate the types of help required and consequently FGDM did not reduce social service input. Marsh & Crow (1998) also state that the most frequently requested form of service provision in FGC plans was counselling or support (92% of requests). In all, 24 families in the UK pilots sought help from social services only, whereas 46 asked for multi-agency assistance. Therefore, FGC plans were considerably more likely to entail the involvement of multiple agencies than plans resulting from traditional processes.

1.3.9   Further information regarding service provision and associated cost implications is considered in Chapter Four. However, at this stage it is sufficient to recognise the potential for difficulties both in the areas of voluntary involvement/choice and service provision. While encouraging appropriate families to accept responsibility for problems may be politically attractive as well as beneficial and empowering, if any of the respective ideological, practical and financial pre-conditions of FGDM are absent, conferencing could be viewed as a means of off-loading problems onto families rather than as an effective means of empowering them.

Implementation

1.3.10 Although social work professionals often profess to agree with the core values that inform the FGDM model, the principles at the heart of such initiatives present a significant challenge to their dominant position within the social welfare field. One of the main issues affecting FGDM is the inherent difficulty of introducing family empowerment techniques into practice contexts dominated by professionals.

1.3.11 Implementing FGDM entails reconfiguring both the roles of 'expert' social care workers and the traditional power relations between them and recipients of social care. Within such schemes, the worker is no longer a 'do-er', providing solutions to problems, making and executing care plans, but is instead a facilitator, empowering families to make decisions about the welfare of their own children. A prerequisite of such a role is that families who may previously have been seen by professionals as poorly equipped to make such decisions are recognised as possessing expert knowledge and are entrusted with the power to make decisions and to execute care plans. The role of social workers within such schemes is limited to enabling families to participate, advising on procedural matters, providing information at the FGC and monitoring outcomes[21]. Responding to such a change presents a considerable challenge both for workers and for families accustomed to the format of traditional social work interventions (Holland *et al*: 2005).

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[21] Co-ordination and facilitation of meetings may be undertaken by social workers but is more commonly done by an independent co-ordinator

1.3.12 It is self-evident that where tension exists between interests entrenched around traditional practices and innovative new developments, problems may occur in implementing such initiatives. Furthermore, Doolan (1999) argues that the conditions often found in contemporary social work departments (professionals are characterised as lacking autonomy and flexibility and working within increasingly conservative and managerialist-oriented departments) are not conducive to workers implementing innovative procedures. Therefore, in the absence of a legislative mandate for FGDM, implementation may be patchy, referrals are likely to be infrequent, structures may be influenced by professionalism and the model's intended aims could be subverted.

> *"Social workers in hierarchical and disabling structures will not easily practice principles that requires trust, flexibility and respect for people's skills, if they themselves are not treated in this way"* (Doolan: 1999: 10)

1.3.13 Doolan argues that, faced with these problems, the alternatives to enacting legislation are to pursue FGDM through procedure (principles contained in guidance) or through the promotion of best practice (where staff are encouraged to work within a refocused practice paradigm). However, he considers that successful implementation by either of these means could require a deconstruction of the child protection discourse, a deconstruction of the dominant process (i.e. replacement of modes of decision-making, move to shared activities, increased user involvement) and wider structural change so that the initiative becomes seen as the preferred way of working.

1.3.14 It does not appear that these challenges have been successfully met in many countries with FGDM projects. Lupton & Nixon (1999) argue that the main challenge for UK social work teams has been in making links between FGCs and existing practices and meetings. They argue that implementation and mainstreaming of FGDM has proven difficult because of the contradictions between FGDM and traditional approaches and the view held by many social workers that FGDM is simply 'another technique' to use on families rather than a means of framing an agency's actions.

1.3.15 Evidence from other schemes also indicates that FGDM projects have had a limited impact on social work practices. Merkel-Holguin *et al* (2003) argue that many schemes struggle with a low volume of referrals due to social worker's lack of time, fears about personal liability and risk, concerns it will lead to an increased workloads and a lack of support for the process. A number of reports from countries where FGDM is not legislatively mandated (Holland *et al* (2005), Brown (2003), Merkel-Holguin *et al* (2003), Sundell (2000), Rasmussen (2003), Roujanavong (2005), Chandler & Giovannucci (2004)) observe that, initially, workers tend not to refer cases for FGDM because of a lack of interest, insufficient time or resources, high staff turnover or unfamiliarity with the relevant procedures. Certainly, evidence from Chandler & Giovannucci (2004) appears to indicate that initial referrals are based on a narrow conception of suitability. However, when workers become more familiar with the procedures of FGCs and gain confidence in their abilities, their application tends to broaden in practice. On the other hand, many jurisdictions experience no positive change in referral rates over the long-term. Mandell *et al* (2001) report that the Toronto project anticipated running around 60 conferences over 30 months but only achieved 25, an average of less than one a month from a pool of only two referrals per month. Factors influencing the referral rate here included high workloads, high staff turnover, the introduction of new legislation and training requirements, time constraints, funding formulas and risk aversion. Rasmussen (2003) also notes that two of the Danish counties studied

'never really got started' implementing their FGDM project due to time and resource problems and high staff turnover.

1.3.16 In a rare study of the correlates of social worker's referral decisions, Sundell (2000) reports that the use of FGDM in Sweden was initially low (only 10% of investigations resulted in a FGC) and declined over time. Overall, FGCs were offered to only a third of parents with less than half (41%) of social workers referring and most (67%) only doing so on one occasion. Despite referring social workers reporting largely positive experiences, the majority also expressed doubts about using FGDM because they distrusted the family and feared the loss of professional power. High staff turnover (42% of social workers left within two years) and a high refusal rate among families (75%) also compounded these problems. Sundell *et al* (2001) also report remarkable similarities in their comparative analysis of findings from Sweden and the UK - the average number of FGCs implemented per social worker was 0.49 in both countries, only a minority referred and most only did so once. Relating referral patterns to attitudes, they found that individual social worker involvement in local decisions to implement FGDM led to higher referral rates in both countries. Therefore, somewhat unsurprisingly, enthusiasm for the model appears to be related to referral[22].

1.3.17 These detailed findings mirror those of Marsh & Crow's earlier study (1998) which also indicated that, despite recognising the potential benefits of FGDM and expressing a very low level of opposition to the model, a third of social workers said they didn't wish to use it. They found no link between referral and positive perceptions of training, but those workers who were most critical of current practices were most likely to use FGCs. Overall, forty per cent of social workers thought FGDM threatened them or reduced their power. Mandell *et al* (2001) found that a general lack of training was associated with poor levels of understanding of the scheme, non-acceptance of the FGDM philosophy and a low volume of referrals.

1.3.18 Failure by authorities to properly endorse and resource FGDM is criticised by Sundell (2000), Marsh & Crow (1998) and Brown (2003) and may lie at the heart of these contradictory attitudes to FGDM and the failure to maintain the initial momentum and bring the model into mainstream practice. Providing a legislative mandate for FGDM would circumvent some of these problems by requiring that the model be applied under certain circumstances. However, in the absence of such a mandate, a clear policy commitment to FGDM or a pilot thereof may help to encourage its use and demonstrate its efficacy. However, within any such initiative social workers would obviously retain, and would exercise (or not) the power to refer. Providing social workers with the confidence, autonomy and flexibility to make an appropriate volume of referrals in the current climate could however be problematic.

1.3.19 Encouraging successful implementation within non-legislatively mandated settings is problematic. Hoover (2005) argues against implementing FGDM in the form of a program, arguing that such initiatives may be cut and that using the model should constitute part of the core practice of social welfare agencies (subjecting them to the vagaries of political tides could send the wrong messages to implementers). He argues that committing to core FGDM values and using a carefully planned, multi-agency approach to work towards a closely evaluated, voluntary practice is the best way to proceed. Merkel-Holguin *et al* (2003), summarizing material from other evaluations, largely concur. They argue that most countries

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[22] Sundell *et al* (2001) also showed varying levels of commitment to the central tenets of the FGC process (executing plans, children's participation) in both Sweden and the UK.

opt to implement FGDM through the dissemination and promotion of best practice. In such instances, implementation takes time and requires careful planning that is responsive to local contexts. Building strong strategic alliances with families, communities and stakeholders through consultation, formulating mission statements and protocols, disseminating information and identifying shared resources and funding streams are important steps in the process of implementation. Marsh & Crow (1998), drawing on the experience of the UK pilots, argue that individual commitment to the model was necessary and that the appointment of a project manager (to oversee implementation, resourcing and to keep the issue in people's minds) was desirable. The appointment of a steering group staffed by high profile stakeholders was also helpful in securing resources and maintaining the profile of schemes while involving social work staff in implementation assisted in their smooth introduction. However, whether FGDM could be described as mainstream practice in any of these jurisdictions is a moot point, therefore considerable doubts remain regarding whether the approach has the potential to form a principal element of social work practice without enacting legislation to require its use.

1.3.20 A further point to consider in thinking about mainstreaming FGDM is the strong 'purist' element evident in some literature. In spite of there being an urge among many (e.g. Doolan, Merkel-Holguin) to 'mainstream' the model, others warn against unchecked growth. Lupton & Nixon (1999) warn against the standardisation of FGDM through a proliferation of protocols, arguing that in order to maintain commitment to the model, practice must be creative and innovative. The sense of FGDM as a 'movement' would be extremely difficult to maintain were it to become mainstream practice. Such a change may also lead to the dilution of core principles, or at the least a trade-off in relation to some key areas of practice (e.g. if referral volumes were to increase, preparation time may be restricted). In short, there is much ambivalence in the debate; some observers (many of them practitioners) desire FGDM's popularity but profess resistance towards the perceived inevitability of routinisation. However, the current situation where only a minimal number of families actually get to have a conference and FGDM is a marginal practice in countries without a legislative mandate (Merkel-Holguin *et al*: 2003) is clearly dissatisfactory. If the approach proves beneficial in terms of empowering and involving families and improving long-term outcomes, efforts to enhance the breadth and depth of implementation should be redoubled while attempting to ensure that a consensus exists around the core principles of the model.

Limitations in the Applicability of FGDM

1.3.21 FGDM has been introduced into a fairly wide-range of contexts. However, many practitioners, supported by a number of studies, have identified persistent doubts regarding the applicability of the model. The general shape of FGC referrals reflects a number of concerns. Specific case-related issues regarding safety or the decision-making abilities of families may be cited by social workers as a reason not to refer. Evidence also suggests that referral decisions tend to be informed by broader opinions which may exclude entire categories of problems, such as views regarding the proper 'place' of high-risk cases within the ambit of professional knowledge and power. Also, as discussed above, concerns regarding disempowerment or the lack of involvement and enthusiasm discussed by Sundell *et al* (2001) may operate at an even more abstract level, making referral *per se* unlikely.

1.3.22 The FGDM model could, from some perspectives, be viewed as naïvely optimistic about the ability of families to resolve issues cordially. It could also be seen to ignore

genuine differences in needs among family members (Holland *et al*: 2005). Lupton & Nixon (1999) argue that those often in custody may not be suitable for FGDM along with families experiencing violence, child sex abuse or incest because of confidentiality and power issues that may arise. Like traditional decision-making forums, in instances where sexual or domestic abuse has occurred in the family there may be concerns that power imbalances may nullify the relevant procedures and their intended outcomes. Conflict may arise during the FGC as extended family members meet and discuss issues, or privileged information may be unwittingly shared among participants. Significant concern has been expressed about the safety of individuals in such cases, both during the conference itself (specifically, private family time has been the locus of such concerns) and afterwards during the execution of plans. Marsh & Crow (1998) found that professionals supported private family time but were likely to express concerns regarding the possibility of conflict arising in what is a minimally controlled environment[23].

1.3.23 In non-mandatory applications of the FGDM model, restrictions can be placed on the intake of projects either by social workers not referring certain types of cases, or by the projects actively excluding cases according to specific criteria or restricting their work to certain areas. Marsh & Crow (1998) examined social worker's attitudes towards referral, finding that only 21% would not refer because of the nature of a case. However, Sundell *et al* (2001) report that only a third of Swedish and UK social workers interviewed thought FGCs could work equally well for all types of cases. Murray *et al* (2001) report concerns from several Scottish professionals that FGDM was not suitable for use in child protection cases. However, Burford & Pennell (1995) argue that there was no good reason to exclude families on the basis of sexual abuse, psychiatric disorders or developmental delays – they argued that the main criteria were simply having children in common and a wish for reconciliation.

1.3.24 Aside from the identification of 'suitable' problems for FGDM, there may be a further issue regarding the selection of 'appropriate' families by social workers. The existence of an extensive network of support for the family to draw upon appears to be a pertinent restriction on the applicability of FGCs. Marsh & Crow (1998) state that 48% of social workers associated referral decisions with their knowledge of a client's extended family. Lupton & Nixon (1999) also concede that FGC may be of questionable value where there is no cohesive family unit. While this may be a valid concern, choosing to refer only those families considered likely to succeed using the FGC approach could be seen as 'cherry-picking' participants, with the result that a false impression of the effectiveness of the approach may be created. On the other hand, unprincipled referral for FGCs (Lilja (1997) reports that families with intractable long-term problems were sometimes referred in the hope of a quick-fix), without heeding the likelihood of achieving a solution, could unduly detract from the model's success (Marsh & Crow: 1998). It is clear that in order to undertake a robust examination of the effectiveness of FGDM, consistency of referral approaches between social workers is required. Training highlighting FGDM principles, referral guidelines and clear

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[23] Cashmore & Kiely's (2000) evaluation of the FGDM project in New South Wales reports the innovative use of technology as a means of overcoming issues of family conflict. Here, on several occasions, a telephone link was used to allow fathers to participate in the conference without being present in the same room as their ex-partners. Such methods of facilitating paternal engagement with the process are surely beneficial in cases where familial circumstances are perceived as militating against convening a conference or are a general concern for workers during the process itself. Utilising newer technologies such as video conferencing would also further enhance paternal involvement in such cases as well as providing a general means of promoting engagement in instances where individuals could not attend due to distance, travel difficulties etc.

managerial commitment to achieving those principles may be necessary preconditions for achieving such consistency.

1.3.25 In relation to exclusion by the schemes themselves, Nixon *et al*'s (2005) survey reveals that 60% of FGDM schemes screened out some referrals (the proportions were highest in youth justice (67%) and school conferencing (66%)). Although detailed data were lacking on the basis of these criteria, voluntary acceptance of the FGDM process or of the problem were the most prevalent inclusion criteria, followed by acceptance of guilt (relevant to justice applications). Jackson & Morris (1999) point out that UK practitioners and policy makers tend to view FGDM as a useful model for low-risk cases. Chandler & Giovannucci (2004) and Graber *et al* (1996) also state that similar reservations about the appropriateness of FGDM persist in the US. They point out that although there is no empirical data to support such concerns, many US schemes effectively exclude some referrals (62% excluded sexual abuse cases, 46% excluded cases of domestic violence and 15% excluded cases where severe physical abuse occurred – NCJFCJ survey (2001) cited in Chandler & Giovannucci (2004)) until such a time as they were encouraged to include them, or until workers became more confident in the relevant procedures and their ability to administer them. In Marsh & Crow's study (1998), among the 40% of FGCs involving child protection cases, a disproportionate number related to incidents of neglect rather than physical or sexual abuse, possibly indicating a reluctance to refer 'high-risk' cases.

1.3.26 Despite such reservations, Merkel-Holguin *et al*'s (2003) international review of FGDM research found that the majority of projects do attempt to implement FGCs across a range of issues of differing levels of severity. However, they point out that expansion into more challenging cases often only occurs as schemes become more established and co-ordinators more adept at organising, preparing and facilitating conferences. Furthermore, they argue that, after some time, the backgrounds and risk attributes of children referred for a FGC come to resemble those of children subject to traditional social welfare interventions. Crampton & Jackson's (2000) study of referrals to the Kent County, Michigan scheme between 1996 and 1999 (discussed in Helland (2005)) showed that the type of abuse had little bearing on whether a plan was successfully formulated at a FGC. Burford & Pennell's (1995) evaluation of the Newfoundland scheme which specialised in family violence cases also suggests that FGDM can be used successfully in cases posing a very high level of risk.

1.3.27 There appears then, to be substantial evidence that FGDM can be utilised across a number of settings and with cases of varying risk levels. Nixon *et al*'s (2005) survey reveals that 67% of FGDM schemes focused on more than one type of referral, with 41% open to three or more types of referral. As the trend in the UK appears to indicate the consolidation of 'established' schemes rather than the emergence of new pilots (Brown: 2003), it may be that such expansion is currently occurring here. However, as regards FGDMs effectiveness across a range of settings, more research needs to be undertaken to establish comparative satisfaction levels and the associated perceptions of participants along with long-term comparative outcome evaluations.

Principled practice

1.3.28 On the issue of the subversion of FGDM principles, the literature is equivocal. There is evidence that practical drift from ideological principles occurs in both legislatively and non-legislatively mandated contexts.

1.3.29 Some of the literature originating from New Zealand reveals some disconcerting departures from the core principles of FGDM. Paterson & Harvey (1991) reported that professionals often failed to comply with their obligations in the preparatory stage, failing to give families sufficient control over the time and place of a FGC and inadequately preparing them for the meeting itself. Lupton & Nixon (1999) also report concerns raised in other New Zealand evaluations about the poor attendance of professional information givers and the low quality of information provided by them.

1.3.30 Robertson (1996) reported the professional domination and manipulation of FGCs in New Zealand in the mid-1990s. Summarizing this and other early New Zealand evaluations, Lupton & Nixon (1999) discuss evidence that professionals often presented families with non-negotiable bottom lines, attempted to take over meetings and used them to 'rubber stamp' their own decisions. Furthermore, they contend that professionals remained or attempted to remain present during 'private family time' and the formulation of plans. Cashmore & Kiely's (2000) evaluation of the legislatively-mandated New South Wales pilot also reports that non-negotiable bottom lines were routinely used by the social work department and Children's Court to demarcate the boundaries of family decision-making. Summarising New Zealand research, Helland (2005) states that only 62% of co-ordinators reported that private family time always occurred while 35% said it occurred most of the time. The most commons for private family time not occurring (i.e. discussions involved professionals) were that this was because of family requests, unsuitable family dynamics or not enough family members being present to constitute a notional quorum. Although evidently a request for professionals to be present had to be made by the family, there may be concern about opportunities for professional influence in this component of FGDM.

1.3.31 Also in the New Zealand context, Pakura (2004) reports that a failure to adequately resource FGDM has resulted in poor conference attendance among low income families and that anxiety about low levels of resources for community services has resulted in more children being taken into care. Lupton & Nixon (1999) argue that the lack of resources assigned to facilitating family attendance poses questions about the level of support for the FGDM process and conference plans. In addition, they cite Rimene's study (1993) which suggests affordability was used as a criterion influencing the acceptance of FGC plans. It is also argued that the process of appointing co-ordinators was defective and resulted in the alienation of these staff from their colleagues (they were initially paid more than social workers). Furthermore, the appointment of too few co-ordinators meant insufficient time and attention was spent developing and gathering knowledge of the community resources central to successful plan implementation. Clearly there are practical lessons for successful implementation which should be acknowledged.

1.3.32 A number of similar concerns are evident in the literature from non-legislatively mandated contexts. Holland *et al*'s (2005) qualitative evaluation of a Welsh project reports that despite expressing strong attachment to FGDM principles, professionals tended to retain control over decision-making. They argue that professionalism crept into proceedings with the presentation of pre-written statements or lists during the meeting, agenda-setting, provision of tasks for completion during private family time and assistance provided to families when formulating plans. Reporting on Washington State's FGDM scheme, Hardin (1996) states some professionals attempted to alter plans. In Canada, Pennell & Burford (2000) also argue that professionals exercised some influence over decision-making after the completion of private family time.

1.3.33 Widening the perspective to incorporate issues of organisation and funding, Jackson & Morris (1999) report the views of co-ordinators from the Hampshire pilot that professionals did not provide families with sufficient information about resources tailored to the young person's needs at the information-giving stage. Nor, they argue, were promised resources necessarily appropriate or forthcoming and no single agency had responsibility for ensuring that resources for plan components were allocated effectively. Merkel-Holguin (2000) reports that some US jurisdictions permit professionals to provide plan recommendations and details of associated resources and services during the information-giving stage. This represents an interesting example of a subtle means of influencing (and arguably stunting the creativity of) family decision-making. Lupton & Nixon's (1999) meta-analysis of UK FGC research also reports that resources for plans were often not delivered despite the relevant requests being regarding as reasonable. It is argued that these problems were due to resource issues and differing levels of commitment to the FGC process.

1.3.34 Despite the well-founded concerns aroused by these findings, referring to deviation from core FGDM principles as wrong *per se* would be inaccurate. One of the elements of FGDM most prized by even the most trenchant purist is the ability of the approach to adapt to circumstance. Whether in a legislatively or non-legislatively mandated context, actions such as restricting private family time are not necessarily to the detriment of proceedings - participants with literacy problems may require help with aspects of the FGC and special interventions may be necessary in cases involving family violence - and are often welcomed by families. However, the extent to which reliance on professionals is rooted in dependence on traditional social work practices poses problems in terms of empowerment. Also, such adaptation may occur as professionals attempt to impose familiar structures on conferences because of their anxieties regarding a loss of control or a lack of faith in the ability of families to make decisions. Indeed, there is a fine line between providing legitimate assistance and stymieing the principles of family empowerment which underpin FGDM.

1.3.35 The existence of this tension at the heart of FGDM is further of worthy of further examination and raises important questions about schemes which selectively adhere to the core principles of the approach. Are these core principles inviolate? What impact do such compromises have on the quality of the FGDM outcomes? Merkel-Holguin (2000) sees a definite danger of 'drift' arising from the adaptability and absence of universal standards valued by FGDM purists. This, she argues, may lead to compromises in the quality of schemes and the potential for evaluation thereof. Particularly damaging, she argues, are the pressures toward disempowering the family by cutting corners in the process of preparing for a FGC, enhancing the role of professionals or curtailing private family time. She argues that such changes subvert the principles underlying conferencing and may compromise the safety of participants both at the FGC itself and afterwards, by restricting the range of possible outcomes and perhaps dismissing those which could have been most satisfactory.

1.3.36 Despite the apparent support among social workers for such procedures and principles (Sundell *et al* (2001) report high levels of agreement among British and Swedish social workers with a statement confirming the importance of private family time), private family time and the principle of expanding the circle are the loci of their concerns about risk and conflict and have most frequently been targeted for exclusion or modification. In the US particularly core principles are not consistently applied across jurisdictions (Chandler & Giovannucci: 2004, Merkel-Holguin: 2000). In Miami, some parents were not informed that they could invite other family members to their conference. Most notably though, Oregon's

Family Unity Meetings de-emphasise the role of extended family (parents are granted a veto against the attendance of other family members), meetings are carried out by service staff and there is no private family time (however, as discussed above, FUMs have gradually become more like FGCs over time). Nixon *et al* (2005) report that, internationally, 73% of schemes incorporated private family time, with those in the youth justice field least likely to do so (33%). Marsh & Crow (1998) reported that, in the UK pilots, private family time occurred in nearly all cases, but two projects merely offered it to families with the result that five of eleven families had professionals with them during private family time.

1.3.37 The philosophical importance of 'involving the extended family' and 'private family time' are unquestionable in the eyes of purists. However, there is little research available on long-term FGDM outcomes and even less on the contributions made to these by specific components of the model. However, Burford & Pennell (1995) imply the existence of a link between private family time and outcomes and argue that private family time is the element of conferencing most critical to improvements in family functioning. They contend that the value of private family time resides in its promotion of a unified approach among family members and encouragement that they take responsibility for problems. Therefore, although there is no direct, causal link between the two, private family time may contribute significantly towards the realisation of positive outcomes by helping lay the necessary foundations for positive family functioning.

1.3.38 Despite finding that most families perceived private family time as beneficial, in a small proportion of cases they observed, the researchers also recognise the undue influence of powerful family members. They argue that formulating a clear and concise statement of purpose for the conference enhances the ability of families to maintain their focus on the issues and prevents some individuals from subverting the relevant agenda. Statements of purpose may also help to address the concerns of some professionals that issues relevant to the problem were not discussed during conferences (Murray *et al*: 2001). Specifically on the issue of professional involvement, they state that families are the main decision-makers as long as professionals leave the room during private deliberations. Where they fail to do so (for whatever reason), it is likely that they will end up facilitating the process. Participation of the co-ordinator in private family time was reported in some US states, with the result that subsequent family perceptions of the utility of this element of the FGC diminished (Merkel-Holguin *et al*: 2003). Quite how such drift from core principles affects long-term outcomes is untested and requires rigorous examination if the central tenets of the FGDM approach are to be applied selectively. Clearly, many argue that the subversion of principles which form the basis of a scheme's operation should be avoided if scheme integrity is to be maintained. However, further research is required in order to ascertain the real cost of 'trading-off' elements of FGDM by design.

