

# FAMILY GROUP CONFERENCING LITERATURE REVIEW

---

Prepared for the Child and Youth Officer for British Columbia

OCTOBER 2005

Prepared by Jocelyn Helland,  
International Institute for Child Rights and Development, Uvic





# TABLE OF CONTENTS

<b>DISCLAIMER.....</b>	<b>1</b>
<b>DESCRIPTION OF THE MODEL.....</b>	<b>2</b>
WHAT CHARACTERISTICS ARE UNIQUE TO FGC? .....	2
HOW IS FGC DIFFERENT THAN OTHER PROCESSES? .....	4
<b>APPLICATION OF THE MODEL.....</b>	<b>8</b>
IN WHICH SITUATIONS WOULD THE FGC PROCESS BE APPROPRIATE OR INAPPROPRIATE?.....	8
ARE THERE ANY DIFFERENCES IN THE APPLICABILITY OF FGC TO ABORIGINAL AND ETHNO-CULTURAL MINORITY POPULATIONS? .....	10
<i>Ethnocultural Populations.....</i>	<i>11</i>
<i>Aboriginal Populations .....</i>	<i>11</i>
<b>EXPERIENCE OF THE PROCESS .....</b>	<b>15</b>
HOW IS FGC EXPERIENCED BY CHILDREN, YOUTH, FAMILIES, SOCIAL WORKERS AND OTHER PARTICIPANTS? .....	15
WHAT ENABLES FAMILIES TO MEANINGFULLY PARTICIPATE IN THE PROCESS? .....	18
WHAT ENABLES CHILDREN AND YOUTH TO MEANINGFULLY PARTICIPATE IN THE PROCESS? .....	20
<b>OUTCOMES .....</b>	<b>26</b>
PROCESS OUTCOMES.....	26
<i>What are the key elements that contribute to the success of a FGC process?.....</i>	<i>26</i>
<i>What are the barriers to process effectiveness? .....</i>	<i>29</i>
<i>What are the benefits of the FGC process regardless of the planning outcome?.....</i>	<i>31</i>
PLANNING OUTCOMES .....	33
<i>How well are plans supported? .....</i>	<i>33</i>
<i>Why do some plans fail?.....</i>	<i>34</i>
<i>What is the long term effectiveness of using FGC in planning?.....</i>	<i>36</i>
<i>How does the plan developed compare to plans developed through other processes? .....</i>	<i>37</i>
<b>UNSOLICITED INFORMATION .....</b>	<b>39</b>
<b>REFERENCES.....</b>	<b>40</b>

## Disclaimer

---

1. Unless otherwise noted (i.e. in the section “What enables children and youth to meaningfully participate in the process” under Advocacy), Family Group Conferencing (FGC) refers to the ‘pure’ New Zealand model.
2. It is important to read this literature review in its entirety. There is overlap between some of the sections and rather than repeating the themes and findings in several places, I will mention it briefly in one section and expound on it in another that seems most appropriate.
3. For the most part, FGC ‘facilitator’ and ‘coordinator’ are used interchangeably.

## Description of the Model

---

### ***WHAT CHARACTERISTICS ARE UNIQUE TO FGC?***

The literature is virtually unanimous in arguing that Family Group Conferencing heralds a shift in the way child welfare is practiced around the world. Doolan suggests that the vast popularity of FGCs is a result of numerous factors: there is increasing movement in the direction of recognizing that participation of people in decisions that affect them is a right; there is increasing social policy rhetoric about supporting independence and promoting self-determination and autonomy amongst the disadvantaged; there is stronger emphasis on social inclusion, valuing diversity, elimination of institutional and personal prejudice and promoting equity of access to services and support; and, there is a huge demand for service and budgetary effectiveness. Researchers from Canada, New Zealand and the US also speak of the disproportionate and unacceptable numbers of indigenous and children from ethno-cultural minority populations in formal state-run care and the need to support families and communities to care for their children. Doolan also argues that the shift represents, "...[a] realisation that intrusive social work practices that often result in the removal of children from home and the replacement of their family and community with stranger care and institutes has not produced good outcomes for children... Admission to public care by virtue of a compulsory order is in itself a risk to be balanced against others." Family remains of central importance to even the most abused children.

Essentially, the values underlying FGCs directly reflect these shifts.

### **Values**

FGC is a solution-focussed decision-making process with strength-based practice. It promotes the idea of collaborative decision-making, partnership, personal agency and active participation in the protection of children (Doolan, citing O'Donoghue, 2003). It is an approach that is designed to empower the child and family and sees them in broader terms. Family and friends are now natural networks of support [We know that family and community networks can act as a buffer against stress (Cobb 1976) and networks of community support can promote more positive strategies from parents with their children (Nixon, Building Community, citing Moncher 1995)] and 'clients' are the experts themselves on how to keep children safe. The general underlying assumption is that given the opportunity, right information and appropriately supported with resources and professional expertise they require, families will be empowered to make and implement safe and protective plans for children. (Doolan)

FGCs are a way to explore ‘less disruptive measures’ (Kelso, 2003). With empowered families making care and safety decisions, it is not surprising that many more children will remain within the care of the family, possibly even remaining with their parents. With these family connections intact, it is widely believed that children are better supported and achieve better outcomes.

Also, FGC upholds the notion that when people are involved in decisions that affect them, they are more likely to apply solutions that are relevant to them and their needs, and they are more committed to the plans and focused on the outcomes achieved. Thus, interventions are more effective and are arguably a more targeted use of resources. (Doolan, Mainstream Approach)

Family group conferencing is an attempt to strike a balance between empowering and supporting families, and keeping children safe. Pennell (2004), articulates it nicely: “Because the state is charged to care for children in need of protection, child welfare must maintain a firm interface between responsiveness and regulation... The prevailing approach, though, is reliance on regulation.” FGC is a restorative practice and, by amplifying the family’s voice, more responsive interventions can be designed. Because the plans must be approved before they are implemented, the mandatory authorities retain their legal role while responding to the family group and community.

### **The FGC Process:**

The literature clearly supports the notion that the ‘purest’ form of Family Group Conferencing is the original model created in New Zealand in 1989. In the child protection context, the process generally involves a referral to the decision-making process (usually) by a social worker (in New Zealand, FGC is supported by legislation and a FGC is automatically initiated). The social worker contacts a FGC facilitator and the facilitator reviews the case to determine whether it fits the criteria for FGC. The facilitator must be independent of the child welfare case and is usually a person in a designated role. The pure New Zealand model has one person to coordinate and facilitate the conference. In some jurisdictions, the coordinator and facilitator roles are separated in an effort to ensure further ‘independence’ of the facilitator.<sup>1</sup> If the referral is accepted, the facilitator begins the extensive and very important process of conference preparation. All appropriate extended family members are identified, invited and briefed about the nature of a FGC and what their role would be. Family dynamics/roles are also explored so the meeting doesn’t get derailed by family issues. All logistics are sorted out.

---

<sup>1</sup> Division of the two roles