Children's Participation

1.3.39 As discussed above, family empowerment is a central theme in the philosophy and operation of FGDM. The accompanying debate (Lupton & Nixon: 1999, Jackson & Morris: 1999) has recently spawned a further discussion specifically about the empowerment of children and vulnerable adults. Article 12 of the United Nations Convention on the Rights of the Child (1989) states that children are entitled to express their views on matters of concern to them and that these views must be given proper consideration (Gill *et al*: 2003). Although FGDM offers an ideal opportunity for children to be consulted and have a say in matters

which affect them, there are persistent doubts about whether their voices are heard within a context easily dominated by professionals or adults from the extended family. Debate on this matter also centres on the risks and type of information children may be exposed to within FGCs and the fact that, unlike in some traditional child welfare settings (e.g. Children's Hearings), children have no tangible rights when participating in a FGC.

1.3.40 Dawson & Yancey (2006) cite Heino (2003) and Sieppert & Yvonne (2003), arguing that children should not be, but often are, overlooked as a source of knowledge, leadership and power in FGDM. While social workers often express concerns regarding the attendance of children at FGCs, co-ordinators and children themselves are generally positive about their FGC and therefore attend most conferences (Marsh & Crow: 1998). Robertson (1996) reports that children were present at 79% of FGCs held in New Zealand. Marsh & Crow (1998), summarising other research from New Zealand, state that children were present at nearly all FGCs held there. In relation to their own research on the UK pilots, they found that all but four children aged over ten who were invited attended a FGC, although sometimes carers refused to allow younger children to attend. Overall, 80% of 11 to 18 year olds attended a FGC compared to 11% of similar children who attended case conference meetings. Sundell & Haeggmann (1999) report that 88% of children aged 10 to 15 were present at FGCs run in the Swedish pilot, whereas 100% of children of the same age group were present at Danish FGCs (Rasmussen & Hansen: 2002, cited in Rasmussen: 2003). Nixon *et al* (2005) state that, internationally, at almost two thirds of schemes (65%) children attended more than half of all FGCs. When schemes were asked what restrictions were placed on their attendance, the most prevalent response (39%) was a child's age or developmental status would be taken into account (e.g. Pennell & Burford (2000) report that in Newfoundland FGCs were not normally attended by children under 12.). Over a quarter of schemes (27%) also stated that restrictions specific to the situation were imposed on children's attendance (based on the co-ordinator's assessment of risk and the best interests of the child).

1.3.41 Despite their relatively high levels of attendance and evidence of positive process evaluations, views about the level of participation in a FGC may be negative among children. The evidence relevant to this assertion is discussed in detail in the section below on process satisfaction. However, for the purposes of this discussion it is sufficient to state that a significant minority of children felt their participation was limited during their FGC. Reasons for low involvement focus on a lack of opportunities to speak, domination of proceedings by family members etc. The needs of all parties should be met during a FGC, but the contradictory findings relating to satisfaction and engagement with the process may indicate that some schemes were better able to meet these needs than others.

1.3.42 Holland & O'Neill's (2006) evaluation of a child-focused FGDM project in Wales found that when asked about the role of the FGC children felt that seeing family members and expressing themselves were the main aims. Meanwhile, adult family members, social workers and co-ordinators felt that practical outcomes were most central to the process. These findings indicate that when participating in FGCs the agenda and needs of young people may diverge significantly from the needs of adult family members. Divergence in perceptions of the role of a FGC suggests that separate arrangements for preparing and providing information to children may be required. Dawson & Yancey's (2006) evaluation of the 'Connected and Cared For' project in Washington State concluded that it was important that children had a developmentally appropriate sense of control about their role in the conference and were mindful that disappointment (in terms of outcomes) could occur and

were prepared for it. They argue that much of this could be achieved through pre-conference discussion with young people and post-conference follow-up and support by the co-ordinator.

1.3.43 While such measures may help in the stages before and after a conference, individuals may also experience difficulties during the conference itself. Many schemes attempt to identify a person within the family or extended family to support the young person at this stage. Gill *et al* (2003) argue that an independent co-ordinator is particularly useful in helping prepare children for the meeting and facilitating the appointment of independent advocates or helping to identify advocates from within the family. Marsh & Crow (1998) summarising research from New Zealand, state that around a third of children present at FGCs there had an advocate, while in their own UK evaluation 43% received support. Sixty-one per cent of children participating in Swedish FGCs (Sundell & Haeggmann: 1999) also received support. Horan & Dalrymple (2003) argue for an independent advocate in instances where no such individual exists or where complex power relations preclude their identification. They reported that the advocate worked with the young person to help them negotiate and manage their involvement within the family network in a way that was acceptable to them and which enabled them to express themselves. Evaluating a Barnardo's FGC project in Wiltshire, they concluded that advocates were an effective aid to understanding and involvement for young people participating in FGCs.

1.3.44 Although no evidence could be found which compared children's satisfaction with elements of the FGDM process and outcomes where advocate use was the independent variable, the need to take action in order to remedy possible perceptions of exclusion is readily apparent from the literature. Furthermore, given the lack of legal rights provided to children by the FGDM approach when compared to other Scottish child welfare forums, it is prudent to ensure that all possible steps are taken to ensure children's voices are heard in relation to matters that concern them.

Summary

1.3.45 In this chapter a number of theoretical and practical debates identified in the FGDM literature were considered. The extent to which FGDM empowers the family was discussed, locating this element of the model within the wider ideological and financial changes occurring throughout the 1990's. This considered the reality and meaning of empowerment within contemporary social care and raised issues regarding the consequences of facilitating choice. The tension between professionalism and family empowerment were discussed in the following section which examined some of the reasons for the marginality of FGDM. In particular, a generalised reluctance to refer families to FGDM projects was identified among social workers working within risk-averse contemporary social work contexts. Alongside such individualised issues, the debate on the promotion of FGDM via mandate or best practice was introduced, outlining that an absence of strong governmental support for the model may also have restricted its application.

1.3.46 A further aspect of the marginalisation debate is the question of in what sort of cases FGDM can be successfully used. The perceptions of referrers and practitioners were explored along with existing patterns. It was found that while some referrers and schemes excluded families on the basis of individual issues (e.g. number of family members, specific individualised risks), others applied broader restrictions based on the types of problems or level of risk encountered. The basis of these restrictions was examined critically, concluding

that further research needs to undertaken in order to properly ascertain which types of cases FGDM can be effectively and safely used for. Under the title 'principled practice' the intentional and unintentional subversion of FGDM's operating principles was examined. Evidence was presented that in both legislatively and non-legislatively mandated settings 'drift' from core principles is occurring in the form of inadequate preparation, limiting family attendance, professionalisation of the conference and specifically of 'private family time', inadequate resourcing and poor information provision. The experience of designed non-adherence to core FGDM principles was examined, with different perspectives evident throughout the literature. Some effort was made to establish the basis of these deviations and the alleged inviolability of such principles in the eyes of FGDM purists.

1.3.47 Finally, the question of whether FGDM promotes children's long-term interests was addressed. While FGDM offers a theoretical opportunity for children to be consulted and to have a say in matters which principally affect them, there are persistent doubts about the risks they face and whether their voices are heard within a context easily dominated by professionals or adults from the extended family. Although it appears that children and young people above a certain age attend most FGCs, a significant minority find themselves excluded from the process itself. The role of the co-ordinator and the use of advocates are examined as means of promoting the participation of children and young people. Aside from the theoretical importance of doing so, there also appears to be some factual basis for approaching the preparation and care of children in a different manner to that of adult participants at FGCs.

CHAPTER FOUR: RESEARCH ON FAMILY GROUP CONFERENCING

Introduction: The nature of the available FGDM research

1.4.1   Lupton & Nixon (1999) state that, to date, FGDM studies have been characterised by a focus on solving organisational problems and documenting the views of professionals and agencies rather than children and families.   Indeed, although many schemes have been carefully evaluated, the majority of studies have focused upon the satisfaction and involvement of various actors with the process of conferencing.   In spite of the fairly extensive literature available, a lack of material on long-term outcomes means that FGDMs effectiveness has not been clearly evidenced.

1.4.2   The dearth of research on long-term outcomes may be the result of political, theoretical, methodological and practical issues. Firstly, political pressure for early results on programme effectiveness may partly explain a tendency to emphasise short-term findings demonstrating participant satisfaction, rather than rigorously scrutinising comparative long-term outcomes.   Turning to theoretical issues, Bazemore & Stinchcomb (2000) argue that FGDM 'purists' may view attempts to define, map and monitor outcomes as contradicting the creativity and adaptability at the heart of the initiative.   Hence, there may be philosophical reservations preventing rigorous evaluation of the approach.

1.4.3   In terms of methodological considerations, it is extremely difficult to isolate the effects of FGDM from the influence of other services which are typically offered alongside this decision-making approach. In addition, achieving consensus on the aims of conferencing, defining standards and measuring the associated outputs are also problematic. In a practical sense also, efforts to robustly appraise the comparative effectiveness of FGDM using randomised controlled trials have so far been stymied by operational difficulties. A planned comparative study by Lupton and Brown (Brown: 2001) did not go ahead because current national guidance did not allow the participating local authority to create a comparison sample by using FGDM in some cases referred to child protection services. Crampton (2006) also reports that similar problems caused considerable difficulties in Thomas *et al*'s (2003) recent Californian study.

1.4.4   In the absence of robust evidence of beneficial long-term outcomes for children, the basis for implementing FGDM schemes may seem uncertain. However there can be other reasons for implementing FGDM. Responding to a survey by Brown (2003), 19% of UK councils stated that the aim of FGDM was to promote partnership working with parents. For a further 14% the aim was to enhance family involvement in decision-making, re-focus services towards family support or maintain kinship care. These 'process' objectives would be expected to produce better outcomes for children, so demonstrating that they have been met might well indicate that children's needs are being effectively catered for. Nevertheless, more direct evidence on how children fare over the longer term remains a significant gap in current knowledge.

1.4.5   This chapter provides a review of the available literature which attempts to measure the success of FGDM.   First research in the fields of child welfare and protection is examined, followed by short discussions of FGDM in juvenile justice and education.   The chapter concludes with a discussion of the available research on the cost of FGDM schemes.

FGDM in Child Welfare and Protection -Evidence of Process Satisfaction

1.4.6   Virtually all evaluations of specific FGDM schemes provide details of professional and participant satisfaction with the process.   Elements of the available literature are presented below, grouped on the basis of participant type.   Within each of the following sections, efforts are made to present information about multiple aspects of the process (e.g. satisfaction with individual FGC components, ability to have a say, involvement etc.) in as far as the relevant literature is available.

Family

1.4.7   In contrast to generally negative perceptions of child welfare and protection processes, much of the literature reveals high levels of satisfaction among family members participating in FGDM. Although the published research strongly tends toward positive findings, it must be borne in mind that findings may vary between different cases and fields where the model is applied (so far, no research using a consistent methodology applied across a number of fields and/or risk types has been conducted).   Also, because of the processes of referral and high rates of plan agreement, most respondents are likely to conclude their encounter with the model in a relatively successful fashion.   Taking these factors into account, the absence of co-existing research on the satisfaction ratings of the (relatively small) proportion of participants who did not agree a plan or who withdrew from the process altogether would permit a fuller examination of the relevant issues.

1.4.8   Merkel-Holguin *et al* (2003: 8) state that there is *'considerable across-studies agreement that families are highly satisfied with most aspects of FGC'*.   The authors state that a number of studies based on surveys, focus groups and interviews report high levels of satisfaction among family members with the process, their influence on decision-making, a high level of willingness to undertake the process again and a preference for FGCs compared to other decision-making forums.   Families, they conclude, state that their feelings are respected, influential and they regard the decision-making process as fair.

1.4.9   In Canada, Burford & Pennell (1995) also report high mean satisfaction ratings among family participants across a range of issues. Satisfaction with the way the conference was run ranked highest (mean 3.87 out of 4), while satisfaction with their ability to 'have their say' (mean 3.78) and the appropriateness of decision-makers (mean 3.73) were ranked relatively low yet remained very positive findings. Routhier (2006), reporting on Manitoba's FGC project, found that 76% of family respondents found conferences very helpful, while 75% stated they would recommend the process to other families. Two-thirds of families participating in the Toronto project (Mandell *et al*: 2001) indicated that they felt fairly treated during and after the conference, although the remainder indicated that professionals were initially cold and arrogant at the initial conference. Despite this, all family members stated that the process was beneficial for them and that others should participate in FGDM.

1.4.10   Similarly high levels of satisfaction have been reported in Europe (Sundell & Haeggman:1999; Rasmussen & Hansen: 2002 (cited by Rasmussen: 2003)) and in the UK (Lupton & Stevens,1997; Holland *et al,* 2003; Gribben,2005).   In Scotland, Murray *et al* (2001) found family members to be generally positive about FGCs, emphasising procedural informality and their opportunities to speak as particularly beneficial elements of the process. Hamilton (2005) argues that 95% of family members attending Scottish FGCs stated they

comfortable at least part of the time, while two-thirds (65%) stated they felt comfortable throughout (4% said they felt uncomfortable throughout). She argues that this compares favourably with findings from O'Brien's (2002) Irish study, where only 36% stated they were comfortable throughout the meeting, while a further 14% were comfortable some of the time. Cashmore & Kiely (2000) and Murray *et al* (2001) both identified a significant proportion of family respondents who complained about the duration of the conference.

1.4.11 Moving onto the functionality of FGCs as decision-making fora, Sandau-Beckler *et al* (2005) report that 99% of New Mexico families reported effective communication, all felt their concerns were taken account of and 99% felt these concerns could be expressed to the facilitator. Cashmore & Kiely (2000) reported that most family members (70%) felt able to express themselves during their conference, however, around a quarter felt constrained by the presence of so many other people and/or by the perceived domination of proceedings by particular family members. Across a range of studies which address this issue, 70-80% of family members expressed satisfaction with being listened to, with remainder feeling their views were not heard or accorded little weight (Lupton *et al* 1995; O'Brien: 2002; Hamilton : 2005). Lupton & Nixon (1999) contrast these findings with those from case protection conferences where only half felt adequately informed, less than a quarter attended, only one third felt listened to and one half felt their views had no weight.

1.4.12 In relation to specific elements of a FGC, Marsh & Crow (1998), evaluating the UK pilots, found that the majority of family members thought that the information-giving element of their conference was handled well (86% felt they could speak, 80% they felt could ask questions and 17% felt uncomfortable). However, there was some early criticism from the pilots that reports were too long or used jargon, a finding also reported by Murray *et al* (2001). Hamilton reported that 81% of family members participating in Scottish FGCs thought that they were provided with sufficient information to enable them to make a family plan (Hamilton: 2005). Burford & Pennell (1995), evaluating FGCs in Newfoundland, also found that despite this stage of proceedings often being painful for families, they nevertheless benefited from it and reported high mean satisfaction ratings in relation to whether the requisite information was provided (mean 3.83 out of 4).

1.4.13 In relation to private family time, Hamilton (2005) states that 93% of family members expressed approval of this aspect of FGDM without reservations. The concerns expressed by the remainder focused on potential conflict, the effect on young people and the family's ability to work out plans. Other studies have also reported that around 90% of families appreciate the use of private family time and feel they van express themselves freely in this part of the conference (Marsh & Crow,1998; Sandau-Beckler *et al,* 2005). However, Holland *et al* (2005) state that at least one member of 41% of families interviewed clearly stated that they wished that the professionals had not left the room during private family time.

1.4.14 A number of studies have found that family members often experiences meetings as emotional and stressful, but most said they would choose to undertake a FGC again (Lupton *et al*: 1995; Murray *et al*: 2001). In Cashmore & Kiely's Australian study (2000), 90% stated they would recommend the process to other families in similar circumstances. Hamilton (2005) reports that most (91%) believed that the meeting was appropriate and/or useful, describing it as an improvement on traditional decision-making forums. Contrasting FGCs with traditional child welfare meetings, Walker (2005) states that satisfaction with the child protection system was higher among families whose case was dealt with using FGDM than among those dealt with using traditional processes (41% compared with 23%). Furthermore,

research discussed by Helland (2005, citing Titcomb *et al*: 2003, Kelso: 2003) states that participants with experience of the child welfare system were also cautiously optimistic about the new approach.

Children

1.4.15 Children and young people occupy a unique position within the FGDM approach and their conference experience is likely to reflect a range of factors such as their perception of the problem, reactions of other family members and outcomes from the planning process. Helland (2005) discusses a range of studies reporting reactions such as confusion, hope and anger (Heino: 2003), relief, amazement and gratefulness among children in care who were involved in a FGC (Velen & Devine: 2005).   Meanwhile, Horan & Dalrymple (2003) comment on the possibility of confusion and distress arising among children who experience conflict during a FGC.   Certainly FGDM can be a particularly intense and emotional experience for children and therefore their satisfaction with the experience deserves close attention.

1.4.16 Children and young people attend most FGCs and there is some evidence (Lupton & Nixon: 1999) that they are generally satisfied with and feel involved in the process. Velen & Devine (2005) found that 83% of children felt they had a real voice and 92% said they felt safe at their conference. Holland & O'Neill's (2006) evaluation of a child-focused FGDM project in Wales specialising in accommodation issues also revealed some positive findings. They found that most young people felt that they did have their say at their conference and that despite the possibility of conflict or risk, their experience of FGDM was a positive one. However, a significant minority felt that their opinions were not respected or understood and the majority felt they exercised only a little or no influence over proceedings.

1.4.17 As this last point demonstrates, the mere presence of children and young people does not ensure that they will feel involved and able to 'have their say' at a conference. Evidence indicating that children are able to cope successfully with a FGC is contradicted by a further body of evidence suggesting the opposite view. Morris & Maxwell (1998) state that less than half of the young people they interviewed felt involved in the FGDM process. Walton *et al* (2003), evaluating Utah's FGDM project, state that participating children felt ill prepared for meetings and possessed a limited understanding of their purpose. Horan & Dalrymple (2000) cite Clarkson & Frank (2000) and Beecher *et al*'s (2000) findings that children generally felt they were not heard during FGCs and did not participate due to inhibitions, a lack of confidence or understanding of proceedings or because they felt no-one was listening. Rasmussen (2003) also argues that Danish children found FGDM participation difficult.

1.4.18   Further research is needed to ascertain how key characteristics relating to the child, family and FGC practice influence positive or negative experiences among children.

Social workers

1.4.19 Merkel-Holguin *et al* (2003) state that process evaluations indicate widespread satisfaction with FGDM among social workers and other social care professionals. Measured on the basis of influence, perceptions of conference effectiveness and satisfaction with plans, social workers were generally positive about experience of FGCs. Sundell & Haeggman

(1999), Rasmussen & Hansen (2002) and Marsh & Crow (1998) report satisfaction ratings of 76%, 74% and 73% respectively in the Swedish, Danish and UK pilots (cited by Rasmussen: 2003). Velen & Devine (2005) also contribute to this positive body of evidence, reporting similar findings.

1.4.20 As discussed above, while there is support for the FGDM model among social workers, there is also scepticism regarding its capacity to accommodate high-risk cases and manage the possibility of conflict. Alongside other factors (e.g. staff turnover), such concerns may contribute towards low referral rates. Marsh & Crow (1998) state that research from New Zealand and Australia reveals that practitioners support the approach and distinguish it from other methods, but find it more time-consuming and tiring than traditional procedures. Marsh & Crow's (1998) evaluation of the UK pilots found that 92% of social workers thought FGCs were different from other meetings (in terms of principles, roles, power) and two-thirds thought they could empower families. Their main concerns focused on whether families could participate amicably because of conflict between themselves and conflict with social workers. However, most wanted FGDM to remain available, while over half favoured expansion.

1.4.21 Aside from their referral role, social workers must also provide information at FGCs (using clear, jargon-free forms of communication) and follow up plans made during conferences. Marsh & Crow (1998) state that while workers were clear about their 'reporting' role in relation to providing information about problems, they were less familiar with their 'enabling' role in providing families with information on potential resources. Murray *et al* (2001) found that although most families were neutral about the benefits of the information-giving stage, social workers saw it as beneficial for families.

1.4.22 In relation to private family time, Marsh & Crow (1998) found that professionals were supportive of the concept but often expressed concerns regarding the possibility of conflict. Correspondingly Hamilton (2005) reported that 77% of professionals approved of private family time and had no concerns about it; the concerns expressed by the remainder (particularly prevalent were education and health workers and those attending their first FGC) focused on potential conflict, the effects on young people and the ability of the family to work out plans. In the Scottish study by Murray *et al* (2001) some professionals raised concerns that some issues relevant to problems being considered were not discussed during conferences.

1.4.23 Overall, professionals are generally supportive of the process of conferencing, but have reservations regarding the potential for conflict and the ability of families to contribute towards effective outcomes. If a means of allaying such concerns without compromising the empowerment of the family can be found then it may assist in promoting the acceptability of FGDM and mainstreaming its use.

Child Welfare and Protection-FGDM outcomes

1.4.24   Evidence on FGDM outcomes varies greatly in terms of quality. While many evaluations provide information on process outcomes (e.g. plan agreement), only a small number provide for long-term outcome measures. This section explores this evidence and provides methodological comment where appropriate.

Plans

1.4.25   Satisfactorily concluding a conference with family and professional agreement upon a plan is a significant measure of the success of the FGDM process. However Lupton & Nixon (1999) point out that the term 'plan agreement' is often ambiguous, as agreement might be reached at different points e.g. following consultation with service providers. They also point out that the extent of professional input and post-conference negotiation is not documented.

1.4.26   Not withstanding some ambiguity about how plans are agreed, the overwhelming majority of FGC plans are accepted by agencies/professionals and are viewed positively by families. Merkel-Holguin *et al* (2003) state that, on average, only 5% of plans are not accepted by authorities and very few FGCs result in no plan being formulated. Evidence from a range of studies demonstrates a high rate of plan agreement:

- New Zealand – 92% plans agreed (Paterson & Harvey: 1991; Mason *et al*: 1992);
- New Zealand (youth justice) – 95% plans agreed (Maxwell & Morris: 1993);
- Australia (New South Wales) – 95% plans agreed (Cashmore & Kiely: 2000);
- Canada – 97% plans agreed (Burford & Pennell: 1995);
- USA (Washington state) - 99% plans agreed (Shore *et al*: 2001);
- Northern Ireland – 100% plans agreed (Gribben: 2005);
- UK – 93% plans agreed (Marsh & Crow: 1998).

1.4.27 Information on the few cases where plans are not successfully formulated is sparse. However, Marsh & Crow (1998) provide some insight into two such instances. In the first the parents denied the factual basis of the case, while in the second, family members were unable to resolve their differences.

1.4.28 The available literature suggests that most families are satisfied with the content of FGC plans. Burford & Pennell (1995), evaluating FGCs in Newfoundland, reported high mean satisfaction ratings among family participants in relation to whether the requisite information was provided (mean 3.83 out of 4) and whether they agreed with the resulting plan (mean 3.79). Overall, they found that only seven out of 293 (2%) participants were not happy with plans and 15 were not sure (5%). Mandell *et al* (2001), also evaluating a Canadian scheme, found that families were generally happy with all aspects of the FGDM process and the resulting plans. Marsh & Crow (1998) reported that 80% of family members were satisfied with the plans made, but this figure declined over time due to implementation problems. Scottish research has found similarly high levels of satisfaction with plans (Murray et al: 2001; Hamilton: 2005)

1.4.29 FGC plans were also viewed positively by professionals. Lupton *et al* (1995) found that although a small proportion of social workers were not satisfied with plans because they failed to address all their concerns, these cases were concentrated in the earliest FGCs convened during the UK pilots. Barker & Barker (1995) also found that plans made in some early FGCs were too vague and lacked detail. Overall, Marsh & Crow (1998) stated that professionals were generally very impressed by the plans made in the UK pilots. They acknowledged their creativity and often stated that social care professionals could not have formulated such plans themselves. In terms of protection, 67% of social workers thought that plans were likely to result in better protection for the child than would otherwise have been

possible, while the remainder stated that the level of protection would be as good as that afforded by social services.

1.4.30   In terms of content, the literature suggests that plans are positive, robust and utilise a mixture of family and professional resources. Marsh & Crow (1998) state that most FGDM plans included elements of assistance from the family (characterised as wide-ranging and practical in nature) and that 31% involved a relative taking on the care of the child for a period of time. Lupton & Nixon (1999) found that FGCs generally resulted in positive plans which utilised and increased the availability of family resources.

Plan Implementation

1.4.31 Effective plan implementation is evidently one indicator of FGDM effectiveness, but the relationship between carrying out the plan and positive outcomes is not straightforward. Assessing whether plans have been implemented is problematic since individual participants may have differing views about whether or not certain aspects have been carried our as envisaged. In addition, changing circumstances or new information may make it clear that it is in the child's interests to change or omit key elements of the original plan   However other less helpful influences may also prevent plans being put into practice. Lupton & Nixon (1999) argue that resources for plans are often not delivered, despite plans being regarding as reasonable. They attribute this to lack of resources and commitment from either professionals or members of the wider family.

1.4.32 In spite of these problems, some commentators regard plan implementation as a useful outcome measure. Lupton & Nixon (1999) reported that plans were implemented with some success but often several components (particularly those involving behavioural change) were not put in place. Pennell & Burford (2000) report that in the majority (69%) of cases they observed in Newfoundland, plans were only partially implemented. However, despite the level of plan implementation, two-thirds (66%) of family members stated that the family was better off because of the conference. Responses indicating that the family was 'the same' or 'worse off' were most likely to originate from families where plans had not been implemented at all. Cashmore & Kiely (2000) state that most of the plans made during New South Wales conferences were only partially carried out (75%). The remainder were thought to have been carried out in full by families, but not by social workers. The main reasons for partial (or non-) completion were failures among family members to change unhelpful behaviours, (particularly in relation to drug and alcohol use), changes in circumstances and statutory agency's slowness or inability to perform their duties. Both social workers and families viewed a joint lack of commitment to plans and the resulting failures in delivery as the main problem with the FGC approach.

1.4.33 Marsh & Crow (1998) present evidence from a number of studies (Lupton *et al*: 1995, Barker & Barker: 1995, Rosen: 1994) stating that between 43 and 83 per cent of family members viewed FGDM plans as being successfully implemented. Marsh & Crow themselves rated 78 plans, concluding that in 75% the general aims had been achieved. Grimshaw & Sinclair's (1997) review of 180 plans indicated that 68% had been implemented. In comparison, (Lupton *et al* : 1995) report social workers' assessments that 66% of child protection plans were fully implemented.

Relationship-oriented outcomes

1.4.34 Evidence suggests that relationships between family members and between the family and social care professionals may improve following a FGC. A number of researchers argue that mere participation in FGDM often brings about unintended and unplanned positive outcomes for families in terms of improved family functioning, renewed contact with relatives and more open communication (Barker & Barker:1995; Marsh & Crow:1998; Lupton & Nixon :1999; Sandau-Beckler *et al* :2005, Routhier : 2006)   However, Mandell *et al* (2001) and Cashmore & Kiely (2000) report that while half of family participants reported such improvements, half experienced no change, with only a few reporting deterioration. Pennell & Burford (2000) contend that conferences helped by strengthening positive ties among participants and enhancing their sense of family unity. In the minority of cases where families were worse off, conflict had increased and families were separated by attempts to implement FGC plans.

1.4.35 There is also some evidence of improvement in the relationship between family members and social workers. Just over a third of family respondents in Routhier's study (2006) identified a better working relationship with social care workers, while Nixon *et al* (2005) found that social workers reported less conflict with families following a conference. Half of social workers participating in the UK pilots (Marsh & Crow: 1998) stated that FGDM helped them improve their partnership practice and think more positively about families, as did two-thirds of workers participating in Mandell *et al*'s (2001) Toronto study. Interestingly, Cashmore & Kiely (2000) report that three quarters of social workers but only half of family members stated their relationship had improved or remained positive.

1.4.36 It appears then that around half of family members discern some positive change in terms of familial relations and some also identify improvements in relationships with social workers. By re-establishing links between relatives and reinvigorating networks of support, FGDM may help to demonstrate the efficacy of family decision-making and thereby restore social worker's confidence in them as viable partners in social care.

Medium -Long-term Outcomes

1.4.37 As noted previously, there is relatively research based evidence on whether the use of FGDM helps achieve better outcomes for children in the medium-long term. Marsh & Crow's (1998) evaluation of the UK pilots provides follow-up data for 64 children (80% of their sample) over a six-month period. According to their circumstances, the children formed three sub-groups: 'accommodation request/risk', 'protection' and 'looked after'. A high degree of placement stability is reported across all groups, with the 'accommodation request/risk' group most likely to experience a change in placement after 6 months (8/21). Plans for all but two of the 'protection' group were successful although the most successful group were 'looked after' children who, in many cases, gradually moved back to the family over time. Social workers thought that about half of children would have had the same outcome, but may have experienced less family support and that 20% of children would have been worse off, with an increased likelihood of being accommodated away from home.

1.4.38   Marsh & Crow try to assess the influence of FGDM by comparing outcomes for these children with those reported in other studies of children returning from care (Bullock *et al*: 1993) or involved in the child protection system (Thorburn *et al*: 1995; Levy *et al*: 1995).

In terms of avoiding reception into care, court proceedings and reducing re-referral the FGDM outcomes seemed favourable. However the comparisons were with quite different studies and samples, so these findings can only be tentative. A follow-up period of six months is also too short in which to assess lasting benefits.

1.4.39 Drawing on the research available at the time, Lupton & Nixon (1999) measure outcomes across a number of stages: immediate, intermediate and long term. Immediate outputs and outcomes relate to aspects of the FGDM process. Despite a lack of evidence on monitoring and culture recognition and the difficulties of measuring concepts such as 'responsibility', they argue that 'process' findings are generally positive and indicate that FGDM mobilises family support effectively.

1.4.40 Examining intermediate outcomes, they found that while most plans were put into practice, often multiple plan components were not implemented. Evidence on improved family functioning was found to be equivocal. With regard to retention within, or return to, the family network, Lupton & Nixon state the evidence available from New Zealand is problematic due to the lack of available comparators. Attempting to fill this knowledge gap, they compare Marsh & Crow's (1998) FGC data with those of Lupton & Stevens (1997) who examined placement following child protection conferences. This comparison indicates an increased likelihood of family network accommodations and a decrease in the use of foster care among FGC families. However, the use of non-family care was not reduced nor did the likelihood that children would remain with the immediate family increase. Lupton & Nixon (1999) argue that, although generally positive, the findings may be influenced by the characteristics of the children involved.

1.4.41 In terms of long-term outcomes, Lupton & Nixon examine criteria relating to whether children are protected from abuse and neglect, their welfare is promoted and enhanced, a communal sense of responsibility is promoted, the needs of the main parent/carer are met and families are empowered via the successful resolution of problems. In relation to their first criterion, outcomes are measured in terms of continuing registration with relevant child protection authorities. Here, a lower rate of 'at risk' registration and a lower re-abuse rate (6% compared with around 30%) was observed among FGC children after twelve months when compared with data from non-FGC children. In addition to this, professionals thought that FGC children were better protected. Finally, they argue that in over half of cases a demonstrable link existed between FGC plans and positive outcomes (Lupton *et al*:1995) and that outcomes were generally more positive than either families or professionals expected.

1.4.42 In summary, Lupton and Nixon's approach is a rigorous analysis of the findings then available from other FGDM evaluations. The result is a complex picture of diverse approaches to research, measures and constructs. Their key findings are that, when not curtailed by professional interests, FGDM often leads to positive outcomes for families. They argue that FGDM is marginally less effective at resolving problems than traditional approaches and that the safety of children is no less likely to be compromised after a FGC. However, they concede that little is known about enhancements to child safety. While no robust conclusions are forthcoming, the general picture provides some support for the FGDM approach in the sense that it is successful in empowering families and results in outcomes which are no worse than those associated with traditional approaches.

1.4.43 Six to twelve months after their conference, two thirds of children in Cashmore & Kiely's (2000) New South Wales study were living at home or within the family group, three

had entered out-of-home care and out-of-home placement orders were being sought for a further four children due to the breakdown of plan arrangements. In addition, three children had changed their out-of-home placement. On balance, these findings are generally positive, particularly taking account of the fact that most children originated from families at the 'hard' end of the child welfare spectrum. Overall, workers believed that risk to children had been addressed and reduced as a result of FGC plans, but had significant concerns about the long-term wellbeing of children for a significant minority of the families involved.

1.4.44 Pennell & Burford (2000) attempt to measure specific outcomes using indicators associated with levels of family violence before and after a FGC (the Manitoba project they evaluated was specifically set up to deal with such issues). Despite problems with data validity and under-reporting, they utilise information from progress reports (158 completed by 115 individuals attending 28 of the 32 project families) and a child protection events checklist (verified against case files for all 32 FGC and 32 comparison group families) to quantify levels of violence[24].

1.4.45 Pennell & Burford found that families undertaking FGDM exhibited more child protection events than comparison group families in the pre-test period (mean 7.28 per FGC family compared to 4.16) yet exhibited fewer at the end of the twelve-month test period than comparators (mean 3.66 per FGC family compared to 5.32). Further subdivisions of the items on the child protection checklist suggest that in relation to child safety, service agency activity (including emergency visits and apprehensions) and substantiations of abuse or neglect fell among FGC families but rose among comparison group families during the test period. Members of the relevant agencies reported fewer visits to FGC families and an enhanced knowledge and understanding of their circumstances. Interviews also confirmed these trends, with less abuse and neglect and better provision of care apparent in FGC families.

1.4.46 Unlike other researchers, Pennell & Burford are not solely concerned with child welfare-related outcomes. Examining mother and spouse abuse, they found that associated events declined substantially for FGC families over the test period while rising for comparison families. Indeed, the only area in which negative outcomes were observed for families was in relation to child-adult abuse (normally of the mother), which grew in prevalence among FGC families and was strongly associated with child self-harm. Although incidents of child self-harm also rose among FGC families, this was a low level occurrence across the sample as a whole.

1.4.47 Pennell & Burford's robust findings provide an endorsement of the use of the FGDM approach in high-risk cases involving family violence. Although it is hard to ascribe direct causality to the FGDM approach, findings on the reduction of violence and abuse among FGC families are persuasive. However, as the focus of their analysis is fairly narrow, families were randomly assigned to experimental and control groups and the period of analysis was only of a moderate length; further research is required in order to verify the generalisability of these findings in relation to other problems (e.g. accommodation) and in other jurisdictions.

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[24] Members of the FGC project sample were rated as possessing more problematic, higher-risk backgrounds than families in the comparator group.

1.4.48 Stevens' (2003) longitudinal study of family's views on FGDM used audio diaries and repeated interviews with a small number of participants (social workers, children and families). Tracing participants over 18 months, the study aimed to inform the theoretical understanding of outcomes of child welfare intervention and contribute to the development of outcome measures. The work lays primary emphasis on the narratives of the families concerned and draws together issues around the ownership and resolution of problems. It is argued that, at best, FGDM plays a steering role, establishing a family's ability to care for their children, influencing more powerful decision-making fora and strengthening family support. In a similar fashion to Lupton & Nixon (1999) they found that such influence was contingent upon strong professional and family commitment to FGDM and a willingness of professionals to work with family decisions in a multi-intervention context. Without the presence of these factors, the role of FGDM was short lived, minimal or both. This suggests a strong interaction between level of control, degree of public concern, level of family and professional commitment to the process and the impact of FGCs.

1.4.49 Shore *et al* (2001) report the findings of a retrospective study of conferences in Washington State (held between 1998 and 2001). The study examines outcomes for 138 children (participating in 70 FGCs) who were at least six months post-FGC. Information relating to 114 of these children (about whom information regarding pre-conference living arrangements was available) indicated that the proportion of children living with parents increased after a FGC and the proportions living with relatives and non-relatives both decreased. Permanent placements (defined as the least restrictive (and most-family like) setting available and in close proximity to the parents home, consistent with the best interests and special needs of the child) occurred as a result of FGCs for 82% of the children involved, though it was not considered in all cases. There was also a high rate of placement with paternal relatives (24% with father, 10% with a paternal relative).

1.4.50 In terms of safety, a very low rate (6.8%) of substantiated allegations of abuse or neglect was observed among the sample (133 children). The overwhelming majority of children (90%) were stable in the placements identified in their FGC plan. Only 10% of children (14 of 137) experienced difficulties and were subsequently located in out-of-home placements. For children in sexual abuse cases, findings were very similar with a high proportion of stable placements and no substantiated post-FGC child protection re-referrals. Cases were closed (indicating that the problematic situation the conference had been convened to address had been resolved to the satisfaction of the social worker) in over half (54%) of the cases where the FGC had been held two or more years before. On the surface, Shore *et al*'s findings are very encouraging for FGDM, but the absence of a comparison group is extremely problematic, there being no evidence that the same results would not have occurred had the families been dealt with using traditional decision-making processes.

1.4.51 Sundell & Vinnerljung's (2004) Swedish study compared 97 children involved in 66 FGCs with 142 children from a random sample of 104 traditional child protection investigations conducted by Child Protective Services (CPS). All children were tracked for three years in order to compare future maltreatment episodes. After controlling for age, gender, family background and type and severity of problems, analysis found that FGDM children exhibited higher rates of re-referral to CPS. FGC children were re-referred more often because of abuse, were more likely to be re-referred by extended family members and spent longer in out-of–home placements than children dealt with using traditional processes. However, over time, the type and level of support they received from CPS was less intrusive.

Involvement in a FGC was not related to re-referrals on the basis of neglect, case closure after three years or the number of days services were provided for.

1.4.52 Overall, these findings show that children dealt with using the FGDM model were more likely to experience abuse and less likely to sustain kinship placements than those dealt with using traditional child welfare processes. These findings contradict those of other studies, which have tended to provide evidence of long-term benefits. Moreover, the methodology used by Sundell & Vinnerljung is the most robust of those so far discussed. Therefore, provided that the official CPS measures used in the study are themselves accurate and conditions in Sweden sufficiently similar to those in other jurisdictions, extrapolation from these findings casts some doubt upon the efficacy of FGDM schemes in general.

1.4.53 Gribben (2005) provides some outcome data for children involved in FGCs and school restorative conferences (SRCs) in Northern Ireland. Here it is argued that 18 FGC children (from a total of 71 engaged) were averted from local authority care and 11 were returned from care. Twenty-two FGC children were returned home or maintained there with the help of extended family or community care, 15 were placed or maintained with family members and 26 experienced improved family relationships through FGCs. While these data are encouraging, again the absence of a comparison group reduces the confidence with which we can assign causality to the conference itself.

1.4.54 On balance, much of the available evidence suggests that FGDM probably does have a beneficial effect on outcomes for children and families. However, much of the available literature is methodologically weak in the sense that it does not include comparison with other decision-making approaches. Somewhat disconcertingly, the sole piece of literature to reach a negative conclusion on FGDM outcomes is also the most methodologically robust. While it would be unwise to lay too much emphasis on this one study, the emergence of more negative results does highlight the need for further critical review of how FGDM both fits with other child welfare processes and impacts on individual children and families.

FGDM in Juvenile Justice

1.4.55 In a number of jurisdictions, FGDM is primarily used within juvenile justice. In New Zealand, FGCs are mandated in order to divert cases from the juvenile courts (Morris & Maxwell: 1998, Doolan: 1999), while Southern Australia uses FGDM to work with young offenders occupying the 'middle ground' in terms of the extent and seriousness of offending. Operationally and philosophically distinct from the mechanisms of police cautioning and the youth court, FGDM aims to help both offenders and victims and redress problems from the perspective of the wider community. Similarly in Thailand, Family and Community Group Conferencing (FCGC) is used as a pre-court diversion, with a referral to child protection and subsequent evaluation for FCGC suitability following the arrest of every child (Roujanavong: 2005). Within youth justice, the restorative element of FGDM is central, thus raising an additional set of issues which do not apply within child welfare systems.

1.4.56 Pratt (1993) argues that, because of a lack of fit between restorative principles and traditional approaches to crime and punishment, it is impossible to introduce interventions based on restorative justice into existing systems. Notions such as the involvement of

victims, allowing all parties to 'have a say', shifting power from the criminal justice system to the community and adopting a non-retributivist stance towards offenders all represent, to some degree, a departure from the traditional adversarial system of justice currently in place. Yet there is evidence of FGDM working well in a youth justice context, so these philosophical tensions do not present an insurmountable obstacle to the incorporation of this approach, though they do highlight some potential difficulties in implementation.

1.4.57 One of the identified benefits of the use of FGDM in youth justice is more potential for benefiting victims of crime. Hayes *et al* (1998) argue that victim representation differs on the basis of the volume of referrals processed by FGDM schemes. Victims were present at around 50 to 60 per cent of conferences held in high-volume jurisdictions such as New Zealand and South Australia, while in low-volume schemes such as that of Queensland, victims attended over 90 per cent of FGCs. This finding suggests that as volume increases, there is less time available for preparing and involving victims, so fewer attend. This explanation is supported by Morris & Maxwell's (1998) research from New Zealand which found some victims had not been invited, others perfunctorily so, some were not well prepared and there was little attention to their needs. Furthermore, Jackson & Morris (1998) state that a significant minority of victims in New Zealand were dissatisfied and felt they had not been able to express themselves when attending conferences. In contrast, Wundersitz & Hetzel (1996) describe practice in Southern Australia in which the attendance and needs of the victim are prioritised and outcomes carefully managed to ensure that they are acceptable to all parties.

1.4.58 Research on outcomes typically focuses on the impact on victims and offenders. Based on a meta-analysis of evaluations of both FGCs and mediation schemes, Williams-Hayes (2002) concluded that, in comparison with other interventions these restorative schemes reduced victim's fears of revictimisation, enhanced offender and victim satisfaction with the process and increased the frequency with which restitution negotiations and agreements were completed. Morris & Maxwell (1998) provide a useful overview of research on justice FGCs in New Zealand in which they argue that although a victim is present at around only half of conferences, this can be attributed to them not being invited or the time and place being unsuitable, rather than lack of willingness to attend. Sixty per cent of victims attending a FGC described it as a helpful, positive and rewarding experience in which they generally felt involved, while 70% of victim's family members expressed satisfaction at FGDM outcomes. About a quarter of victims stated that they felt worse after attending a FGC, mainly because they felt that the young person was not truly sorry for their actions. etc.

1.4.59 Evaluating Winnipeg's use of FGCs in youth justice, Longclaws *et al* (1996) examine process outcomes for a small sample of eight aboriginal offenders. They found that 'disorganised' families could reach a consensus and develop plans for their children using a culturally appropriate decision-making process. However, the low level of victim participation and the fact that judges largely ignored family plans suggest that the process implemented required substantial modification in order to be effective.

1.4.60 An analysis of reconviction data by Morris & Maxwell (1998) found that the proportion reconvicted within a year of their FGC (26%) was no worse than other disposals (a comparison group was not used, but results were compared with studies of other disposals). They also argue that the probability of reconviction was reduced when restorative elements of FGDM were successfully achieved; persistent recidivists were least likely to

complete agreed tasks and were less likely to apologise. However, as well as being sources of potential bias within the criminal justice system, prior offending and being Maori were the most significant predictors of reconviction.

1.4.61 In a similar study, Hayes & Daly (2003) analysed re-offending outcomes from the South Australia Juvenile Justice (SAJJ) project discussed above. They observed and distributed questionnaires at 89 Adelaide conferences in 1998 and interviewed the relevant offenders and victims in order to record indicators of restorativeness (e.g. accepting responsibility, apologising, expressing defiance/remorse) and procedural justice (e.g. outcome decided by consensus, police treated offender with respect). Variability in these aspects of conferences was compared with variability in post-conference rates of offending, indicating that two indicators of restorativeness (remorse, conference ending on a high) and one indicator of procedural justice (outcome decided by consensus) were associated with a lower likelihood of re-offending. Higher rates of re-offending were closely associated with young people being aboriginal, socially marginalised and a record of previous offending, but even among young people who fitted this profile, there were indications that these key aspects of the conferencing process had an impact on future offending.

1.4.62 A number of studies have compared reoffending among young offenders subject to FGDM and non-FGDM interventions. The Reintegrative Shaming Experiment (RISE) project randomly assigned four groups of offenders (drunk drivers, violent offenders aged up to 29, juvenile property offenders and shoplifters) in Canberra (Australia) from 1995 to 2000 to either a court or conferencing pathway. Sherman *et al* (2000) report significant reductions in the average post-referral rate of offending for violent offenders undertaking a conference but no differences were observed in other groups. However, Hayes & Daly (2003) point out that their methodology was problematic because the requirement of a guilty plea prior to conferencing meant that groups were likely to be similar in ways that were associated with their re-offending.

1.4.63 Luke & Lind (2002) compared re-offending among first-time offenders appearing in the youth court and undertaking conferencing in New South Wales. After controlling for gender, age, offence type and aboriginal background, members of the conference group were 15 to 20 per cent less likely to re-offend or reappear than members of the court groups. However, using further analysis to evaluate the influence of ethnicity, gender and FGDM involvement on recidivism, Baffour & Doniece (2003) found no statistically significant difference between re-arrest rates of FGC and non-FGC participants.

1.4.64 Aside from Pratt's argument regarding a philosophical lack of fit, there remain some uncertainties regarding the practical place of such initiatives in contemporary justice systems. New Zealand opted for a drastic overhaul of the court process, but Jackson & Morris (1998) argue that FGCs could easily be implemented by undertaking them during periods of deferment following an admission of guilt. In Scotland, as is the case in New Zealand and Southern Australia, Youth Courts (operating in Airdrie and Hamilton (McIvor *et al*: forthcoming)) could present an ideal mechanism for instigating such proceedings. The introduction of FGDM as a pre-court diversionary mechanism would also be possible. Again, the existence in Scotland of Children's Hearings could possibly act as a model for such an initiative.

FGDM in Education

1.4.65 Alongside developments in child welfare, FGDM is also being used in some educational settings in the UK (notably Hampshire and Northern Ireland). In this context, an education professional working with a child and their family identifies the need for a conference in order to support their attempts to find solutions to issues encountered. Although much appears to be left to the discretion of the professionals concerned, the kinds of problems FGDM tends to be used for in such settings are bullying, non-attendance, behaviour which may lead to a threat of exclusion and other situations which could jeopardise a child's education. Aside from the child, their family, the referrer and the co-ordinator, the child's teacher and other staff they know well may attend the FGC. Also, if the case involves bullying, the other child and their family may be represented. Aside from this, FGCs in education are largely the same as in community settings.

1.4.66 In Hampshire, FGDM has been used in schools since 1998. Crow (1999, 2000, 2001) reports on their implementation, process and outcomes in a series of papers available online. She argues that implementation generally progressed well due to enthusiasm among head teachers and the fact that an FGDM infrastructure already existed in the county. However, implementation was hampered by a lack of involvement from social services, the large number of schools involved and limited funding. Despite these problems FGDM was received well by education professionals with 60 referrals and 44 FGCs during the first 18 months. Crow notes that boys were referred more often than girls (3:1) and more frequently for behavioural problems (girls tended to be referred for attendance problems). The particulars of the process (length of time to arrange, number of attendees) were largely similar to other FGCs. Similar findings were also apparent when participants were asked about their satisfaction with aspects of the FGC process; most were positive about their meeting but a small number expressed dissatisfaction. In particular, 21% of family members stated that they did not feel they could participate fully while others identified a lack of support or respect from professionals and 'hearing the child's voice' as problematic. Overall, most professionals and family participants were positive about the FGDM process and stated they would be happy to take part in a conference again in the future. They were often surprised by the level of commitment shown by others to the process. This was seen as essential to the success of FGDM and to achieving positive outcomes.

1.4.67 In the short-term, beneficial outcomes included an increase in understanding between the family and school, participant satisfaction with plans (agreed in 95% of FGCs) and immediate positive changes at home and at school. In a similar fashion to the high level of social welfare involvement observed in normal FGC plans, two-thirds of plans agreed at education FGCs included actions to be undertaken by authorities (in this case, the school). Crow (2001) discusses outcomes after six and twelve months for 50 children referred during the first year of operation. Boys with behavioural problems were most prevalent within this sample. Half of the schools made positive comments about the effect of FGDM on the children concerned. There was a significant positive effect on outcomes, with over half (52%) improving, 28% staying the same and 20% deteriorating in terms of their behaviour, attendance or both (a statistically significant improvement was observed in attendance). However, in relation to behavioural problems, FGDM resulted in improvements for many, but deterioration (i.e. permanent exclusion) for others. Despite this, there were no significant differences between outcomes for children– much of the difference between groups was thought to be due to age and gender.

1.4.68 The Northern Ireland School Restorative Conferencing (SRC) scheme began in five post-primary schools in 2000 (expanding to cover 18 schools in 2005). Adapted from the juvenile justice model used in Northern Ireland, it is run along very similar lines to the Hampshire scheme described above. Over the first two years of operation the scheme received 64 referrals, resulting in 27 SRCs and 27 plans (Gribben :2005). The main reason for referral was bullying (followed by aggressive behaviour, drug use and truancy) and Gribben reports that positive outcomes were achieved in most, if not all, cases.

1.4.69 On the basis of the limited evidence available, all of which originates from the UK, FGDM in an educational setting appears to be no less effective than when implemented in a community setting. These studies indicate that they are viewed positively by professionals and families and can result in positive outcomes when both sides are committed to the process. Although no long-term perspective on the issue is forthcoming, referrals appear to be relatively high, perhaps indicating that education professionals may not have the same reservations about using the model as social workers. However, such a finding might also be consistent with the high proportion of low-risk cases encountered in an education setting.

Costs

1.4.70 The true costs of implementing and administering a FGDM project are extremely difficult to determine. In order to make a robust comparison between FGDM and other decision-making fora, start-up and operational costs (the principal expenditure being co-ordinator time) must be incorporated alongside estimates of savings (including actual/possible outcomes and their associated costs) for matched samples of families dealt with using each process. Taking into account the lack of reliable long-term outcome data, the difficulties involved in collating and analysing budgetary data means that existing analyses have tended to provide only a partial view of the costs and savings associated with FGDM.

1.4.71 In common with the paucity of evidence on costs, funders' cost expectations are discussed infrequently within the FGDM literature. Lupton & Nixon (1999) argue that convincing potential funders of the cost-effectiveness of FGDM is potentially problematic. Presumably, this issue is associated with a generalised reluctance to fund new approaches and may not be quite so relevant now (some fifteen years after the introduction of FGDM). Some of the literature suggests that there is also an (somewhat contradictory) expectation that, once in place, FGDM will reduce expenditure on resource provision by promoting care within the family. Overall, the evidence suggests that FGDM plans tend to bring in both family and social welfare resources but do not result in any drastic reduction in demand for the latter. Shore *et al* (2001) found that in at least 80% of plans analysed, social welfare services were identified (most frequently health services such as counselling). In all of the agreed plans they studied a family-driven resource was also listed. Rather than reducing demand, the nature of the welfare services requested by families tends to shift from interventions focused on out-of-home care (e.g. foster placements) to those aimed at resolving issues encountered by families (e.g. counselling and in-home support). On the issue of cost, Marsh & Crow (1998), evaluating the UK pilots, found that 75% of FGC plans were graded by service providers as being of low to medium cost. Following implementation, it was found that the majority of plans (55%) cost less than had been anticipated while 39% cost the same. Overall, only six per cent of plans resulted in higher than anticipated costs; these were principally associated with the provision of residential care.

1.4.72 On the basis of an overview of the available evidence, Merkel-Holguin *et al* (2003) state that FGDM is cost neutral or provides cost savings. Evidence from other, more detailed, costing exercises tends to confirm this finding. Burford & Pennell (1995) recognise the problems of achieving robust cost estimates but state that, as those undertaking FGDM were existing clients of social services, no new monies were required for setting up the Newfoundland project. They found that the only additional expenses associated with holding a FGC were travel expenses and co-ordinator time. With regard to the period following a conference, they recognised that costs vary and may initially be higher in the short-term (e.g. because temporary care placements are requested), stay the same or decrease. Overall, they argue that the greatest shift in resources was from the costs of foster care to the costs of in-home support, but due to the lower cost of the latter and the desire of families to accommodate their own kin, the costs of FGDM could be met within existing budgets.

1.4.73 Mandell *et al* (2001), discussing their evaluation of Toronto's FGDM scheme, also provide some tentative costings. They estimate that the average cost per conference was $1850 (composed mainly of co-ordinator time and expenses), with the additional cost of plans being negligible. Furthermore, they calculated cost savings of between $600,000 and $900,000 based on the avoidance of 'in-care' days for the 20 to 30 children who went to live with family members following their FGC. They postulate that other savings may result from reduced time spent in court, reduced family legal fees and other court costs. Taking these into account, they argue that the FGDM project, costing $225,000, may have resulted in cost savings of double that figure.

1.4.74 Crampton & Jackson's evaluation (2000) of a FGDM project in Kent County, Michigan provides further interesting findings. From a total of 96 families referred over a three-year period from 1995 to 1998, they state that 60% developed a plan resulting in children avoiding foster care or court involvement. Therefore, assuming that children diverted by FGDM would have been removed from home and made court wards (at an estimated cost of around $6,000 for each of the 50 children involved), savings exceed programme costs by around $80,000. Despite the encouraging findings, this analysis is somewhat simplistic in ascribing to all a universal cause and effect without taking due account of intervening factors or differentiating characteristics.

1.4.75 While again it must be stated that the evidence to support any definite conclusions is lacking, the cost evaluations so far undertaken appear to suggest FGDM has little or no impact on welfare expenditure. While FGDM must not be implemented on the basis of anticipation or expectation that it will reduce expenditure, the approach may result in some cost savings. However, attempting to make further savings by cutting corners in the implementation or operation of the approach may have unintended, probably detrimental effect and should likewise be avoided.

Summary

1.4.76 Literature on FGDM demonstrates a number of important points which broadly support the implementation and use of the approach:

- there is a high level of process satisfaction among family members, children and social workers in relation to FGDM;
- participants from among the family generally experience a considerable level of engagement with, and involvement in, the FGDM process;

- family members are supportive of private family time;
- FGDM may assist in improving relationships between family members and with social care professionals;
- a high proportion of FGCs result in plans being successfully agreed and implemented;
- FGC plans are often perceived by social workers as more creative and offering at least as much protection for children as they could offer themselves;
- FGDM leads to long-term outcomes that are, in most cases, no worse than those following traditional decision-making fora;
- victims of crime may benefit from involvement in a FGC;
- applying FGDM in youth justice and education fields brings about outcomes comparable with those achieved in child welfare;
- FGDM maximises resource provision from families; and,
- FGDM is likely to be cost neutral or provide savings.

1.4.77 However, there are some persistent problems associated with the approach and a generalised uncertainty regarding its efficacy in bringing about positive long-term outcomes. Many of these problems allow obvious scope for further research and clarification. Specifically, these are:

- the effect of selectively adhering to certain core FGDM principles is unknown;
- there is some evidence that family members, particularly children, may feel marginalised and detached from the FGDM process;
- FGCs have the potential to be upsetting and negative experiences for some participants;
- professional remained concerned about the potential for conflict during private family time and often doubted whether all pertinent issues were discussed;
- there is considerable ambiguity regarding adherence to plans, but where monitored FGC plans are not adhered to by family members or by social welfare agencies;
- there is a lack of truly robust research evidence stating that FGDM results in positive outcomes for children;
- in common with FGDM in child welfare, there is no robust evidence that FGDM results in positive outcomes for children in the youth justice and education fields; and,
- there is a lack of reliable evidence on the cost effectiveness of FGDM.

1.4.78 The following chapter continues the interpretation of this material, identifying a number of important practical themes about which there is considerable debate. In relation to these issues, effort will be made to examine the relevant literature and, if possible, identify best practice.

CHAPTER FIVE: LESSONS FROM PRACTICE

Introduction

1.5.1   Literature on FGDM broadly supports the implementation and use of the approach:
However, there are some persistent theoretical problems associated with the model and a
generalised uncertainty regarding its efficacy in bringing about positive long-term outcomes.
A number of important practice-related themes emerge from the literature. This section
refers to these areas, discussing findings from international studies which often express
considerable agreement on the centrality of certain roles or activities (i.e. preparation, co-
ordinator independence). On other matters discussed there is some ambiguity or uncertainty
as to best practice, but there is also wide recognition of the issue as a serious and valid
concern for those implementing FGDM schemes (e.g. training). This section discusses a
number of these themes, highlighting the relevant literature where appropriate in the hope
that .further examination of these debates may help to establish them at the centre of
discussions on implementation.

Co-ordinators

1.5.2   FGDM attempts to manage the tension between compulsory intervention and family
choice through the role of the co-ordinator (Marsh & Crow: 1998). The co-ordinator's role is
to engage and prepare participants for the FGC, raise safety issues that may affect the
conference and assist in the creation of a plan to address the issues of concern. The co-
ordinator also facilitates the conference itself and distributes copies of the plan afterwards
(Merkel-Holguin & Wilmot: 2004). In most cases (80%), Nixon *et al*'s survey revealed that
the individual who prepared the conference also co-ordinated it. Overall, the role of co-
ordinator is absolutely critical to achieving success in conferencing.

1.5.3   There has been some debate as to the preferred career background of FGG co-
ordinators and how they should be recruited into FGDM schemes. Marsh & Crow (1998)
report that in the early English and Welsh pilots almost all were recruited by word of mouth.
Many co-ordinators came from a social work background (75% had a social work
qualification, over half had experience in a social work area team and around 10% had
worked in probation and education welfare) or had experience in teaching (around a third).
The employment status and pay of co-ordinators varied between these schemes. In areas
where co-ordinators were already employed by the social work department, it was decided
their role would fit in with their existing work. However, this arrangement was not generally
successful - in Wandsworth, stress resulting from cramming their co-ordination duties into
ordinary work time led to the individual concerned withdrawing from their FGC role. In
Hereford, social workers themselves prepared and co-ordinated conferences, resulting in a
perception that meetings were sometimes convened to ratify professional decisions. Under
these circumstances families felt that their agendas were not fully explored and issues not
fully explained to them.

1.5.4 Current recruitment practice in Scotland requires that co-ordinators have a
background in social work, health or education (Hamilton: 2005), effectively shaping
recruitment so that it mirrors the actual composition of co-ordinators observed by Marsh &
Crow (1998). Hamilton admits that such a policy may have a restrictive effect, imposing a

professional, rather than community-led model onto FGC practices. Other jurisdictions employ a range of community or voluntary agency co-ordinators. Nixon *et al* (2005) state that most schemes (64%) use paid employees of the sponsoring agency as co-ordinators. Twenty per cent of schemes use paid contractors, ten per cent use aid volunteers and five per cent unpaid volunteers as co-ordinators. Merkel-Holguin (2003) argues that no consensus exists on which group performs best; the crucial factor is simply that implementation must be shaped by local context.

1.5.5   Although the status of co-ordinators and schemes do not necessarily go hand in hand, this issue raises further question about the position of FGDM schemes in relation to their main referrers. Is it beneficial if FGDM schemes are run by social work departments or is a position of independent affiliation preferable? No literature is available comparing referral patterns, process satisfaction and outcomes among schemes occupying such positions. Therefore, in the absence of such evidence, Merkel-Holguin's simple guidance that the model must fit the local context (i.e. be based upon the existing inter-agency frameworks and strategies) appears eminently sensible.

1.5.6   If FGDM schemes are to occupy a position of independence from their main referrers, they may be disadvantaged by social workers' lack of knowledge about the scheme or lack of familiarity with the staff concerned. However, the lack of social work influence may also benefit such schemes should they opt to adhere to core FGDM principles. The opposite is true of schemes positioned in or alongside social work departments – the benefits of higher referral volumes must be weighed against the potential for subversion or sidelining of elements of the scheme. A number of lessons emerge from New Zealand where the co-ordinator is an employee of the social work department (co-ordinating social worker) but is insulated from the referral process. Pakura (2004) argues that here, where social workers perceived co-ordinators' pay and conditions to be more favourable than their own, more care should have been taken to ensure that the terms of such appointments were perceived as equitable by other staff members. Also, ring-fencing co-ordinator's FGC-related time appears necessary if they continue to occupy another post. Regardless of their employer, there must also be a sufficient number of co-ordinators in post to permit community and resource development work to co-exist alongside preparatory work for FGCs.

1.5.7   Aside from employing those with a social work background, some schemes invite applications from a wider range of applicants possessing person-centred, facilitation skills. This raises questions regarding the appropriate 'skill set' of co-ordinators and whether there are any advantages in employing those with a social work or educational background. Marsh & Crow (1998) discuss co-ordinators' perceptions of the skills and qualities they thought were required in their role. Communication skills were thought important, particularly negotiation and mediation, along with the abilities to engage people, clarify and shape information. Skills in organising events, experience in group work, professional networking and a belief in the model were also though valuable. There was little support among co-ordinators for the idea that specialist social work skills were needed. However, social work experience was regarded as a possible advantage in that it equipped co-ordinators with knowledge of the types of directive behaviour they should try to avoid. Experience of working with other professionals, experience of working with people under stress or in distress, experience of group work and skills in maintaining clear boundaries were regarded as more important than a particular professional background. Co-ordinators also stressed the need for continuing support and supervision. There was little evidence of similar attention being paid to this subject by other researchers in the FGDM field. However, on the basis of

this study it appears that there is no justified basis for restricting appointments to those with a social work background.

1.5.8   There is a great deal of evidence that once appointed, co-ordinators are potentially critical to the success of FGDM. Furthermore, there is also significant support from the literature for the independence of FGC co-ordinators (not in the structural sense discussed earlier, but in an occupational sense). Marsh & Crow argue that a range of international studies (Burford & Pennell: 1995, Maxwell & Morris: 1993, Lupton *et al*: 1995) comment on the centrality of the co-ordinator and call for attention to professional development, professional support and measures to secure their independence, which is often seen as integral to the success of FGCs. Mandell *et al* (2001) report unanimously positive perceptions of co-ordinators from families and workers alike. Murray *et al* (2001) also reports that almost all attendees of Scottish FGCs (families and professionals) praised co-ordinators. Barker & Barker (1995), Rosen (1994) and Lupton *et al* (1995) report family members being appreciative of co-ordinator's skills, successfully distinguishing them from other staff members and viewing their independence as a vital attribute. Cashmore & Kiely's (2000) study also showed very strong support among family members (81%) and professionals (100%) for co-ordinators being independent. In this study, co-ordinators saw their independence from case management and service provision duties as essential in maintaining their impartiality and shielding them from details of previous client involvement with welfare services. Social workers also appreciated the benefits of utilising independent co-ordinators (arguing they provided effective facilitation, were less threatening and aided arbitration between parties) and viewed them as necessary to engage some families.

1.5.9   Framing the issue even more starkly, Merkel-Holguin *et al* (2003) highlight research which suggests that perceptions of facilitator effectiveness may relate directly to outcomes. They identify at least one study in which this variable was a significant predictor of success, as judged by other FGC attendees. Although this issue requires further evaluation, it is justifiably seen as alarming by Lupton & Nixon (1999) who argue that such reliance on the skills of co-ordinators is an issue of concern for FGDM. If the very success of the approach hinges on the co-ordinator, this places a huge burden on their shoulders, allowing little margin for error in terms of appointments to FGDM projects or in the co-ordinators' execution of their duties. Given that co-ordinators may not always be able to exert influence over referrals, acting as passive recipients of referrals from an often inconsistent and unprincipled process, an absence of control may ultimately lead to stress and dissatisfaction. The institution of formal training, induction and supervision procedures may help to avoid such negative outcomes but may also distance FGDM from its roots as a movement.

Training

1.5.10 Training is an essential tool in establishing best practice throughout FGDM. While the appointment of co-ordinators with an appropriate 'skill set' may go some way towards ensuring appropriate staff are appointed, applying those skills appropriately requires training and ongoing supervision. Staff who refer to, or provide information at FGCs also require training in order to raise awareness of the model and contextualise FGDM and family empowerment within contemporary practice[25].

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[25] Gallagher and Jasper (2003) decry just such a lack of provision in their article discussing health visitor's uncertainties regarding the role of FGCs in child protection planning.

1.5.11 Despite the obvious need for good practice in relation to training, there is little discussion of the issue in the literature. Possibly the most comprehensive account of co-ordinator training in practice is from the initial UK pilots (Marsh & Crow: 1998), where, although there is little discussion of training content, the process of setting up training programmes is fully described. It was reported that training for staff and co-ordinators was initially developed by projects themselves with the result that considerable variation emerged (in one area co-ordinators met for training days/sessions for a period of more than a year before the project was launched, while in other areas *ad hoc* arrangements (including shadowing, learning on the job) emerged). In all areas social workers were asked to attend in-house training events which included a discussion of the FGDM model, the FGC process and implications for practice. Although there was widespread support for the training, an absence of 'refresher' events led to a dearth of detailed recollections about core issues. The need for ongoing training and the linking of training with FGDM ideals and principles featured strongly in comments emerging from these events.

1.5.12 Such suggestions may have contributed to the preparation of 'rough' guides for staff and co-ordinators by FRG. Information for staff included sections on who may require information about FGDM (e.g. social workers, other referrers) and provided guidance for potential information-givers (emphasising jargon-free writing). Information available for co-ordinators stressed the need for sufficient time to cover all aspects of training, need to direct the involvement of other staff, elements of supervision and role play. These guides also clarified elements of the model, emphasised organisational commitment to FGDM and the importance of supporting staff in implementing the approach. The need for on-going training for co-ordinators to ensure principles were adhered to and adapted where necessary was also recognised along with the need for appropriate supervision and the monitoring of progress.

1.5.13 In relation to the adoption of a new and innovative approach such as FGDM, the reflexive modification of training seen in the English and Welsh pilots appears to be an appropriate model to implement. Here, deficiencies in training methods used were detected and responded to effectively along with the demands of new developments and perceived training needs. Sandau-Beckler (2003) also identified five distinct future training needs as part of their evaluation of a New Mexico FGC scheme:

- Training for new case workers.
- Strengthening of conflict management skills
- Help with making and writing up a plan - case-specific activities for clients with substance abuse issues.
- Management of serious mental health issues in FGCs
- Engaging the legal system with FGCs

1.5.14 While the adoption of an *ad hoc* approach to training may have been appropriate during the respective periods when FGDM emerged in various jurisdictions, as use of the approach has grown the need for more formal and informal training-oriented structures has also increased due to the volume of training required and demands for the standardisation of training and institution of best practice.

1.5.15 Discussing the training of co-ordinators/facilitators in the US, Chandler & Giovannucci (2004) state that a national body, the Family Conference Institute (FCI), was set up in 1998 to act as a resource for co-ordinating FGCs and training facilitators. Other

jurisdictions (e.g. Hawaii) have arranged for their facilitators to be trained by a non-profit organisation. There, potential facilitators must complete 12 hours of orientation, 40 hours of training and co-facilitate five cases before facilitating alone. While no US jurisdictions have required a certificate to undertake such work, Santa Clara County has established training and practice protocols.

1.5.16 In the UK, many of the training programmes current operating are organised by voluntary agencies. As well as running FGCs, providing consultancy services and supplying independent co-ordinators, FRG, Barnardo's and NCH also operate training courses for managers, co-ordinators and advocates. These courses cover subjects such as referring to FGCs, developing a service, promoting children and young people's participation and providing training and support for new practitioners. FRG also provides information about a network of national FGDM groups (one in each UK country) which aim to develop standards, promote the use of FGDM, enhance service user involvement and provide information to the public and practitioners. Alongside this network, an independent network of regional groups has also been developed by practitioners and managers (the Scottish regional and national groups are the same entity). These generally meet around every two months and provide a means of sharing information and ideas about implementation, practice issues, training and peer support. Barnardo's, FRG and NCH also jointly publish a useful document entitled *'Family Group Conferences; Principles and Practice Guidance'* which offers basic information about the model, it's constituent principles and their application for both family and social work audiences. In Northern Ireland (Gribben: 2005) the Children's Services Manager and Education Team Leader developed a four-day course for co-ordinators. This aims to challenge worker's attitudes towards family empowerment and equips them with the necessary facilitation skills. Co-ordinators are also shadowed in their first FGC and thereafter may call upon the support of a colleague in more complex cases.

1.5.17 In Scotland, Children 1st undertake much of the training within projects that they manage and also within associated organisations. Children 1st provides training for external agencies and professional participants. Hamilton (2005) reports that Children 1st has established a FGC Development Unit to promote the use of conferencing across a wide range of fields. In relation to co-ordinators, induction, ongoing training programmes and the re-appraisal of skills are emphasised alongside work and peer support structures designed to alleviate the situational problems faced by singleton workers. Awareness workshops promoting use and knowledge of FGCs among Children 1st staff are also discussed. More recently Children 1st has developed a FGC Standards toolkit which is expected shortly.

1.5.18 Although a considerable amount of energy is evidently being expended on FGDM training, there is no coherent body of literature documenting these developments. Hence, while it is possible to identify broad trends in FGDM training and development, specific details (e.g. numbers participating in training, impact of training etc.) are largely absent from the literature. As a result it is hard to identify specific best practice guidelines in relation to this issue other than suggesting that training be responsive, shaped by local contexts and ongoing. However, further efforts to mainstream FGDM may be assisted greatly by instigating further training for referrers and other associated professionals and by clearly demonstrating therein organisational commitment to the model.

Ethnicity

1.5.19 Matching co-ordinators to families in terms of ethnicity has been recognised as another important issue for FGDM, but one which very much depends upon the local context. Obviously, matching is a concern most relevant in urban areas or locations with concentrations of indigenous or ethnic minority families. The advantages associated with co-ordinators sharing the same cultural background as participating families are that they may be better equipped to meet the relevant cultural and family customs, locate extended family members, gain their trust and involve them effectively in proceedings.

1.5.20 The experience of countries with large indigenous populations dominated by colonial government structures differs markedly from that of the UK. FGDM developed from and was designed to meet the needs of such communities and was afterwards applied to white non-indigenous populations. Applying such measures within these different contexts required modifications to the preparation and conferencing procedures (mostly in terms of the meaning and participation of extended family, FGC setting, ceremonial procedures, follow-up etc.). In the UK, a country with its own diverse mix of cultures and ethnicities, similar challenges would also have to be faced. However, experiences of matching in the UK have not always been favourable. Marsh & Crow (1998) state that in the early UK pilots, ethnic minority families sometimes preferred co-ordinators to be of a different ethnic origin because they felt shame and embarrassment when sharing problems with a member of their own community. They concluded that matching on the basis of language was more important than matching on the basis of race. Chand & Thoburn (2005), discussing a range of child and family support services in relation to ethnic minority communities, also argue that the ethnicity of social workers (or co-ordinators in this context) is irrelevant provided that they are respectful, open-minded and culturally sensitive.

1.5.21 Ban (2005) discusses the application of FGCs in the context of indigenous child welfare and placement issues. He argues that if communities are not empowered to resolve their own problems, professional interests and traditional power relations re-emerge, resulting in only token acknowledgement of minority cultures. It is imperative that FGC practitioners gather information about cultures that may be encountered in the community and consult with community leaders and families about how FGDM can meet their cultural needs. This was the approach taken by Waites *et al* (2004) who, in conducting focus groups with African American, Cherokee and Latino/Hispanic communities in North Carolina, found quite different cultural needs and widely divergent attitudes towards FGDM identified by those groups. Where such diverse ethnic groups co-exist, FGDM projects must recognise differences between communities in the same way they recognise differences between families and strive to adapt their procedures accordingly if they are to succeed in achieving beneficial outcomes across a range of settings.

Preparation

1.5.22 Comprehensive preparation of participants is a cornerstone of best practice. Preparation helps attendees to understand their roles as decision makers, creates an atmosphere of safety and understanding and promotes family leadership (Merkel-Holguin: 2003). The link between the breadth and depth of family preparation and positive outcomes has been demonstrated in a number of evaluations. It has also been argued that thorough preparation of professional contributors may be a significant predictor of positive outcomes.

1.5.23 Preparing for a FGC takes time. Pennell & Burford (2000) state that, in Newfoundland, the average length of time from referral to FGC was three and a half weeks and conferences took around 40 hours to prepare for (because of the complex issues tackled in the project being evaluated). Cashmore & Kiely's (2000) evaluation of the New South Wales pilot puts the average preparation time for each conference at 20.6 hours for facilitators and almost five hours for the project co-ordinator. In the UK and Europe, Marsh & Crow (1998) indicate that FGCs took an average of 22 hours to set up. Sundell & Haeggmann (1999) and Lupton & Stevens (1997) both offer a figure of 23 hours, while Rasmussen & Hansen (2002) provide an average of 29 hours. Nixon *et al* (2005) state that the average time to prepare and convene a conference was around 16 hours over three weeks. However, they argue that this was dependent upon the number of people involved and the type of conference planned.

1.5.24 While most studies state that families had positive perceptions of FGC preparation, whether even the most diligent preparation can adequately equip families for the often stark reality of a meeting is a moot point. Despite this difficulty, Burford & Pennell (1995) reported high mean satisfaction ratings among family participants in relation to this matter, with perceptions that preparation was adequate scoring highly on the scale they employed (mean 3.86 out of 4). Cashmore & Kiely (2000) also reported that around eighty per cent of family respondents in their New South Wales evaluation felt they were adequately prepared. Murray *et al* (2001) indicated that the main criticism from families involved in Scottish FGCs was that they were not adequately prepared. On the other hand, Hamilton (2005), also reporting on the Scottish pilots, states that 95% of all participants (families and professionals) stated they had received sufficient information before their meeting. O'Brien's (2002) study of the Irish pilots found rather less positive results; 35% stated they were adequately prepared and a further 35% stating they were only partly prepared. Walton *et al* (2003), evaluating Utah's FGDM project, also state that around a third of participating families would like to have been better prepared for their FGC. Families suggested a pre-conference meeting with the facilitator to orient them to the purpose of the conference, its voluntary nature and attendance by professionals.

1.5.25 In summary, preparing for FGDM is not a task that can be rushed – a considerable number of hours are required over a moderate length of time. Moreover, the quantity and quality of preparatory work has a profound effect upon the number of attendees, the conference dynamics, the potential for discord, the functionality of the family as a decision-making body, the quality of resources offered and the outcomes of the FGDM process. In order to inform best practice, there must be further examination of what actions must be accomplished prior to a conference taking place, their effect on outcomes and the time period required for optimum preparation.

Expanding the Circle

1.5.26 The principle of expanding the circle, promoting a wide conception of family has been shown as effective. The inclusion of the family is both a necessary precondition of FGDM and also has a part to play in outcomes, maximising the diversity of voices at the conference and broadening the scope of resources that plans may incorporate.

1.5.27 Merkel-Holguin *et al* (2003) state that virtually every study has shown concerns about poor FGC attendance to be unfounded. If family members are invited and comprehensively prepared they will attend, and often in greater numbers than at other social work decision-making fora. Moreover, FGDM increases attendance by fathers and paternal relatives, whose poor attendance at traditional child welfare decision-making meetings has been criticised in the past. Murray *et al* (2001) report attendance by between three and eleven family members or friends at Scottish FGCs. Hamilton (2005) reports an average of five or six family attendees (most participants also thought that the right people were present (86%) and that nobody was missing from the meeting (59%)). The Washington FGDM scheme (Shore *et al*: 2001) was particularly successful at involving extended family, with an average of five maternal and three paternal relatives attending. Marsh & Crow (1998), reviewing evidence from evaluations in New Zealand and Australia, state that the average number of family members present was six. In their own research on the UK pilots, an average of seven family members were invited to meetings (84% said the right people were invited) and six family members did attend. Parents were present at 96% of meetings (fathers refused to attend 22% of FGCs, mothers refused to attend 9%), which is higher than in traditional UK social work meetings. Furthermore, they argue that research suggests FGDM is successful in engaging and securing high attendance among families with poor relations with social services.

1.5.28 Merkel-Holguin *et al* (2003) point out that achieving the appropriate balance between families and professionals is essential. Jackson & Morris (1999) state that, in the Hampshire pilot, professionals equalled and in some cases outnumbered family members. However, among the UK pilots as a whole, Marsh & Crow (1998) found that an average of 2 professionals (most of whom were from social services) attended. Although this creates a healthy professional to family ratio of 2:6, it was also noted that many professionals were invited to attend as information givers but did not do so. Hamilton (2005) reports that in the Scottish FGCs, an average professional to family ratio of 3:5.5 existed. In Canada, Burford & Pennell (1995) found an average professional to family ratio of 2:5.1. Evidence from New Zealand (Marsh & Crow: 1998) shows that around three or four professionals regularly attended FGCs, while Roujanavong (2005) states that a minimum of around four professionals attended Thai conferences. Although these schemes experienced higher professional attendance than in the UK, both were juvenile justice applications of the model, which may necessitate the presence of other professionals. Overall, then it appears that, numerically at least, FGCs are weighted towards family members, as befits their purpose as a mechanism of empowerment.

1.5.29 In summary, the literature strongly suggests that effective preparation can optimise family and professional attendance. If the principle of extending the circle is adhered to, FGDM can be more effective than traditional decision-making forums at involving extended family members (particularly paternal relatives) and promoting a wide range of potential welfare resources. Extending the circle also entails rebalancing the professional to family attendance ratio to ensure that all relevant agencies are represented without stifling the voice and decision-making potential of families.

Monitoring

1.5.30 The FGDM process may involve a monitoring element intended as a means of overseeing the execution of a plan agreed during the meeting. Monitoring may be undertaken by a family member or a professional and can be more or less structured, depending upon the

needs of the family concerned. At the less stringent end of the monitoring spectrum, a family member would be the designated monitor and would simply report any significant deviations from the agreed plan to an external agency. More stringent procedures could involve regular meetings between the family and an appointed professional, formal reviews etc.

1.5.31 Ascertaining the relative frequency of different monitoring techniques is not possible using the existing literature, which tends to be quite vague in relation to this issue. A notable exception is Marsh & Crow's (1998) evaluation, which states that monitoring was undertaken by the social work department in 67 of the 80 cases they studied (monitoring was undertaken by the family or school in the remaining cases). Reviews were also arranged at six FGCs, all of which resulted in further plans being agreed. However, 14% of plans did not specify monitoring arrangements. Lupton & Nixon (1999) state that there was considerable uncertainty over the extent and consistency of monitoring in the FGCs they evaluated. However, they state that UK evidence suggests variation in the practice of convening reviews or identifying who should undertake monitoring. This ambiguity mirrors the situation in New Zealand, where the literature has also identified monitoring and review arrangements as problematic.

1.5.32 Instituting concrete monitoring arrangements may be beneficial at any stage. Cashmore & Kiely (2000) argue that the decision, midway through the pilot, to schedule review meetings in order to monitor plans and outcomes made a crucial contribution to the successful implementation of some plans and positive outcomes observed. This was seen as particularly important when there was a change of family circumstances or when the case was transferred to another worker or social work team. However, more research is needed on the extent and impact of monitoring arrangements along with the impact of different types of arrangements in order to reach any firm conclusions on best practice.

The place of FGDM in contemporary social work

1.5.33 An area about which relatively little is known is the process of making decisions to refer families for FGDM. Specifically, what in the eyes of social workers makes FGDM a credible option for families at specific points in their contact with social welfare services? Also, how does FGDM fit alongside other social work processes and interventions? Is there a tendency to use it to address specific types of issues carrying a certain level of risk? Is FGDM used to address all the problems which may be faced by a family or is it used to address discrete issues while other problems are tackled using alternative interventions?

1.5.34 There is little debate in the literature on precisely how FGDM should be employed in social work contexts. Gill *et al* (2003) argue that FGDM should be used alongside formal decision-making meetings during the permanency planning process. They argue that it is a necessary step in assessing options for placement within the family and acts as a means of disseminating knowledge about family resources. Using the process in this way facilitates more informed decision-making, makes the family feel they have been consulted throughout the process and ensures that external placement is a last resort. However, using FGDM in such a way may deemphasise family empowerment, implying that the model merely constitutes one possible means of information gathering or one component of a wider multi-method approach rather than **the** means of resolving an issue. Much of the literature (most of it strongly pro-FGDM) contradicts this view, depicting FGDM as a potential stand-alone measure, providing comprehensive solutions to problems.

1.5.35 However, as when using FGDM as stand-alone measure, employing FGDM as a parallel planning component would still help to involve and empower families, demonstrating their ability to make effective decisions. Furthermore, while enhancing family support for social work interventions, utilising FGDM alongside (rather than instead of) other decision-making processes may also help to allay professional concerns regarding disempowerment and the placing of all eggs in the FGDM basket. If ultimate decision-making powers are retained by professionals in some form, the apparent desire among some to restrict the model's use to lower risk cases may lose some of its force.

Summary

1.5.36 The aim of the final section of this literature review was to examine some implementation and practice-related issues from which it may be possible to provide suggestions for best practice. On the recruitment of co-ordinators it was recognised that while most came from a social work, probation or educational background there was no need to restrict appointments to such applicants – other more general mediation/listening/co-ordination skills were similarly valued. Although there was no concrete evidence on the respective efficacy of paid or voluntary co-ordinators affiliated to or independent of schemes (nor the affiliation or non-affiliation of schemes with their main referrers), there is considerable evidence that the independent role of co-ordinators is valued by referrers, co-ordinators and participants alike. Co-ordinator effectiveness and perceptions of FGC success were closely related, indicating the importance of this role and its proper performance.

1.5.37 There is a need for further evidence on the effectiveness of training for co-ordinators and other staff related to the FGC process. The sparse research that exists tends merely to document the content of training courses and their associated institutions, training and induction processes and training needs.

1.5.38 FGCs are potentially upsetting, happy, enlivening or conflictual events which can change the lives of participants. Whether families can ever truly be prepared for such events is debatable, but all possible steps should be taken to ensure they are briefed to the fullest possible extent. Preparation is a cornerstone of FGDM it should not be rushed nor should corners be cut in its delivery. Although it may be possible to provide some guidance as to the average preparation time, such a figure should in no sense be regarded as an optimum figure – the time needed to prepare participants adequately differs according to their needs and the problems they face. Preparation time includes contacting and engaging with both family members and professionals. The evidence suggests that curtailing preparation time will negatively impact upon family attendance, thereby reducing the potential benefits of the process. Time is also needed to give due attention to distinctive cultural considerations and practices.

1.5.39 The ambiguity of monitoring arrangements makes it difficult to collate accurate data on outcomes and may have a negative effect upon plan implementation. Finally, the place of FGDM in contemporary social work practice was discussed, highlighting the dearth of information on how the model is practically utilised. Emphasis on the use of FGDM as a stand-alone measure has resulted in a lack of research into its role within other decision processes and wider social work practice.

CHAPTER SIX: CONCLUDING REMARKS

1.6.1   This review has comprehensively documented and analysed much of the academic and grey literature available on FGDM. Emerging from New Zealand in 1989, this approach has been adopted in numerous jurisdictions and today forms a principal component of many social welfare and juvenile justice systems. However, despite growth in the model's usage, there remain some persistent doubts regarding its applicability, cost effectiveness and subsequent long-term outcomes.

1.6.2   In terms of the key research questions described in the introduction, while it is relatively straightforward to outline the origin, use and development of the model, the lack of credible research on some aspects of the approach make the provision of other responses problematic. While some guidance can be provided the knowledge, skills and values necessary to deliver FGDM, there are few indications as to whether professional or lay provision of such a service is preferable. There also appears to be great ambiguity in relation to professional opinions – the overwhelming enthusiasm of the few seemingly being pitted against the apparent reluctance of the majority to embrace such a model. In terms of cost effectiveness, there are some indications that the model does lead to savings, although care should be taken to ensure these are not pursued at the expense of the model's core principles.

1.6.3   However, it is in terms of outcomes that the most persistent doubts remain. A lack of rigorous evaluation has resulted in a situation where a glut of evidence exists in relation to the high 'process' satisfaction of participants and some of the short-term outcomes. However, this is not accompanied by a consistent body of evidence showing positive long-term outcomes from the process. While these are not likely to be any worse than those of other decision-making fora, such doubts could be contributing to the marginalisation of the approach within social welfare practices.

1.6.4   Crampton (forthcoming) argues that in view of the impossibility of gaining a complete picture of its effectiveness from research, communities should consider discrete elements of the FGDM research when deciding how to implement schemes. He argues that linking this evidence to decisions about which outcomes are desired (e.g. reductions in numbers on child protection lists), which families should be referred for conferencing and which FGDM processes are important (e.g. trading-off preparation time against volume of referrals) allows communities to 'work backwards' in designing their programme so that it is best placed to achieve relevant goals from the outset. It is argued that this approach, based on programme theory (Weiss: 1998), would also facilitate clearer, more positive evaluations.

1.6.5   While designing services in this way may help improve individual programme implementation, there are a number of potential problems which may inhibit such an approach. Firstly, while communities can easily decide on specific outcomes to be pursued, no coherent body of evidence exists that would permit them to make informed decisions about participation in FGDM or what processes are important. As yet there is no conclusive evidence as to who benefits most from FGDM, experimental groups in research on this matter having been restricted on the basis of participant choice or institutionally defined notions of appropriateness. Similarly, the piecemeal nature of research on key FGDM principles does not facilitate enlightened decision-making about the possible effects of curtailing preparation time etc.

1.6.6   Secondly, such an approach towards programme implementation may have the effect of further curtailing rather than enhancing the coherency of FGDM research. Were programmes to focus increasingly on achieving specific outcomes with specific families using specific elements of the model we may not be able to generalise on the basis of their findings nor compare them usefully with findings from other similar jurisdictions. While the results of individual evaluations may become more positive by adopting such an approach, too little is known about the overall effectiveness of the model to restrict their scope and the scope of potential research on such a basis.

1.6.7   Thirdly, the effects of 'watering down' core principles of the model must be carefully considered. Prescribing outcomes, restricting intakes and curtailing access to elements of the model are not consistent with the philosophy of FGDM. In the absence of a coherent body of research contraindicating adherence to the model's central tenets, it should be assumed that deviation may reduce the effectiveness of interventions. Furthermore, without such evidence, defining the parameters of the model may become a matter of unprincipled professional choice. There is a danger that premature abandonment of the FGDM model may shift the emphasis away from family empowerment, so that organisational objectives rather than the needs of families come to define the nature of interventions. Though unflinching adherence to the FGDM model is not proposed, the philosophical and practical importance of family empowerment demands that appropriate efforts be made to deliver relevant initiatives and that caution should be exercised before dismantling them.

1.6.8   Rather than losing patience with the slow progress of FGDM evaluation or abandoning the prospect of mainstreaming principled practice, it is suggested that efforts to research the model should be redoubled and focused on specific areas. Further research is required on many aspects of the literature – suggestions include:

- Randomised controlled trials of long-term outcomes from FGDM and other traditional decision-making fora;
- Comparative analysis of outcomes in relation to low and high-risk problems;
- A comprehensive analysis of the cost effectiveness of FGDM;
- Examinations of the effect of preparation, private family time etc. on process satisfaction and outcomes;
- Advantages and disadvantages of professional and lay-led schemes;
- The place of FGDM in contemporary social work practice;
- An examination of social work decisions to refer individual families for FGDM;
- Evaluations of training provided to co-ordinators and other FGDM-related staff.

1.6.9   This list merely represents a small proportion of the areas about which further knowledge is needed in order to clarify the effectiveness of, or provide support for, the model. At this stage, the priority of future research should be to establish how effective FGDM can be by examining long-term outcomes and their associated costs. Subsequently, the conditions under which the model can perform most effectively must be established, so that if modification takes place it is properly guided by research.

PART TWO: INTERVIEWS WITH KEY STAKEHOLDERS

CHAPTER ONE: INTRODUCTION

2.1.1   The purpose of the interviews with key stakeholders was two-fold: to learn from the experience of key people in the field and to explore their views on key issues, particularly those raised in the literature.

2.1.2   It was agreed that the sample would be drawn from across the UK and encompass service providers, academics and key others with a specific interest or relevant experience. Among service providers it was agreed that there would be approximately equal representation from local authority staff and the voluntary sector. For the most part, service managers were included, but within two Scottish local authorities, views were also obtained from first line managers who had more direct experience of the service.

2.1.3   Selection of agencies was based on a number of factors. Within Scotland, two local authorities with a fairly long standing service were selected with the help of Children 1st. Also interviewed were four Children 1st members of staff, an FGC co-ordinator from Edinburgh City Council and a manager from an authority in the process of planning an FGC service. In Wales, the selection of agencies was guided by information obtained in the course of initial interviews, resulting in the inclusion of the local authority with the largest FGC service and a small voluntary organisation which had trained a wide range of people from the community as co-ordinators. Within Northern Ireland interviews were held with the FGC managers for four health and social services Trusts, while in England two local authorities with well large, well-established FGC services were included, alongside a voluntary organisation specialising in working with families affected by domestic violence. All four academics interviewed had completed or were currently working on research on FGC.

2.1.4   A total of 28 stakeholders were interviewed, 21 service providers, 4 academics and 3 others (listed in Appendix 1). With the exception of two face to face contacts in the initial stages of the fieldwork, interviews were carried out by phone, sometimes supplemented by information sent by e-mail. Calls were arranged in advance and usually lasted an hour. With the interviewees consent, about a third were tape-recorded and transcribed. For the remainder, detailed notes were taken during the call. Analysis included collating responses to individual questions and identifying key themes which emerged across the topics discussed. Copies of the interview schedules are at Appendix 2.

2.1.5   Given the numbers involved, the diversity of experience and the *ad hoc* way in which interviewees were recruited, this could only be an exploratory study, so no claims are made for the generalisability of the findings. In addition, since most interviewees were working in FGC, they were likely to be enthusiastic about its possibilities. Nevertheless, key themes and issues emerged repeatedly, suggesting that certain features of FGC and its relationship with mainstream services are similar across the differing contexts in which FGC services are currently delivered. This indicates that understanding the structures and dynamics which underpin the operation of FGC is an important element in assessing its potential.

2.1.6   Part two continues by highlighting key elements of these underpinning structures, before summarising responses to key questions covered in the interviews. In the conclusion, Part 3, key messages from the literature review and interviews are considered together and their implications highlighted.

CHAPTER TWO: WHAT EXACTLY IS FAMILY GROUP CONFERENCING?

Introduction

2.2.1   As noted in the literature review, there is broad agreement that Family Group Conferencing is a means of involving family members, including extended family and friends, in decision making and planning for children about whom concerns have been expressed in relation to their safety or well-being. The usual arrangement is that a family meeting takes place following a preparation period of 4-6 weeks during which an independent co-ordinator both speaks with key relatives and friends identified by parents and children and invites them to the family meeting. The aim of the preparation time is to give participants an opportunity to hear about the problems and begin to think about how they might contribute to the solution. The conference itself is usually in three parts:

1. an information sharing session in which the social worker and other professionals outline the reasons for the meeting and decisions to be made, while also providing any information the family needs to make a plan;
2. private family time during which family members meet on their own and work out a plan;
3. the plan is discussed and agreed by family members and professionals.

2.2.2   If child protection or looked after conferences and review systems are in place, the family plan may also need to be agreed by that forum, so FGC contributes to, but does not replace professional decision making. It is usual for a family member to be appointed to oversee the implementation of the plan. The family can decide to request an FGC review and most do, though timing varies depending on need and circumstances.

2.2.3   This definition and description of the FGC process were broadly accepted by all stakeholders. However the importance of adhering to the format described above varied. By far the majority of interviewees considered that the standard model should be retained, with private family time viewed as essential to ensuring family members remain in charge of their part of the process. However a few took the view that FGC should not be understood as a model or project, but rather as a process in which adhering to certain underpinning principles, rather than a set format, was key.   There was unanimous agreement that the preparation process was crucial to successful decision making and planning, but divergent views about how essential it was to have private family time.

2.2.4   As people talked about implementing this process, it became clear that describing the content and format of FGC was not sufficient to understand its nature. It was also important to understand what it constituted within the present child welfare system. FGC was said to be a means of implementing the partnership, rights based ethos of current children's legislation, yet also to be counter-cultural.   It was said to challenge traditional power relationships between families and professionals, while also being an intensely practical method which effectively operates within existing systems and structures. It follows that any assessment of the potential of FGC should take account of how it operates on these different levels.

2.2.5   This chapter explores what FGC *is* in the sense of what it constitutes and contributes within current child welfare services in the UK. It incorporates comments made throughout the interviews, but draws primarily on responses to one of the first questions put to

interviewees *'what, if anything, do you think FGC can offer children and families, which other forms of decision making and planning cannot?'*.

2.2.6   Replies indicated that FGC was primarily valued as a means of introducing ethical practice which acknowledges the rights, while also fostering the capacities of children and their families. It was also viewed by most respondents as contributing in a very practical way to safeguarding children and promoting their welfare. Yet, despite these strengths, FGC was said to present a challenge, requiring front-line staff to be more open with families and put more trust in their judgement than was common practice. So FGC can also be understood as a reaction to perceived over-reliance on professionally driven plans and procedures. But, as several respondents pointed out, it is not the only possible approach to effective partnership with parents and families. Hence the relationship between FGC and other kinds of work with families also merits attention. These are the issues which this chapter considers.

FGC as ethical practice: acknowledging the rights and capacities of parents and children

'Empowering' families / implementing partnership

2.2.7   Asked what was distinctive about what FGC offered, many respondents referred to families being accorded more power, thus changing the relationship with professionals and enabling families to maximise their capacity to care for their children:

> *"Primarily that it's led by the family and when you speak to families, that's the key that involves them. They feel that they are leading it, not being told what to do"*   Service provider, Scotland

> *"The value base, the belief that families can make their own plans and resolve their own issues. It's not the deficiency model that social workers have"*   Service provider, Wales

> *"they turn on their head the usual child protection meeting in which the decision making is overwhelmingly professional and is imposed"*
> Service provider, England

> *"It's great to see families who start off anxious, angry with the department, no sense of what they can do, gradually become empowered, come up with a safe plan for their children and be able to implement it"*
> Service provider, Northern Ireland

2.2.8   The title of Children 1st's recent review of their work *'Releasing the Power of the Family'* also underlines the centrality of empowerment to the FGC approach.

2.2.9   As the quotations above indicate, FGC was often viewed as a way of counteracting professional dominance and a perceived tendency for social workers to underestimate or discount what family members might have to offer. While the rhetoric of legislation and policy encourages partnership between parents and professionals, it was widely argued that in practice a 'risk averse' culture encouraged social workers to distrust parents and family members. In addition social workers' high workloads meant they typically responded in

routinised ways, lacking the time to recognise the uniqueness of each child's situation, get to know the extended family and think through what each set of relatives or friends might have to offer. Several interviewees warned against blaming social workers. Instead it was important to recognise that a pre-occupation with risk and professional responsibility within the present system created a culture in which parents and families were viewed as more likely to be part of the problem, than part of the solution. In one English authority (Kent) the FGC service was set up with the explicit aim of changing the predominant culture within social services. Though an extensive and highly regarded scheme had been developed, a recent independent review of the service showed little evidence of changing attitudes among social workers, indicating how intransigent certain aspects of the present culture can be.

2.2.10 Few of those interviewed challenged the argument that more effective ways of working in partnership with families should be sought or that the present arrangements were inadequate, but some did question whether the term 'empowerment' was entirely appropriate, without some qualification. Comments centred either on guarding against a too benign view of family power or underestimating the value of professional knowledge and expertise. A few respondents pointed out that the power of families could be destructive, so in certain situations needed to be carefully managed, particularly in situations where there might have been violence to a child or other family member. Service providers who expressed this view strongly believed that most families had strengths which should be fostered, but they also cautioned that considerable skill and watchfulness was needed to weave a path through complex, powerful family dynamics. Inevitably the need to manage risk varied, depending on the family situation and context in which FGC was offered.[26] In a slightly different vein, one of the academics interviewed urged an element of caution against paying insufficient attention to professional knowledge about what worked best for children, especially since there was as yet little reliable evidence of improved outcomes from FGC decisions. However another academic pointed out that empowering families did not necessarily result in social workers having less power, since both could be working in tandem to reach the same end, and family involvement may increase the social worker's capacity to implement plans in practice.

2.2.11 Acknowledging these different perspectives, one interviewee with extensive practice and research experience suggested that it was more helpful to think of FGC as 'brokering' the relationship between social workers and families, that is providing a practical means of boosting the strengths of professionals and social workers and so enabling them to work more effectively in partnership. Another experienced manager commented that the use of power was inherent in all decision making within child welfare and that FGC went some way towards redressing the balance in favour of parents and children, thus increasing fairness.

Taking account of children's rights

2.2.12 In addition to promoting meaningful partnership with parents, FGC was described as a distinctive way of according children rights both to participate in decisions which affected them and to be cared for within their family, should that be at all possible. The latter argument underpinned the views expressed by some respondents that access to FGC should be made mandatory in certain situations, for example before a child was accommodated or considered for permanency planning.

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[26] This issue is considered in more detail later in the report.

2.2.13 Several people argued that when relatives came together to plan for children it conveyed a powerful message to the young person that their family cared about them. There was seen to be value in this, even if the young person still had to be accommodated away from home or the outcome was different from what he or she would have wanted.

2.2.14 One respondent took the view that children also had a right to well-resourced, well qualified personnel who would get to know young people over time and help them manage and work through the personal difficulties they faced. This respondent feared that too great an emphasis on the importance of the family might detract from recognising the key role of specialist, professional staff.

The central importance of the value base

2.2.15 The focus on empowering families, working in partnership with parents and taking children's rights seriously reflects that the popularity of FGC owes much to its value base. It was not unusual for respondents to say they felt 'passionately' that this system should be developed and made more widely available. Treating people with respect and in accordance with current legislative requirements was widely viewed as valuable in itself. One respondent said children came out *'holding their heads high',* adding that the same could be said of few traditional decision making meetings or conferences.

2.2.16 In addition to being an ethical way of working, FGC was widely considered to make a distinctive and effective contribution to practice and plans which would safeguard children and promote their well-being.

FGC as effective practice

2.2.17 Whilst most respondents emphasised the value of FGC as means of working effectively in partnership, about two-thirds gave equal weight to the practical advantages of this model. One of the most frequently mentioned benefits was that plans were more comprehensive, simply because more people contributed their perspectives and resources. The greater involvement of fathers and other male relatives was cited several times as an important advantage.

2.2.18 It was also suggested that plans were more realistic because family members knew whether their relatives were likely to deliver and because the informal atmosphere allowed parents to say if they thought a plan would not work, this being much more difficult in formal, professionally led case conferences.

2.2.19 Some people argued that because it involved people who knew the family well, FGC provided additional insights into the risks facing a child and times at which additional supervision or support might be needed. Another advantage was that family members often volunteered to provide additional input at key points in time.

2.2.20 More honest and transparent information sharing was also attributed to FGC. Social workers were required to explain their concerns in straightforward language and to address all family members together, so that different or inaccurate understandings could be addressed. FGC also involved parents being more honest with other members of their

families about difficulties which might otherwise have remained secret or not discussed. This openness in itself was thought to benefit children, freeing them from the burden of keeping secrete and often resulting in family members realising parents or children needed more help.

2.2.21 Whilst examples were given of assessments being informed by FGC and of situations in which the process had enabled families to overcome deep-seated antagonisms, most respondents were clear that FGC was essentially a decision making process rather than assessment or therapeutic practice. However a few recognised some overlap between the two.

2.2.22 Most respondents highlighted practical advantages from FGC, but several also pointed out that it was not a panacea which could compensate for deficiencies in the child welfare system. Several acknowledged that plans were sometimes ignored or forgotten by busy social workers and that neither follow-up services nor outcomes were routinely monitored. Several respondents urged caution in developing FGC as a decision making tool, at the expense of making resources available for core services. The ideal of all social workers being able to work in this way was viewed as desirable, but difficult to achieve without quite far reaching changes.

FGC as a challenge

2.2.23 When asked to identify what was distinctive about FCG, most respondents referred to it as in some way compensating for deficiencies in the present system. It was *more* respectful, *more* honest, *more* holistic. Some also said this was more how social workers wanted to work, but just as many said it was difficult for social workers to let go some of their control and learn to recognise and trust families' strengths. This was partly because they had little time for more than routinised responses and partly because the present system had dual expectations in that social workers were encouraged to work in partnership with parents, whilst also urged to be suspicious of families who might put children at risk or harm them. It was widely argued that, though many successful FGC services are now in operation, changing to a more participative way of working with parents is not easy, either for organisations or individual social workers.

2.2.24 FGC also presents a challenge to researchers who want to assess its capacity to improve outcomes for children. As reported in the literature review, evidence of improved outcomes for children is growing, but remains patchy and inconclusive. Several people interviewed cautioned against failing to appreciate the practical value of FGC simply because it might be difficult to measure benefits and/or to attribute them specifically to the influence of the family's involvement in the decision making process. Several arguments were put forward to the effect that the moral case for FGC is so strong that it should continue to be developed unless clear evidence emerges that it produces *worse* outcomes than traditional decision making approaches. This in some ways challenges too narrow notions about the kinds of research evidence which would support the development of FGC.

Family Group Conferencing and Family Work

2.2.25 Though no standard question was put to interviewees about the relationship between FGC and other forms of family work, this issue emerged in a number of interviews, most of them with Scottish stakeholders. No-one interviewed thought that Family Group

Conferencing was unhelpful in itself, but a few cautioned against viewing it as the only or even main way of involving parents and the wider family in planning children's care and meeting their needs. Several argued that all work with families should be based on respectful engagement with parents and children, that no specific model should be put forward as suitable for *all* families, that decision-making was only one part of the process and that, for most families with serious difficulties, support would be needed over a longer period. There were concerns that FGC would be seen as a 'quick fix', a way of significantly improving services to children and families in itself, whereas a much wider range of different kinds of skilled family work would be needed to achieve this. In particular, respondents mentioned good training for social workers in working with children and families as key to increasing agencies' capacity to cater for current need.

2.2.26 Even the most ardent supporters of FGC did not disagree with the essence of these arguments. Few saw FGC as a panacea or failed to appreciate that its capacity to make life better for children would often depend on the availability of appropriate support over the longer term. Yet there were clear differences of opinion between the small number of people who urged caution in placing too much faith and resources in FGC and others who believed it should be available, even mandatory, for all children and families in certain situations. To some extent differences of opinion about the potential or legitimacy of FGC resulted from different understandings of its aims and rationale. Teasing some of these out may help clarify the terms of the debate in subsequent chapters.

2.2.27 It is an appealing argument that the importance of FGC lies in its underpinning partnership principles and that these should pervade the system, rather than be exemplified in one decision making model. Advocates of FGC agree with this, but also point out that certain aspects of the current system strongly mitigate against working in partnership with families, so that specific models of practice are needed to counter the predominant culture. FGC is seen as important because it ensures that partnership principles are adhered to in one discrete, but key, part of decision-making and planning processes. The experience of several of those interviewed was that, without a clear model, professional dominance will inevitably re-emerge. This experience was sometimes used to justify a fairly rigid adherence to key elements of FGC, such as private family time. It follows that a key characteristic of FGC is its explicit aim to change the power relationships between family members and child welfare professionals, with a view to influencing how social workers then work with families in other situations. The minority of interviewees who were less enthusiastic about FGC also wanted social workers to be more responsive to families' perspectives and wishes, but saw this as happening through increased awareness, training and resources for professionals, rather than empowering family members.

2.2.28 A second criticism of FGC s was that a somewhat doctrinaire approach was adopted when deciding which members of the extended family would be invited to conferences, so that some would be present irrespective of their relevance to the situation or whether the parents wanted them to be there. This approach was contrasted with other forms of systemic family work in which members of the wider family would be involved as appropriate, but only for a specific purpose and in agreement with the parents and child. It was viewed as important that the decision to involve extended family should emerge from on-going work and occur in the context of a trusting working relationship between the worker and family.

2.2.29 In many respects this description did not correspond with the practice described by interviewees directly involved in delivering FGC. Whilst involving the extended family was

viewed as central, their attendance was virtually always sanctioned by parents and children, with considerable negotiation and preparation typically going into the process. However two service providers interviewed said that their agency had recently made FGC mandatory in certain situations, even when parents disagreed, a move which highlights that FGC is part of a decision-making rather than therapeutic process.

2.2.30 It is true that the FGC co-ordinator is introduced specifically to convene the conference, so has a short-lived relationship with the family. This is consistent with the task-focused, facilitative nature of the FGC model, as opposed to traditional therapeutic approaches in which the relationship with the worker can be central. FGC does not claim to be an alternative to long-term work with children and parents. Rather it focuses on supporting families to make practical plans which are likely to keep children safe and improve their quality of life.

2.2.31 Several service providers interviewed emphasised that FGC is essentially a decision-making model. Though better informed assessment and changes in family relationships may be positive by-products of the process, the purpose of FGC is to enable family members to come up with a plan. One of the alleged strengths of FGC is that this clear practical task enables families to find common ground and think of ways in which individual family members can contribute to supporting the child and/or parents. The following extract from an interview with one of the Children 1st managers conveys the task focussed, facilitating way in which the co-ordinator works during the preparation process:

> *"You.. need strong skills in negotiating and also the ability not to jump in- not to become the social worker and be advising people. You have to be able to absorb a lot of what people say, then help them to put that in order and prioritise- what are the really important things here? What would make a difference? Using things like a solution focused therapy way of working- getting people to say – OK what am I saying? what do I think has to happen?- and holding all that in your head because you might be going round talking to 15 people. You're not doing the assessment yourself, what you're doing is getting them to think through what they think matters. You're trying to say to people – look, I think what you're saying is really important- what would enable you to say that in the meeting? You're working out what they need to support them to do that – do they need an advocate or is there someone in the family who can help?. You're using a range of skills, doing a bit of assessment yourself about what are the key issues here- and also having an eye to whether there are any safety issues, drug issues or others which come out with some families. Things the family can deal with and any that need to be passed on."*
>
> <div align="right">Children 1st Manager</div>

2.2.32 Some impressive examples of results from this kind of process were described. One case involved two extended families coming together to make a plan for children's care, despite having been at loggerheads following a murder within the family. This meant that people who initially refused to speak to each other had reached a point where they were able to cooperate enough to make sure that traumatised and bereaved children were brought up within their family, rather than being accommodated. This kind of outcome may have involved a certain amount of shift in how family members were coping with a very traumatic event, but, unlike family therapy or other forms of family work, FGC does not specifically set out to achieve this kind of fundamental psychological or emotional change.

2.2.33 One of the academics interviewed, Sally Holland, suggested that there may be some value in acknowledging the 'therapeutic' potential of FGC and, with a family therapist colleague, has written about the similarities and differences between FGC and family therapy (Holland and Rivet 2006). Their key point is that the distinctions between the two may be narrowing, as modern family therapy becomes a more facilitated rather than guided process and the emotional benefits from some FGC practice is recognised. However there is some reluctance among FGC professionals to emphasise similarities with other forms of family work, because within FGC family members are viewed as competent partners, rather than people with problems and the process is constituted as an empowering form of decision making, rather than therapy.

2.2.34 The purpose of this section was to highlight the relationship between FGC and other forms of family work. The issues raised are relevant to questions about how FGC fits within current service.

Summary Points

2.2.35
- FGC is an approach to decision making about children which involves the extended family and follows a well developed model.;

- FGC is valued as a means of 'empowering' families by translating the rhetoric of partnership into practice.;

- Some respondents cautioned against the unqualified use of the term 'empowerment', pointing out that is some families power could be used destructively. Others warned against undervaluing professional knowledge and expertise. It was suggested that FGC might be viewed as 'brokering' the power relationship between families and social work staff.;

- FGC was viewed as a way of according children the rights both to participate in decisions which affect them and to be cared for within their family, if at all possible.;

- FGC was also viewed as an effective means of producing comprehensive and realistic plans which were owned by the wider family. The greater involvement of father and other male relatives was widely commented on.;

- Several respondents warned against overestimating FGC's capacity to improve children's lives, without a corresponding increase in core services.;

- Despite its acknowledged advantages, FGC was said to present a challenge to current social work practice because its ethos promoted partnership with parents, whereas the mainstream system is professionally led.;

- FGC is a task-centred decision making process. It may at times contribute to assessment and or change in aspects of family relationships, but it does not set out to achieve this.

CHAPTER THREE: DEVELOPMENTS IN FAMILY GROUP CONFERENCING

Introduction

2.3.1   This chapter begins with a brief overview of the development of FGC within each UK jurisdiction, outlining, as far as possible, what proportion of local authorities are covered, the distribution of in-house and voluntary provision and the circumstances in which an FGC is offered. This allows Scotland's profile to be considered within the broader UK context, while also giving some indication of how the agencies who took part in the study fit within their own country's provision.

2.3.2   In addition to describing their current operation, each respondent was asked about the rationale for setting up their scheme and what had promoted or detracted from its development. Responses to these questions are covered in the second half of the chapter.

Family Group Conferencing across the UK

2.3.3   Because they are working in quite small countries, respondents in Scotland, Northern Ireland and Wales were able to give reasonably accurate assessments of FGC coverage and development in their own country. For information on England we relied on Louise Brown's survey carried out in 2001.

2.3.4   In Northern Ireland each of the four Health Trusts has an FGC service, three being provided in-house and the fourth by Barnardo's. This means that virtually all of Northern Ireland is covered by a service covering children 'in need', those involved in the child protection system and those looked after away from home. Central government funding is available and the use of FGC is promoted through the recent introduction of targets that half of all children accommodated should have been offered an FGC prior to their admission to care and that an FGC should be convened for half of all care leavers.

2.3.5   In addition to this provision within social work services, the Barnardo's scheme has well developed school service for children at risk of exclusion from school. This scheme operates as part of the FGC service and can involve family members, but the primary focus is on resolving difficulties within the school community. A similar 'restorative conferencing' approach has been developed within residential care, with the aim of reducing the level of incidents which result in criminal charges against young people. This scheme has proved very effective, with a significant reduction in the number of incidents resulting in the police being called.

2.3.6   Interviews were held with the manager of each of the four Northern Ireland FGC services, with the Barnardo's manager putting the researcher in touch with the others. The four agencies coordinate developments through a Family Group Conferencing Network to which a country-wide restorative youth justice scheme also belongs.

2.3.7   Wales also has a strong FGC network and virtually country-wide coverage, with all but one local authority having access to an FGC service. Some respondents thought the split between voluntary agency and in-house provision was about equal. Providers range from large local authority services managing 100 conferences a year to small voluntary

organisations. Information from those interviewed indicated that Welsh FGC practice has concentrated primarily on child welfare services, though at least one local authority is looking to develop work in schools and youth justice. Funding for Welsh services typically comes from a range of funding streams including central and local government and voluntary sources.

2.3.8 Wales has a strong FGC network, which adheres keenly to 'model fidelity' and the principle that private family time is an essential part of the FGC process. The network has close links with Dr Sally Holland and colleagues at Cardiff University. This collaboration has resulted in a large 'all Wales' study which is currently collating information on the implementation of plans and outcomes for children at 6 and 12 months following an FGC meeting.

2.3.9 Within Wales interviews were held with Sally Holland and her colleague, Abyd Quinn Aziz, who is taking the lead on the 'all-Wales' study. In terms of service providers, a manager from the largest local authority service was included, as was the team leader of a small voluntary service which had provided co-ordinator training for people with very wide ranging experience.

2.3.10 Based on a survey carried out in 2001, Dr Louise Brown reported that 38% of English local authorities had an FGC service with the highest level of provision in the South East. Comparing this with the level of provision in 1999 indicated a decrease in the number of new projects starting up, compared with the situation in the second half of the 1990s. At the time when this survey was carried out there was an even split between schemes which were contracted out and those provided in-house.

2.3.11 There are now several well-established English FGC schemes which have been independently evaluated. For this review managers were interviewed from two local authority schemes: Kent, which has grown rapidly since being set up four years ago and Essex which began in 1995, making it one of the first in England. Kent now has 30 co-ordinators working in 5 teams across the county. These cover the full range of situations affecting children in need, children in need of protection and those who are looked after. In addition the teams offer a truancy service to schools and a group of schools is in the process of commissioning a service for children about to be excluded. Kent also has a small separate team working in adult services with older people and people with learning difficulties. In Essex there are three strands to the FGC service:

- Children and Young People's team (set up in 1995- funded by the local authority and now mainstreamed)
- Restorative Justice Team (set up in 2000- funded in 1-3 year cycles)
- Early intervention and schools (set up in 2002- Children Fund funding which is subject to review)

2.3.12 The manager of a Hampshire voluntary project dedicated to families affected by domestic violence was also interviewed. In addition two English academics, Louise Brown and Peter Marsh were included along with Paul Nixon who has extensive experience of co-ordinating conferences and managing FGC schemes and has researched and written widely on the subject.

2.3.13 In Scotland, Children 1st is the leading service provider, delivering a scheme in thirteen authorities. In addition Edinburgh has an in-house service, so that 14 local authorities (42%) currently have access to a service. Each of Children 1st's schemes has been developed in collaboration with the local authority to suit local need, so arrangements for service delivery vary. Some co-ordinator teams are based in Children 1st offices, while others share premises with social work staff. Some schemes only accept referrals from social work teams, while in others any of the 'helping' services' can also refer. Families may self-refer to half of the schemes. Children 1st has established the Scottish Family Group Conferencing network and works closely with similar networks across the UK and Europe. Its practice adheres closely to the standard FGC model.

2.3.14 The organisational arrangements in the City of Edinburgh are somewhat different. The service is in-house, with two co-ordinators who are employed by the council, but do not have case-management responsibility for the families referred. Unusually in the UK, Edinburgh requires that co-ordinators are qualified social workers with post-qualifying training and experience in child protection. This may reflect that the Edinburgh scheme has a somewhat different approach from Children 1st, although the underlying principles and some of the practices are broadly similar. Though the commitment to working in partnership with families is equally strong, the emphasis in Edinburgh is on ensuring the principles are adhered to, rather than necessarily following a standard model. Thus, while a conference with private family time might well be part of the process, this is not viewed as essential. In some cases smaller meetings with relevant family members might be arranged instead. The key is still to ask families to come up with a plan for their children and to support them in doing this. The aim is to integrate this approach as far as possible into the mainstream work of the department.

Developing a Family Group Conferencing Scheme

Taking the first steps

2.3.15 Asked about why their local authority had decided to set up an FGC scheme, virtually all respondents said that they wanted to find a better way of working with families; a fairer and more respectful way which would recognise and build on families' strengths. It was not unusual for those interviewed to describe themselves or whoever had started the service as 'passionate' about this approach because it showed that if families are given the chance, most can give their children a lot. A strong commitment to working in partnership with parents was voiced by voluntary service providers too, but they had set out to change and enhance other people's practice, rather than their own, so perhaps lacked the sense of outrage expressed by some local authority staff determined to change the way things were done on their patch.

2.3.16 Given this sense of a need for change, it was often a set of chance circumstances which had resulted in the project being set up. A key manager might have attended a conference where FGC was discussed or met a former colleague who had some experience of this way of working. Typically a small group of people then persuaded their authority to fund a pilot and the service had developed from there.

2.3.17 A few respondents said that this kind of personal commitment was necessary to get an FGC scheme off the ground, because there would always be resistance to a way of working which involved social workers relinquishing some of their control and working in a more

open way. One interviewee said that this reluctance reflected the risk averse nature of current policy and practice, but should also be recognised as resulting from unconscious as well as conscious motives of some front-line social workers and managers. It was suggested that a clear strategy and considerable energy were therefore needed to establish FGC as an integral part of child welfare practice, rather than a peripheral 'add-on' offered to a few families.

2.3.18 Alongside a wish to work more meaningfully in partnership with parents, there had often been practical reasons for setting up the service. One authority had specifically hoped to reduce the number of young people accommodated and several others hoped that this might be a beneficial by product. One scheme had been set up with a view to finding a more effective way of responding to families referred to the Intake team, while a voluntary organisation, the Daybreak Dove project, had been commissioned to set up a FGC service for families referred to the police following an incident of domestic violence, its aim being to reduce re-referrals and protect and/or improve the lives of the children concerned.

2.3.19 A number of respondents warned against defining expected outcomes in too specific terms at the start, partly because changes, for example in the number of children accommodated, would be shaped many factors beyond the influence of FGC. It was also suggested that too specific aims might result in the use of FGC being restricted to certain situations, e.g. when children were likely to be accommodated, whereas it could be imaginatively used in a range of situations. In contrast, some of the managers in Scottish local authorities were keen that FGC *should* only be used in specific situations which had been identified as a priority, for example when a child was likely to be accommodated or considered for permanency. It was suggested that an expensive service such as FGC should not usually be used to sort out conflictual relationships or simply as means of increasing support to a family. A number of respondents mentioned that as FGC became part of mainstream practice, more of the families referred were 'higher tariff', so less urgent situations could no longer be catered for. Whether this is a welcome development depends on the extent to which FGC is viewed as a preventive service.

2.3.20 This range of comments highlights that there were two broad views on what it meant for FGC to become 'established' practice:

- consideration would be given to using this approach in a wide range of situations;
- a referral would be made in *all* situations which met agreed criteria.

2.3.21 Some agencies had also hoped that the partnership principles which underpin FGC would take hold and begin to influence mainstream practice, but very few thought that this was taking place. Though there had usually been training for social workers prior to a scheme being introduced, several respondents pointed out that social workers were far more likely to be influenced by participating in the FGC process, rather than through training alone. It was suggested that, though some social workers appreciated the opportunity to work in a more open, participative way, it was difficult to sustain this while working within a system of professionally led decision making and a culture which encouraged an element of suspicion of parents and other family members.

Becoming established practice

2.3.22 Three quite distinct elements were mentioned as contributing to FGC becoming mainstream:

1) making FGC mandatory
2) obtaining sustained funding
3) recruiting co-ordinators from among social work staff.

<u>Making FGC mandatory</u>

2.3.23 Comments made by interviewees provided much support for Doolan's assertion that a degree of mandating is needed if FGC is to become established practice (Doolan, 1999). Three levels of mandate were described:

Good practice – where within procedures and policy documents, FGC is promoted as good practice in certain specified situations;

Procedural mandate: procedures identify certain key situations in which FGC has to be offered to the family i.e. the co-ordinator approaches the family. This requirement is usually introduced at points where social work services will potentially take over responsibility and parents and children will lose a significant element of choice e.g. child is to be registered on the child protection register, to be accommodated or considered for permanent placement outwith the family.

Legally required: FGC is required as part of the legal process and neither family nor professionals have any choice in the matter.

2.3.24 Within most agencies in which those interviewed worked, the level of mandate remained at the level of recommended good practice. The main drawback cited was that there was a very high level of social worker discretion, so families who might have benefited could miss out, with FGC resources being devoted to cases which were less of a priority.

2.3.25 With central government targets being introduced in Northern Ireland, there is reportedly increasing pressure on social workers to refer families for FGC before a child is either accommodated or leaves care. The Ulster Community Trust had recently gone further down the mandatory route by requiring that a referral be made in certain situations, irrespective of whether parents were in agreement. These situations are: a child is assessed as needing to be accommodated; a permanency plan is being proposed (unless the child is very young); rehabilitation from foster or residential care is being considered; a residential or foster placement is ending. Kent has introduced similar provisions. In each of these agencies the potential benefits for the child were thought to outweigh the disadvantages of over-riding parental wishes. In time it is expected that systematic information on the impact of 'going mandatory' will be collated. However one of the consequences identified on an anecdotal basis was that cases involving higher risk were being referred for FGC, so its role was being developed with 'higher tariff' cases.

2.3.26 One of the Scottish authorities included in the review, Fife, was planning to move towards requiring social workers to refer for FGC when accommodation was being

considered for child under the age of 11. However there were no plans at this stage to over-ride parental objections, though one manager suggested that this should be an option in situations where social work services were taking on parental responsibilities.

2.3.27 Within the UK, FGC is not legally required in any situation, though one respondent was aware of new guidance on care proceedings from the Constitutional Office for England and Wales which would recommend that a FGC conference should have taken place prior to a court hearing.

2.3.28 There was little enthusiasm among interviewees for a legal mandate being introduced at an earlier stage. Several of those interviewed had direct experience or good knowledge of developments in New Zealand and, drawing on this highlighted some of the potential disadvantages of legal mandating. Within New Zealand there are indications that FGC has become just another part of the child welfare system, with families being coerced into participating. One interviewee reported that FGC was introduced too early in the system, so that by the time a serious decision had to be made, some families had already had several Family Group Meetings and felt there was little new to bring to the situation. In addition, examples were given of families being given little choice about where or when a family meeting should take place, with social work service offices sometimes being used as a venue. This 'cutting corners' was explained in terms of the FGC service being insufficiently resourced to cover all cases in accordance with core FGC principles. Thus, rather than FGC enhancing partnership with families across the New Zealand child welfare system, there are indications that the FGC process has become diluted to fit with a professionally led, even punitive ethos.

2.3.29 It was suggested by a number of interviewees, both service providers and academics, that an element of procedural mandate is required if FGC is to progress from being a specialist, relatively peripheral practice to becoming an integral part of child welfare systems. Its introduction against parental wishes in some UK agencies suggests that the definition of 'partnership' extends to the wider family, not just parents and that the notion of children having a 'right' to their wider family being involved in decision making is gaining ground.

Reliable funding

2.3.30 The New Zealand experience provides a good example of how important adequate funding is in the longer term. This was recognised by a number of service providers who said it was essential to sustain for a level of funding which allowed the core principles of practice to be sustained.[27]

2.3.31 Schemes were typically financed through a range of funding streams from central and local government and voluntary funds. Often the funding was time-limited and/or subject to review which could undermine future planning. Though widely acknowledged as a well established, high quality service, the Barnardo's project in Northern Ireland had expected its central government funding to finish last year, though in the end funds were made available to extend rather than close the service. Projects facing an uncertain future ran the risk of losing experienced staff.

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[27] This point is discussed further when the arguments for in-house and independent provision are reviewed.

2.3.32 This level of insecurity was removed when local authorities took on responsibility for the service, budgeting for it within mainstream provision. As a non-statutory service, FGC was still viewed as subject to cuts, should overall budgets be reduced, but long-term, mainstream funding was welcomed as providing much more security than time-limited streams. Several respondents commented that FGC continued to be subject to more stringent requirements to demonstrate value for money than those applied to traditional ways of working.

<u>Recruiting co-ordinators from among social work staff</u>

2.3.33 The predominant view expressed in interviews was that FGC co-ordinators should not also be working as social workers. This was partly because of the need for independence from the agency with case responsibility and partly because the roles were seen as quite different, with social workers adopting a directive approach, while co-ordinators' work facilitative. However in one Irish authority co-ordinators had been recruited from the existing pool of social workers. Additional training was given and care taken to ensure that co-ordinators had no connections with the family in their social worker capacity. With these precautions, the manager if the FGC service thought this arrangement had been very effective in increasing referrals and influencing wider social work practice.

Broadening the scope

2.3.34 As noted in the previous section, a number of authorities had extended the scope of their group conferencing work to include situations outwith mainstream child welfare. Work in schools was developing, as were youth justice interventions, with a separate national restorative youth justice service in Northern Ireland.

2.3.35 The school work in Northern Ireland, Kent and Essex focused on negotiating agreements between pupils, staff and families, as appropriate. The decision to convene an FGC usually followed preliminary stages of mediation/reconciliation not managing to achieve a solution. A similar staged approach applied in Barnardo's work in residential units for young people in Ireland.

2.3.36 Within youth justice schemes there was often a dual focus on the needs and deeds of the young person, which might mean that the conference was in two parts. Typically the 'deeds' would be dealt with first, if appropriate involving the victim, then the 'needs' addressed through the usual FGC format. A scheme of this kind had been developed over recent months in East Lothian, though at the point when staff were interviewed, all but one referral made for a standard FGC conference, rather than encompassing a restorative justice element.

2.3.37 Flintshire in Wales had recently introduced a 'community conferencing' scheme which involved bringing together young people viewed as troublesome and local people most directly affected by their behaviour. This replicated the standard FGC model in most respects, including preparatory meetings, but did not involve private time.

2.3.38 The Daybreak Dove project was an example of developing FGC to respond to situations involving domestic violence. A number of respondents, including two from

Scotland, mentioned an interest in exploring the potential of FGC as a response to domestic violence. A few other respondents had used FGC in situations where contact was contentious between parents following separation or divorce.

2.3.39 Several respondents talked about the potential for FGC within adult services, but Kent was the only authority included which had actually established scheme for older people and those with learning difficulties. A few examples were given of effectively using FGC in collaboration with mental health services in order to develop safe care arrangements for children whose mother had a mental illness.

2.3.40 It is evident that the basic family group decision making model can be used in a wide range of situations. There is also a degree of overlap between meetings involving family members seeking solutions to child care problems and meetings in schools, residential units or community settings which focus on resolving problems connected to some aspect of a child or young person's behaviour. This review is focussing primarily on the use of FGC in situations where the wider family are brought together to make decisions about and plan for the safe care of their family's children.

Summary Points

2.3.41

- Access to an FGC scheme varies across the UK. In Wales and Northern Ireland most statutory social work agencies have access to a FGC scheme. Coverage in England and Wales is at approximately 40%.;

- Service providers interviewed were from a range of statutory and voluntary agencies across the UK. Four academics who contributed had completed or were currently working on FGC research.;

- A number of service providers said that their FGC scheme had been set up by one or more managers who were 'passionate' about developing more participative ways of working with parents.;

- Management ownership of FGC was viewed as crucial to overcoming resistance from social work staff within statutory social work services.;

- It was recognised to be difficult for FGC to make the shift from a peripheral service to becoming established practice. Three elements were cited as useful in promoting this:
  requiring in procedures that FGC be considered or offered to families in certain situations;
  obtaining long-term funding
  recruiting co-ordinators from among social work staff.

- Some agencies had broadened the scope of the FGC to include conferencing in youth justice services, schools, residential units and in situations involving conflict in the community. There was family involvement in some of these situations, but also an increased emphasis on restorative practice or mediation.

CHAPTER FOUR: FAMILY GROUP CONFERENCING ACROSS THE CHILD WELFARE SPECTRUM

Introduction

2.4.1 This chapter focuses primarily on respondents' answers to questions about the situations in which FGC had been found to be most helpful and/or unhelpful. Responses covered the stage children and families had reached in the child welfare system, the level of seriousness of the problems and the nature of the difficulties or risks. Discussion in relation to these questions often also covered what considerations promoted or presented obstacles to the use of FGC in different situations.

2.4.2 Few respondents said that certain features of a situation should automatically rule out consideration of FGC. More usually, a family's unsuitability would emerge during the preparation process. FGC was considered unlikely to be helpful when the young person concerned could not be engaged in the process, when family members did not accept that there was a problem to be solved and when there was little sign during the preparation period that family members would be able to put disagreements to one side in order to focus on a plan. Where risks were unclear, especially in relation to sexual abuse, FGC was not often considered. However in most situations, the preparation time provided an opportunity to work towards family members being able to take part in a productive conference. Indeed, several service provider respondents mentioned that it was not unusual for a plan to emerge from these preliminary discussions, avoiding the need to convene a full conference.

2.4.3 Among service providers and academics the predominant view was that FGC could be helpful in a wide range of situations. Whilst recognising that individual children might span more than one system, for example be on the child protection register but also accommodated, this chapter will look at the issues which arose in relation to three specific areas of work: child protection and domestic violence; neglect and children in need; children either at risk of being accommodated, accommodated or leaving care.

Child Protection and Domestic Violence

2.4.4 The use of FGC in situations involving violence to children or vulnerable adults presents particular challenges. In this section relevant data on these two situations are considered separately, then some common issues to do with managing risk are identified.

Child Protection

2.4.5 When asked about the use of FGC in relation to children involved in the child protection system, several respondents indicated that this was less frequent than it might be. Three reasons were commonly offered: that families and workers already had to attend many meetings; that social workers became accustomed to and were reluctant to alter a well-established sequence of report-writing and decision making meetings; that involving the family, particularly giving them more power, would increase the risk to the child.

2.4.6 Despite these constraints, most service providers interviewed had experience of practice in this field. Essex routinely received referrals at all stages in the child protection process and found that on average half of families would engage. They and other respondents were therefore able both to suggest ways round the obstacles cited above and to compare different kinds of practice. It was suggested that the timing of a family group meeting was a matter which needed careful consideration.

2.4.7 One option was to refer for FGC before the child protection case conference. The advantage of this option was that the family was often strongly motivated to avoid registration. The disadvantage was that social workers would still be assessing the risks, so the co-ordinator's preparation visits could be taking place while there was still some uncertainty about what options might be acceptable or safe for the child. If the child protection case conference was delayed to allow an FGC to take place, the social worker would be required to visit weekly until the plan had been approved. Several respondents gave examples of families coming together to make a plan for an unborn child whose mother was drug dependent. In this situation there was time to make a plan and have it approved before and/or shortly after the baby was born. FGC was said to have allowed a number of children to remain in or be returned to their mother's care, with family members providing the necessary care, support and supervision to make the situation safe.

2.4.8 A second option was to refer to FGC after the case conference had taken place. The advantage was that the risks were better understood, but if the decision to register had already been made and social worker visits were in place, the family had less scope to reduce statutory involvement in their lives and so might not see the point. In some instances it was suggested that the FGC meeting could 'put the flesh on the bones' of a care plan. However the chair of the child–protection case conference had to agree the plan and if agreement was not forthcoming, this could be dispiriting for family members.

2.4.9 The argument that introducing FGC into the child protection system would increase risks to the child was challenged on a number of grounds. First a number of people pointed out that professionals retained the authority to decide whether the family plan would be accepted or not. A second argument was that family members knew their family well, so were often better placed than social workers to know what the risks were, at what points they might increase and what kinds of support, supervision or care arrangements could reduce them. One service provider also suggested that in the more relaxed atmosphere of a family meeting, parents were more likely to feel confident enough to point out which aspects of a child protection plan would not work for them. It was also possible for the family plan to concentrate on specific issues, for example contact with and support from different relatives, rather than address the whole gamut of concerns which would be covered in the child protection plan.

2.4.10 A number of respondents felt strongly that FGC had a potentially important role in improving the child protection system and that active steps should be taken to increase its availability, especially when a child's name was likely to be placed on the child protection register. Another, while not disagreeing, took the view that if FGC was to operate in situations where risks were still unclear, the co-ordinators should be qualified social workers with extensive child protection experience.

Domestic Violence

2.4.11 Risk management was also central to managing FGC in situations involving domestic violence. The Daybreak Dove project in Basingstoke specialises in FGC with families to whom police have been called because of an incident involving domestic violence. The project's extensive experience in this field usefully highlighted the tensions inherent in 'empowering' families in a situation where at least one family member presents a known risk to another. It also showed how the tensions can be managed and productively worked with. Some of the issues their work raised are relevant to FGC in child protection too.

2.4.12 Staff at the Daybreak Dove project take a very strong stance that domestic violence (i.e. behaviour within the home which is intimidating and threatening to others) is inappropriate and likely to harm children. The aim is to stop or reduce children's exposure to frightening incidents and to open up the issue, so that they are not carrying the family secret by themselves. A restorative element therefore accompanies the child welfare dimension.

2.4.13 One of the key features of the Daybreak Dove project is that it is rooted in inter-agency working. Referrals are discussed at a joint forum for risk assessment which the project manager attends alongside police, health, education, social services and probation. If a referral for FGC is agreed the project manager visits the parents to inform them that their case has been discussed by this group, point out that there are concerns about the effect of the behaviour on their children and to offer FGC as a means of making life better for them. The voluntary nature of their involvement is emphasised, but they are also made aware that should their behaviour continue, there may be consequences outwith their control e.g. involvement of social services.   This is not viewed as threatening parents, but as making them aware of the reality of their situation and options. Half of all families approached at this initial stage agree to embark on FGC. Throughout the FGC process, the interagency element was viewed as crucial to supporting all of the family, with the police having a key role in being readily available to support and protect the vulnerable adult and children, if required.

2.4.14 Within this project a considerable amount of attention is devoted to assessing and managing risk. The project manager emphasised that each family is unique, so their particular stress points need to be understood. Communication took place on several levels, so that the co-ordinator would be observing non-verbal interactions between a couple, rather than simply what was said. This indicates that a high level of vigilance can go alongside 'empowering' families to change their lives.   There was a particular emphasis on ensuring that the vulnerable adult did not feel compelled to take part in the FGC process, since this would reinforce her victim status. Unless she was given time to make a free choice to participate, FGC would not be an empowering experience. Correspondingly, perpetrators might also find the support to see through a behavioural change programme an 'empowering' experience in that it might free them to behave in ways which benefit themselves and their family.

2.4.15 This project's work has been described in some detail because it is a way of working in which he co-ordinator actively works towards maximising the safety of all concerned. This is a more direct engagement with risk issues than was described in most of the other discussions of FGC work. Daybreak Dove accepts that there can be dangers in opening up issues to the wider family and statutory agencies, but takes the view that openness usually results in a safer and more supportive environment for children, as long as the particular family dynamics are understood and appropriately managed.

2.4.16 In the following chapter consideration will be given to the skills and qualifications needed to work effectively as a co-ordinator and whether FGC schemes can work best in the statutory or voluntary sector. It might be argued that somewhat different answers to these questions would apply if FGC is to be developed in situations where risks need to be managed. This arguably could apply in any situation, since knowledge about child abuse or domestic violence can never be assumed to be complete, but it has particular relevance when the agency's involvement has been prompted by harm to a child or vulnerable adult and in situations referred by an Intake team, where relatively little about the family is known.

2.4.17 The most common approach to managing risk in the FGC process has been assessment and management within the social work system, with FGC focussing on specific issues such as family support for, or contact with, the child, but not directly responsible for risk assessment. If the role of FGC is to be increased in the child protection sphere, a model more akin to the Daybreak Dove approach may be required. Its key characteristics are active management of risk within a multi-agency framework and a notion of empowering parents which incorporates acknowledgement of their potential for harming others.

Children who are Neglected and/or 'In Need'

2.4.18 This group includes a wide range of children at different stages of social work services involvement and with diverse needs. Examples mentioned in interviews included children with disabilities and/or specific behavioural difficulties whose parents needed additional support (e.g. respite), children whose care had been the subject of prolonged low-medium concern and others whose care was erratic due to their parents' drug dependency.

2.4.19 Different views were expressed about the point at which it was helpful to refer for FGC. On the one hand there was agreement that FGC worked best when there was an obvious reason for intervening e.g. a child was at risk of being accommodated. On the other hand, some people expressed a preference for intervening before a situation became too serious. One service provider suggested that reconciling these two points of view could be difficult in situations where there had been on-going concern about a degree of neglect for some time, but no specific incident to trigger a higher level of social work input, such as an FGC referral. Yet one of the academic respondents took the view that FGC could be particularly helpful as a way of making the wider family aware of concerns and potentially bringing in new support and resources to the child and family.

2.4.20 There were different views about how widely the net should be drawn in terms of offering a FGC service. Some respondents favoured fairly open access across the child care spectrum but others took the view that such an expensive service should be reserved for high priority cases in targeted situations e.g. when there was a risk of accommodation.

Children who are accommodated or at risk of being accommodated

2.4.21 It is perhaps with children who are accommodated or at risk of being accommodated that the use of FGC is most straightforward. Avoiding a child being accommodated is a very

clear and pressing reason for involving the wider family. Correspondingly, developing contact plans or support which will enable a child to return home brings family responsibilities clearly into focus. In addition, any reduction in admissions to care involves potential cost savings for the agency.

2.4.22 A number of respondents gave examples of family members agreeing to care for children and sustaining the arrangement over several years. However others cautioned against always expecting children to go and live with relatives, pointing out that a more common result was for realistic contact arrangements to be agreed, so that the child would have a continuing sense of belonging and people to turn to when they reached care leaving age. This kind of outcome was still viewed as invaluable to children. A number of projects, particularly in Scotland and Ireland, were aiming to build FGC into the leaving care process for all young people.

Summary Points

2.4.23
- Within the agencies represented, FGC took place across each sphere of child welfare provision: child protection, neglect, children in need, children being considered for accommodation, those in residential or foster care and those leaving a care placement.;

- Specific difficulties were identified in introducing FGC to the child protection system. Social workers and families were said to be reluctant to attend more meetings. Some social workers feared that their capacity to effectively manage risk would be reduced, but others had found that most families understood the risks well and were able to take steps to reduce them. In addition, social workers and formal decision making forums retained the power not to accept a family plan.;

- A project which specialises in offering FGC to families affected by domestic violence offered a good example of the FGC co-ordinator actively managing risk within a multi-agency framework which includes the police, probation and social services.;

- A pattern was identified whereby FGC moved into working with higher risk cases over time. However it could be difficult to overcome social worker resistance to refer, so introducing procedural mandate promoted this development.;

- FGCs had been arranged for a wide range of children 'in need', including children with disabilities and specific behavioural difficulties. Different views were expressed about the stage at which it was best to involve the extended family, with some respondents favouring early intervention and others suggesting that the wider family was more likely to engage in response to a specific risk e.g. when accommodation was being considered.;

- FGC was used widely for children away from home or being considered for a care placement. In some instances family members were able to offer children a home. In others, FGC resulted in contact arrangements which allowed children to have a continuing sense of belonging to a family, even if they remained in a care placement. Both outcomes were acknowledged as potentially extremely beneficial for children.

CHAPTER FIVE: ORGANISATIONAL ARRANGEMENTS AND STAFFING

Introduction

2.5.1   Even from the small number of projects and agencies reviewed it is clear that FGC schemes vary widely in terms of their size, whether they are run by a local authority/Trust or independent organisation and how they are staffed. While some employ full-time co-ordinators, others rely on sessional workers. There are also variations in what qualifications are considered necessary for the job. Ideally the review was seeking evidence of which of these organisational and staffing arrangements might be expected to be most effective, but any clear conclusions proved illusive. To some extent each scheme has to be developed to suit local need and circumstances. However the experience of those interviewed helped clarify the advantages and disadvantages of different options.

2.5.2   This chapter begins by summarising respondents' views on the respective merits of in-house schemes and those provided by an independent provider. It then goes on to consider the role of the co-ordinator and views about the skills, attitudes and experience which they require.

In-house or Independent

2.5.3   As noted in earlier chapters, in most parts of the UK FGC schemes are delivered by a mix of statutory and voluntary providers. Scotland is therefore unusual in that most of its provision has been developed by Children 1st. There was general agreement among those interviewed that each option had its strengths and weaknesses, though different views were expressed about which was preferable.

2.5.4   Independence from the statutory decision making system is clearly a central principle of the FGC process. However what was meant by 'independence' could be interpreted in different ways. A number of voluntary service providers took the view that parents and young people would more readily trust and engage with co-ordinators who were employed by a separate, non-statutory organisation. Some also suggested that this arrangement allowed more scope for the co-ordinator to advocate on behalf of the family, should the local authority fail to provide the resources identified in the plan.

2.5.5   Each of these arguments was challenged. On families' willingness to engage, several respondents said that what mattered was how the co-ordinator talked with the family, not who employed them or where they were located. The key, it was suggested, was that the co-ordinator did not have decision making responsibility, so could engage in more open discussions than was usually the case with social workers. Despite this emphasis that the co-ordinator's attitude and independent role was what mattered, several respondents felt that it was beneficial if the FGC team could be located away from mainstream social work services. However others disagreed with this, emphasising the benefits of close relationships with fieldwork colleagues.

2.5.6   The question of advocacy was not straightforward. Though some respondents argued that independent co-ordinators could act more effectively on families' behalf, others claimed that a FGC manager employed within a local authority would have much more influence with

fellow service managers. In addition some people pointed out that the voluntary organisation's independence should not be overstated, since the local authority usually provided the funding for the co-ordinator's post.

2.5.7   The main claim made on behalf on in-house services was that these were more readily owned and accepted by social work colleagues, so better placed to work towards FGC becoming mainstream practice.   This point of view was widely expressed by service providers in each part of the UK and one academic. One authority had identified in an independent retrospective review that their voluntary service was viewed by social work staff as belonging to the external service provider, rather than an integral part of the authority's child welfare service.   Yet it would be wrong to suggest that all in-house schemes were automatically owned by staff.   Most continued to find resistance to routine referral in certain situations and needed an element of procedural mandate to become part of routine practice.

2.5.8   In terms of management accountability, one suggestion was that managers could more easily keep track of the work being undertaken by an in-house scheme and so ensure that it was targeting appropriate cases. On a practical level it was also suggested that an in-house service avoided the need for service agreements, payment of invoices and administrative tasks.

2.5.9   If co-ordinators were employed by local authorities, it was suggested that they could work more flexibly. Because mainstream staff were overworked, a few respondents suggested that FGC would be more useful if co-ordinators were able to take on more of the work of the case in some situations, for example with families referred to Intake teams where assessment was on-going.   In this situation the co-ordinator would be the main worker in the case for a specified period, during which the main focus would be on working out what the family could offer and developing a family plan.   Another manager pointed out that there were a range of people employed by local authorities, but not holding line management responsibilities, who would be well equipped to take on a co-ordinator role.   These would include senior staff in residential child care and in school based social work teams.   An additional advantage of the latter option would be that skill in bringing families together to resolve problems would develop across various areas of work.   These recommendations were made by Scottish managers.

2.5.10 Inevitably questions of cost come into the equation. Several respondents pointed out that setting up a FGC scheme with a voluntary organisation could involve considerable investment, including preparation time, identifying premises and agreeing the terms of the contract, whereas an in-house service could be set up quickly through identifying one or two appropriate workers and advising mainstream staff on arrangements for accessing the service. One Scottish manager whose authority was considering setting up a FGC scheme said they considered that an in-house scheme would be more affordable and give more flexibility, but that they would explore the possibility of spot–purchasing a service from Children 1st in situations where relations between the family and social work services were particularly fraught.

2.5.11 It is likely that adherents to a purist version of FGC would question whether what these Scottish managers envisage would in fact constitute Family Group Conferencing. However the review did identify examples of social work staff taking on the co-ordinator role. Evaluation of whether this approach produces comparable levels of family participation and similar outcomes for children would help inform whether this is an appropriate option.

The co-ordinator role

2.5.12 Whatever their views on where the co-ordinator should be located and employed, there was a general consensus on the key elements of the role. The co-ordinator is to engage families in the formation of a plan and to facilitate that process. They are not expected to direct, advise or fix problems, but to create a situation in which family members are able to take on and complete the task.

2.5.13 No-one suggested that this is an easy role. Co-ordinators need to be aware of the dynamics between family members and with social work staff, yet be strong enough to resist being caught up in them. They need be assertive and calm enough to manage strong emotions in a group meeting, yet wise enough to avoid taking over control. Respondents typically said that co-ordinators need good negotiating skills, strong empathy with people and, above all, to be sympathetic to the empowering/ partnership ethos which underpins family group conferencing. They also need to be reliable and well-organised and to be confident enough to advise and support referring social workers and other professionals contributing to the conference.

2.5.14 While these expectations of co-ordinators were agreed, quite different views were expressed about a) the level of knowledge co-ordinators needed of the social work system and b) whether co-ordinators should be qualified social workers.

2.5.15 The predominant view was that, though co-ordinators required a reasonable understanding of the child welfare system, they did not need to have worked within it or know it from the inside. Correspondingly, by far the majority of respondents, most of whom had managed co-ordinators from a range of professional backgrounds, did not believe that co-ordinators needed social work training. Indeed several thought that people from a non-social work background, for example community work or education, made better co-ordinators because they were less inclined to want to 'fix' things and more readily took on a facilitating role.

2.5.16 A few respondents took the view that no professional training or background was necessary at all, citing the Netherlands where large numbers of people from very varied backgrounds do the job on a sessional basis. One small voluntary organisation in Wales had run a training course for would-be co-ordinators ranging from social work academics to people who had experienced FGC as a family member. The course was considered to have been successful, but because of relatively low referral rates, not all of those trained had gone on to co-ordinate conferences.

2.5.17 About five respondents believed that co-ordinators should be qualified social workers, with several years experience in child welfare work. This view was held particularly strongly by two who managed a local authority scheme. Both took the view that the co-ordinator needed a sound appreciation of legal and professional constraints, so that they could advice families on this throughout the preparation process, not just at the conference when the social worker would be on hand. In both of these authorities co-ordinators would get involved with families referred on Intake, prior to a full social work assessment having been carried out. It might be the case that social work qualification and experience are needed to work in this part of the system, thus potentially extending the range of cases in which FGC can be applied.

2.5.18 Those who argued that a social work qualification was necessary, or at least helpful, were keen on implementing partnership principles across work with children and families. Their work was based on the standard FGC model, but they expected to implement this flexibly, so, for example, might sometimes arrange meetings with a few family members rather than the whole group or decide that private family time was not appropriate. Some FGC adherents would argue that such an approach will result in FGC principles being diluted, while others would see it as a realistic way of influencing mainstream practice.

Summary Points

2.5.19

- Across most parts of the UK FGC services are provided through a mix of voluntary and statutory agencies. Advantages and disadvantages were identified for both options. Voluntary agency services were viewed as potentially more independent, but in-house services were considered less costly and more likely to be 'owned' as part of the agency's mainstream work.;

- Key requirements for co-ordinators were identified as: good negotiating skills, capacity to be assertive, strong empathy, but able to resist being caught up in dynamics between family members and social work staff. Sympathy with the empowering/ partnership ethos of FGC was viewed as essential.;

- Most respondents believed that co-ordinators did not require a social work qualification. Indeed a number said that social workers did not make the best co-ordinators because they tended to be directive, rather than facilitative. However a few managers of local authority schemes thought social work experience was either desirable or essential.;

- In two authorities social work qualified co-ordinators were offering FGC to families referred on Intake, i.e. prior to a full assessment being made. The standard model was used flexibly in these situations, with a primary emphasis on implementing partnership principles.

CHAPTER SIX: PLANS, OUTCOMES AND EVALUATION

Introduction

2.6.1   Compared with the considerable focus on preparation and the conference, much less practice or research based attention has been paid to the content of plans, how these are implemented and outcomes for children and young people. This small scale review could do little to remedy the resulting gap in knowledge, but these topics were discussed in interviews and this chapter reviews the responses. It begins by outlining the nature of plans and arrangements for review. The focus then shifts to more formal means through which the impact of FGC is being assessed, both by agencies and through academic research.

Plans

2.6.2 Asked about the content of plans, most respondents replied that they were primarily concerned with how family members would support the child and parents.   Several respondents emphasised that families generally made few demands on services, usually asking just for what they needed to do what was required, for example for a bed so that a child could live with a relative or spend weekends there.

2.6.3   On plan implementation, the most common response was that there was a lack of detailed information on this. Within most schemes it was fairly common practice to convene a review, the date usually being agreed at the initial conference. The timing of the review varied according to when it was thought likely to be most useful. Family members decided whether and when it should take place, but some co-ordinators did advise them to convene one.   From having taken part in reviews, service providers knew that some plans were implemented very successfully, but that there were times when either family members or professionals did not deliver on what had been agreed.

2.6.4   Several service provider respondents acknowledged that monitoring the plan was the weakest part of the process. A common arrangement was for a family member to be appointed to oversee the plan, with an agreement that s/he should contact the social worker if any difficulties arose. One problem with this arrangement was that it replicated traditional client / social worker relationships, with the family members competing against demands on the social worker's time. A small number of service providers talked about the importance of social work services 'owning' the plan and treating it as part of the overall care plan. Concerns were expressed that some social workers forgot about the plan after it had been agreed.

2.6.5   Failure to implement the plan on the part of social work services was said to be more often down to lack of resources, for example the social worker might move and not be replaced, rather than a conscious decision that an aspect of the plan was not appropriate. Divergent opinions were expressed on whether co-ordinators or their managers should have a role in encouraging social work services to implement the plan, with some viewing this kind of advocacy as entirely appropriate and others considering it beyond their remit. Each point of view was expressed within in-house and voluntary/ independent schemes. On the part of families, co-ordinators were seen as having a responsibility to check out with family members that the plan was realistic, but beyond that, they had no authority to hold people to

task. In one scheme family members were told they could contact the co-ordinator for support prior to the first review, but this did not seem to be common practice.

2.6.6 The most frequent response to a question about the impact of FGC on inter-agency working was that it was difficult to single out any specific impact, but that colleagues from other services usually contributed helpfully. Examples were given of health or education staff coming along to an information session to explain the impact of particular conditions affecting a parent or child. In terms of implementing the plan, the most common response was that other professionals would do whatever was within their scope, but could not produce resources which did not exist. Thus a head teacher might be creative in developing a time-table to suit an individual child and encouraging teachers to understand his/her particular needs, but could not produce a specialist educational placement, if that was what was needed.

2.6.7 Recognising the weakness of the implementation stage, Kent, following a review by Professor Peter Marsh, was looking to introduce an 'Implementation Model'. The plan was that a core group, chaired by a family member, would meet regularly to review the implementation of the plan. This is currently being developed, so its impact has not yet been assessed.

Assessing the Impact of FGC - Outcomes and Evaluation

2.6.8 The need for evaluation of impact was widely accepted and a number of authorities were beginning to develop systems for collating information on how children and families fared. It was proving more difficult to a) compare outcomes with those achieved through other forms of decision making and b) provide evidence of cost effectiveness.

2.6.9 A number of authorities had devised systems whereby key participants were asked to rate benefits for children. Fife asked social workers to rate the likelihood of children being accommodated at the point when the conference took place and at a point a year later. Trying to assess the specific impact of FGC, Kent asks social workers in evaluations to rate the extent to which FGC had contributed to: the child's return home from care; earlier resolution of court proceedings; avoiding court proceedings. Social workers are viewed as the service's harshest critics, so if they attribute a good outcome to FGC, it is assumed that this is a reliable assessment.

2.6.10 As part of a recent review of the Kent service by Professor Peter Marsh, key participants including family members, social workers and teachers were asked, using a five point scale to rate children on the five aims of the DfES *Every Child Matters* programme. These are: *be healthy; stay safe; enjoy and achieve; make a positive contribution; achieve economic well-being.* The ratings were made at the point when the conference was held and three months later. The (as yet unpublished) review[28] found that family members were able to score children using the outcome headings, and that those scores and the predictions were very closely matched to professional ones (including education professionals). There were twenty three family group conferences involved in the research, nineteen social care and four education. All showed a positive increase in scores over a three month period, and three of the education and twelve of the social care showed major increase (in the judgement of families and professionals). This was a practice-led study with quite small numbers, so

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[28] Information made available through researcher correspondence.

Professor Marsh has warned against over-generalising from the results. In addition some of the children were in a foster care placement, so improvements also reflected that they were settling in there. Nevertheless, overall he considered success to be very good, with clear indications that FGC 'delivers' on government headings.

2.6.11 A larger outcome study is currently underway at the University of Cardiff, led by Dr Sally Holland and Abyd Quinn Aziz. The research aim is to evaluate outcomes for families participating in conferences across Wales.. Data, on their circumstances, difficulties and outcomes at 6 and 12 months, is being collated by professionals and forwarded to the research team. The intention is to use the large data set to identify patterns, while at the same time using individual data to understand how the process worked for specific children. Initial results are expected later in 2006, with the research due to conclude in 2007.

2.6.12 Attempts to compare outcomes from FGC with those from professionally led decision making meetings have not borne fruit within the UK. Dr Louise Brown from Bath University was unable to complete a planned random control trial comparing the two approaches within the child protection system, because DoH guidance did not allow for families to be diverted from mainstream decision-making processes. In addition, there was a very high refusal rate among families referred for FGC on a random basis, i.e. not as a result of social worker discretion. This raises important questions about whether families who engage with FGC have less serious difficulties than others, thus undermining any comparisons, unless samples are randomly allocated. It can be assumed that this selective effect will lessen in authorities which have introduced systems of mandatory referral, opening up important possibilities for future research.

2.6.13 Several people interviewed for this review emphasised that they had experience of FGC being effective with extremely hostile and troubled families. Most of the service providers interviewed believed that the benefits for many children were clear, with some who would have gone into care being cared for throughout their childhood by a family member. There were also examples of children having on-going contact with relatives who would otherwise have remained peripheral in their lives. Children could also benefit greatly when relatives started to support their parents in apparently small, but significant ways, for example by meeting up with them once a week. The general view among service providers was that mainstream practice would not have found ways of drawing on what these relatives had to offer. Some were impatient that it was taking so long for research to highlight these benefits, because, on the basis of their own experience, they were clear.

Cost Effectiveness

2.6.14 Given the difficulties in comparing outcomes from FGC and standard decision making processes, there has been little scope for systematic cost/benefit analysis. Several service provider respondents pointed out that it was very difficult even to compare costs of the two systems, because reliable cost information was not available.

2.6.15 Some respondents took the view that effective partnership working was a worthwhile benefit in itself, so that the value of FGC schemes should not simply be based on improvements in measurable outcomes. Several people also pointed out that standard ways of working were seldom subject to the same scrutiny as that applied to FGC. Nevertheless, there was wide spread recognition that cost effectiveness had to be borne in mind. The main

expected area of savings was in relation to avoiding care placements. A manger in one English authority claimed that the annual cost of his service, which comprised himself and four social workers, could be met by avoiding the need for two out-of–county placements. However a particular outcome could not always be attributed solely to FGC.

2.6.16 Apart from the costs of co-ordinator time and other resources needed for the family group meeting, none of the respondents thought that FGC made high cost demands on local authorities. While attending the conference was time-consuming for social workers, it was considered rare that it would generate a huge amount of work for them. Where that did happen, for example if relatives had to be assessed as a carer, this was seen as avoiding work in the future, so not a net increased demand on social worker time.

2.6.17 It seems likely that the costs of individual services will vary. In interviews we heard of one service which quite often conducted preparatory by phone and regularly kept preparation time down to about 2 weeks. The more usual estimate for preparation time was 6 weeks, with face to face visits being preferred. This highlights that any value for money assessments would need to ensure they were comparing like with like.

Summary Points

2.6.18
- Relatively little attention has been paid to the content of plans, how these are implemented and outcomes for children and young people. Several current studies are addressing these issues.;

- A number of respondents indicated that there could be difficulties in implementing plans, because either the family or social work services did not keep the agreement. One authority was setting up core meetings chaired by a family member to monitor plan implementation.;

- Some current research is focusing on outcomes for children who have experienced FGC, but comparative studies with children who experience mainstream decision making present a number of difficulties.;

- Cost savings from FGC are difficult to identify, partly because data on costs of mainstream services are seldom available and because it can be difficult to attribute particular outcomes (e.g. avoiding accommodation) solely to FGC.

CHAPTER SEVEN: ISSUES AND FUTURE DEVELOPMENTS

Introduction

2.7.1   Towards the end of the interviews, respondents were asked to comment on a number of criticisms of FGC which have been made in the literature. They were then asked how they would like to see FGC being developed, with Scottish participants specifically asked about hoped for developments within Scotland.   This chapter summarises responses to these concluding questions.

Views on Issues

Children's Representation

2.7.2   FGC has been criticised on the grounds that, by involving adult family members in decisions affecting children, it is possible to overlook the views and wishes of the children themselves. Most respondents recognised the potential for this, but service providers argued that practice in their own agency made strenuous efforts to ensure that children's voices were heard.

2.7.3   Many agencies would offer children and young people the support of an advocate to help them prepare for the meeting, support them to say what they wanted at the meeting or, if the young person preferred, speak on their behalf. Where possible, an advocate was recruited from among the young person's family or friends or was a professional whom s/he already knew and trusted. If no advocate could be identified from these sources, the FGC agency would provide one. Within Children 1st, this might be a suitably trained volunteer or a co-ordinator from another area.

2.7.4   In addition to the support of an advocate, co-ordinators were said to devote considerable time and imagination to finding ways of helping young people say what they wanted and feel that the FGC was 'their' meeting. Drawing, games and various methods had been used to engage with children, for example helping write and send out invitations.

2.7.5   Inevitably conference decisions were not always in accordance with young people's wishes. This could lead to disappointment, but several of those interviewed referred to feedback from young people which indicated that they felt they had had more of an opportunity to put their point of view in the FGC meeting, than in other reviews and planning meetings which they had attended.

2.7.6   Views about young people attending FGC meetings varied, with some people advocating that this should be encouraged, even if it would be a difficult experience, and others believing that it could be almost abusive to ask young people to listen to some contributions in that setting, for example that their mothers mental health difficulties would eventually make it impossible for her to care for her children.

Vulnerability of weaker family members

2.7.7   Concerns have been raised about whether dysfunctional family dynamics could make family group meetings, especially private family time, difficult for weaker family members. All of the professionals interviewed acknowledged that sometimes a particular individual would be excluded from a meeting because of their potential for aggression or dominance. Situations involving domestic violence or sexual abuse needed particularly careful monitoring, but respondents said the well-being of all family members was kept in mind in all situations.

2.7.8   Some schemes were able to offer an advocate to vulnerable adults as well as children. One example where this might be considered was when a drug dependent mother might be at risk of being blamed and bullied by the rest of the family.

Suitability of FGC in cases involving sexual abuse or domestic violence

2.7.9   Specific concerns have been raised about cases involving sexual abuse or domestic violence, because, in such situations, there may be powerful scripts or alliances which sustain the abusive behaviour across generations.   Most respondents said that these risks were assessed by those referring and/or during the preparation phase, so that social workers and co-ordinators would decide whether FGC was suitable at all and whether certain family members should be excluded from the family meeting. However several also pointed out that families affected by these difficulties might include reliable, supportive individuals.

In order to make savings, local authorities can use FGC to pressurise families into taking on more responsibility for problems than they wish to

2.7.10 Of all the concerns put to respondents, this was the one they thought most justified. It was suggested that there was fine line between supporting families to provide what support they felt able to offer and making them feel personally responsible, for example, for preventing a child being accommodated. Examples were given of an aunt being pressured into giving up her job to become a carer and an extended family being strongly encouraged to increase the high level of respite they already provided for a child with learning disabilities.

2.7.11 Respondents saw this kind of practice as an abuse of FGC and said that they would not enter into the process if the local authority admitted to having prior expectations of family members. However it was recognised that pressure could be brought to bear in more subtle ways and that co-ordinators should resist this.

Professionals can dilute the 'empowering' of families by influencing such matters as the conference agenda, who is invited and what information is given at the information session

2.7.12 There was a general view that professionals had a responsibility to guide the FGC process and try to ensure it achieved its aims. This might involve being quite directive, for example excluding people expected to be destructive or violent or, correspondingly, advocating that certain family members should be included, against the initial preferences of

others. It was also said to be helpful if co-ordinators went over plans with families to ensure that they were realistic.

2.7.13 These actions may be viewed as appropriate if the FGC process is viewed as part of a partnership with professionals, with families having control over some aspects of the process, but professionals remaining ultimately in charge. Some respondents would have been comfortable with this balance of power, but others were hoping for something which empowered families in a more radical way.

Future Developments

2.7.14 The vast majority of people interviewed were committed to the development of FGC. Typically people said it was a means of working in partnership with parents, ensuring children's right to family life was respected and developing practical family based solutions which were in the best interests of children.

2.7.15 Hoped for developments included the expansion of the service into new areas such as mediation in schools, residential homes and community groups. However the priority for most people was to ensure that FGC was available to any child and family at a point when a major decision was being made about their future.

2.7.16 Two key elements were viewed as crucial to achieving this:

- guidance from central government that FGC should be considered when key decisions are being made;
- funding to ensure that FGC services are available to cope with demand.

2.7.17 There was also a widespread view that FGC should be, as far as possible, incorporated into mainstream services, so that its use is indicative of a new approach to supporting family care, rather than an 'add-on' to existing services.

2.7.18 These views are advocated strongly by Children 1st staff. The organisation's position is that they would like to see FGC being mainstreamed as a key decision making and care planning method for children about whom life changing decisions are being made. Relevant situations would include children coming into the care system or being considered for adoption, but would also encompass any situation where a decision needs to be made about a vulnerable child or child in adversity (e.g. orphaned, rejected, children liable to early entry into the adult criminal justice system, or exclusion from school) .

2.7.19 Children 1st see it as a child's right that his/her wider kinship group should be given the opportunity to plan for their future care and protection. They believe that implementing and resourcing family plans would entail building a new and relevant range of services, moving from crisis and 'high-end' solutions to much more home based and local services.

2.7.20 Among local authority respondents there was a corresponding wish for FGC to be offered as part of mainstream service provision. Experience in other countries, notably New Zealand, indicates that there is a need to guard against corners being cut and the service diluted as FGC becomes 'routine'. Recognising this, *Children 1st* recommend that FGC services should be governed by national standards.

Summary Points

2.7.21

Respondents were asked to comment on a number of criticisms of FGC made in the literature. These were that:

- adult family members' wishes predominated, so children's views were overlooked
- the family meeting, especially private family time, could be dangerous or uncomfortable for vulnerable family members
- FGC was not suitable for families where there had been sexual abuse or domestic violence
- local authorities might put pressure on families to offer more support than they could manage
- professionals can dilute the 'empowering' of families by managing the process and so subtly re-introducing professional dominance.

Each of these issues was considered to be potentially problematic, but able to be managed through proactive and thoughtful practice.

Virtually all respondents were keen to see FGC developed in Scotland, though some included a caveat that this should not be a the expense of core social work services. Two key elements were viewed as important to develop FGC:

- Guidance from central government that FGC should be considered when key decisions are being made;
- Funding to ensure that FGC services are available to cope with demand.

There was also a widespread view that FGC should be, as far as possible, incorporated into mainstream services, rather than a specialist project.

CHAPTER EIGHT: CONCLUDING REMARKS

2.8.1   This section of the report was based on interviews and some e-mail correspondence with 28 people who had a particular interest in or experience of Family Group Conferencing. Views expressed by such a small number cannot be taken to be representative, especially when not balanced by input from children, parents or other family members. Their main value is to examine some of the issues covered in the literature from a practical perspective and to provide an insight (albeit limited) of how services are developing across the UK.

2.8.2   It is clear that FGC services have become well established in several local authorities across the UK. Many of those working in FGC services are 'passionate' that this is an ethical and practical way of enabling families to care for their children. As yet there is little research evidence that this form of decision making produces better outcomes for children. However well documented poor outcomes for care leavers indicate that there is a need to improve mainstream decision making processes and practice.

2.8.3   Despite the enthusiasm of service providers and many academics, some resistance from social workers is typically encountered when FGC is introduced. It was widely argued that resistance is lessened when the scheme is introduced by strong in-house managers who champion the cause and use their managerial authority to ensure that practice is changed. However there was a consensus that some form of official mandate is required if FGC is to become mainstream practice, especially in situations involving risk.

2.8.4   This review provided some evidence for arguing that there might be a case for thinking of FGC being developed in a variety of ways to respond to specific service needs, rather than a single model. For example, an in-house team of qualified social workers may be best placed to develop this approach within child protection systems, with other options more appropriate when the main focus is on developing a contact plan for accommodated children.

2.8.5   One of the main messages from this report is that social work systems are resistant to working in more participative ways and developing services which give families more control. This means that something of a paradigm shift will be needed in order to implement the aims and ethos of *Changing Lives*.

PART THREE: CONCLUSION

3.1.1   By carrying out interviews with key stakeholders and a literature search, this review has tried to locate current UK developments in FGC in a historical and international context, and insights from practice wisdom within what has been learned from research. In many respects corresponding views emerged from both sources. In interviews, FGC was said to be consistent with the partnership ethos of legislation and policy, yet counter to the current practice culture.   It was hailed as an effective way of making practical, low-key arrangements which sustained children's links with their families, yet typically meets considerable resistance from social work staff and does not fit easily into mainstream systems. From the literature, Doolan (1999) argues that the successful implementation of FGC requires a shift in the child protection discourse and move towards more service user involvement in the child welfare system. Correspondingly Lupton and Nixon (1999) state that the main challenge for UK social work teams has been in making links between existing practices and meetings. They argue that the implementation and mainstreaming of FGC has proven difficult because of the contradictions between FGC and traditional approaches, alongside the tendency of many social workers to view FGC as simply 'another technique', rather than a means of reframing an agency's actions.

3.1.2   The case for reframing services for children and families is made in two key policy initiative which are driving change in children's services: *Getting it Right for Every Child* and *Changing Lives*.   While the first focuses primarily on putting children's needs first and achieving more effective collaboration across agencies, the second is also concerned with developing partnership with service users and their families and moving from reliance on professional services towards increasing capacity among service users' families and communities. These principles are to apply in all work with children and young people, including those who offend, are affected by domestic violence, have difficulties in school and are in need of care and protection. This review is therefore relevant to professionals working in a wide range if agencies including education, police and health. It would be facile to argue that Family Group Conferencing is *the* key to making key changes in work with children and families, but there is clear evidence from this review that it has a part to play.

3.1.3   One of the aims of this study was to review the evidence for FGC effectiveness. Inevitably this raises questions about how 'effectiveness' is to be judged. Is it by its capacity to engage a wider range of family members in the process, to produce and/or implement a plan or to achieve better outcomes for children than could be achieved through standard decision making and practice? At present it is reasonably clear that FGC is effective in engaging with family members and preparing plans, but there is less research based evidence of plan implementation or good outcomes. Whilst an increasing number of agencies and academics are now looking more closely at how children fare following a family meeting, it is widely acknowledged that the research community is some way from being able to reliably assess whether their outcomes are better or worse than for those who have a standard service. Acknowledged difficulties include ensuring that samples are matched on key criteria, accounting for the influence of other variables (such as type of placement) and the cost and practical challenges of tracking large enough samples of children over a long enough period.

3.1.4 Given the policy aim of increasing partnership working and enhancing the community's capacity for informal care, it may be that the sound evidence that FGC is effective in engaging with families and making plans for children should be taken as

sufficient on which to proceed, as long as arrangements for monitoring the effects on children are built into the process. However, before proceeding, some more searching questions may need to be addressed about the nature of FGC itself and whether current knowledge can offer guidance on how it might best be introduced in work with different groups of children with different needs.

3.1.5   One key message from the literature is that the fit between FGC and current systems is crucial to the approach becoming established as part of mainstream practice. Several of those interviewed confirmed this from their own experience. The predominant view among FGC adherents is that convening an FGC should be mandatory in certain situations. *Children 1st* takes the view that national guidance should at least require that FGC is offered when decisions are being made which will seriously impact on a child's life, for example to accommodate or place for adoption. According to this perspective, key elements of the model, such as private family time, are necessary to empower families and challenge the powerful dynamics which sustain professional dominance. An alternative view is that changes in professionals' attitudes towards families' will be brought about more readily through applying the model more flexibly across services for children. Adherents to this point of view would argue that what matters is that the principles, rather than the model, becomes embedded in practice.

3.1.6   This review has produced some evidence to support both points of view. There are indications from New Zealand that diluting key elements of the standard model reduces its effectiveness. However the review also heard of well-established UK schemes which had had little effect on mainstream practice, while another which used social workers as co-ordinators was reported to be well accepted among professional staff. It is also worth noting that when FGC has been applied in a other contexts, e.g. in schools and residential homes, the standard model has been adapted, without apparent loss of effectiveness.

3.1.7   On the basis of current evidence it seems reasonable to conclude that if FGC is to be relevant across children's services a flexible rather than 'one size fits all' approach to FGC will be needed. There may be scope for developing the staged approach, which works well in educational and residential settings, in work with families, so that a full conference would only be convened when less resource intensive engagement had proved ineffective. A flexible approach might also mean that qualified social workers would take on the co-ordinator role in situations where lack of clarity about risk would otherwise exclude them from the FGC process. Several respondents claimed that what mattered was not the co-ordinator's employing authority, but his/her attitude to family members and capacity to work respectfully. However, while some FGC might best be carried out by in-house staff, other families would need the reassurance of working with an independent agency, for example where relationships with statutory staff are very contentious. The key may be to plan FGC services on the basis of what is required for specific client groups, with a view to embedding practice across children and families teams and within systems for inter-agency assessment and care planning.

3.1.8   The conclusion of this review is that further development of FGC in Scotland would be justified in light of its evidenced capacity to engage extended families in planning for their children. It has also concluded that more needs to be known about:

    a) the extent to which plans are implemented and benefit children;
    b) how FGC can best fit within Scottish decision-making systems and structures;

c) the unique benefits which derive from using the standard model, as opposed to development more varied and flexible approaches to working in partnership with parents.

3.1.9 One way forward would be to fund a small number of well-planned developments in FGC, with in-built evaluation. Relevant topics would include organisational and staffing arrangements, the place of FGC within other decision making structures, how plans are implemented and outcomes for children.

3.1.10 Scotland is well placed to carry out this kind of initiative. Children 1st has extensive experience in the field, having taken the lead in introducing the model and refined its use across several local authorities. Edinburgh has opted for an in-house service and operates somewhat differently. All local authorities are seeking ways of developing the capacities of families and communities, while also safeguarding children and promoting their welfare, without removing them from their home communities.

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APPENDIX ONE

KEY STAKEHOLDERS INTERVIEWED

Bruce Adamson	Children's Commissioner's Office, Edinburgh
George Armstrong	Fife Council
Helen Alice	Kent Council
Pauline Bowes	Flintshire Council
Dr Louise Brown	University of Bath
Douglas Bulloch	SCRA
Nick Child	Family Therapist
Peter Chittenden	Essex Council
Mike Clark	Trosgynnal, Cardiff
James Cox	Edinburgh City Council
Christine Dale	Essex Council
Anne Hamilton	Children 1st
Dr Sally Holland	University of Cardiff
Anne Gilchrist	East Lothian Council
Helen Gill	Children 1st
Marie Gribben	Barnardo's Belfast
Professor Peter Marsh	University of Sheffield
Sharon McAlees	Inverclyde Council
Catherine McCambridge	Homefirst Trust
Jenny McLaughlin	Ulster Community Trust
Maggie Mellon	Children 1st
Alistair Morton	Mid Lothian Council
Helen Napier	Children 1st
Paul Nixon	North Yorkshire Council (formerly West Berkshire)
Alison Powney	Daybreak Dove Project, Basingstoke
Abid Quinn Aziz	University of Cardiff
Jen Simpson	Foyle Trust
Dave Wright	Fife Council

APPENDIX 2: INTERVIEW SCHEDULES

FAMILY GROUP CONFERENCES: REVIEW OF LITERATURE, POLICY AND PRACTICE

Interview with key professionals

A: Views about the nature, potential and impact of FGCs

1. What aspects of your own current work are relevant to Family Group Conferences?

2. What, if anything, do you think FGCs can offer children and families, which other forms of decision making and practice cannot?

3. Do you view FGCs as a particular approach which can be used alongside traditional practice or as based on a quite different ethos and way of relating to families which challenge established ways of working?

4. Family Group Conferences have been facilitated by people from different backgrounds. A particular distinction has been made between professional facilitators, usually with social work qualifications and expertise and lay facilitators who have skills in engaging with people and negotiating, but are not necessarily qualified.

    What approach has your organisation used?

    What do you see as the advantages and disadvantages of each option?

4A A related issue is whether the facilitator should be from the same ethnic or cultural background as the families. Have you encountered this issue in your organisation and, if so, how have you addressed this?

5. Within your service, what kinds of services have been delivered as a result of using an FGC? What has been the balance between those provided formally and those provided by family members? In your experience has this changed as a result of using an FGC approach?

6. In your authority, what arrangements are in place for reviewing

    a) that the plan is implemented;
    b) its effectiveness?

7. FGCs have been used in a range of situations, but primarily in response to:
a) child protection concerns; b) accommodated children;   c)permanency planning b) young people's offending

7A. Based on your own experience, in what types of situations or with what difficulties would you say FGCs are particularly helpful?

7B. Based on your own experience, have you encountered situations in which FGCs are less helpful or unhelpful?

8. In your opinion, what impact, if any, has the introduction of FGCs had on interagency working in your area?

9. In your opinion, what impact, if any, has the introduction of FGCs had on how statutory staff in your area engage with parents and children in situations where there are concerns about a child's welfare or well-being?

Have you noticed a change in notions of partnership or increased awareness of parents' strengths?

10   How is your service funded?

    Who are your partner agencies?

B. Views on issues/ tensions raised in the literature.

Though the literature is generally positive about the use of FGCs, some drawbacks or limitations have also been identified. It would be useful to know whether your experience backs up these concerns and to know what steps your agency has taken to minimise the potential negative effects.

Some commentators have identified the following:

1) children's views can be overlooked or not fully taken into account;

2) dysfunctional family dynamics mean the private family time is not always safe for vulnerable family members;

3) FGCs are not suitable in cases involving sexual abuse or domestic violence;

4) Cash-strapped local authorities can use FGCs to pressurise families into taking more responsibility for problems than they wish to;

5) Professionals can dilute the process, to ensure that the plans reflect professionals' priorities e.g. by influencing who attends the conference and what information is given in the initial session.

C.   Expectations of the development of FGCs

1. In what ways would you like to see FGCs developed within Scotland?

2. What could be done to make these developments happen? (name up to three)

3. What barriers if any, do you anticipate to the development of FGCs?

4. FGC services have been developed within statutory services and the voluntary/ independent sector. In your opinion, what are the advantages and disadvantages of each option?

5. In your view, what kind of knowledge, skills and training are necessary for:

> a) FGC co-ordinators?
> b) Social workers and others professionals working on implementing a plan?

6. Would you be in favour of families having a statutory right to be offered an FGC in certain situations? Which situations?

Why do you say this?

Any other comments/ areas not addressed?

FAMILY GROUP CONFERENCES: REVIEW OF LITERATURE, POLICY AND PRACTICE

Interview with policy makers/ academics/others

A: General Views about FGCs

1. What aspects of your own current work are relevant to Family Group Conferences?

3. What, if anything, do you think FGCs can offer children and families, which other forms of decision making and practice cannot?

7. Do you view FGCs as a particular approach which can be used alongside mainstream practice or as based on a quite different ethos and way of relating to families which challenge established ways of working?

8. FGC services have been developed within statutory services and the voluntary/ independent sector. In your opinion, what are the advantages and disadvantages of each option?

9. Family Group Conferences have been facilitated by people from different backgrounds. A particular distinction has been made between professional facilitators who have social work qualifications and expertise, and lay facilitators who have good negotiation skills, but are not necessarily qualified or knowledgeable about child welfare systems.

    What do you see as the advantages and disadvantages of having professional or non-professional co-ordinators?

6. FGCs have been used in a range of situations, but primarily in response to:
a) child protection concerns; b) accommodated children; c)permanency planning b) young people's offending

6A. In what types of situations or circumstances would you say FGCs are particularly helpful?

6B. Are there situations in which you would expect FGCs to be less helpful or unhelpful?

7. In what ways, is any, would you expect the use of FGCs to impact on interagency working.

Would you expect that this would be influenced by:

    a. whether FGC service was run by statutory agency or voluntary organisation

    b. whether the facilitator was a professional or lay person.

B. Views on issues/ tensions raised in the literature.

Though the literature is generally positive about the use of FGCs, some drawbacks or limitations have also been identified. It would be useful to have your comments/ views on the following:

6) children's views can be overlooked or not fully taken into account;

7) dysfunctional family dynamics mean the private family time is not always safe for vulnerable family members;

8) FGCs are not suitable in cases involving sexual abuse or domestic violence;

9) Cash-strapped local authorities can use FGCs to pressurise families into taking more responsibility for problems than they wish to;

10) Professionals can dilute the process, to ensure that the plans reflect professionals' priorities e.g. by influencing who attends the conference and what information is given in the initial session.

D.   Expectations of the development of FGCs

7. In what ways would you like to see FGCs developed within Scotland?

8. What could be done to make these developments happen? (name up to three)

9. What barriers if any, do you anticipate to the development of FGCs?

10. In your view, what kind of knowledge, skills and training are necessary for:

        a) FGC co-ordinators?
        b) Social workers and others professionals working on implementing a plan?

11. Would you be in favour of families having a statutory right to be offered an FGC in certain situations? Which situations?

    Why do you say this?

Views on partnership arrangements and funding

    Any other comments/ areas not addressed?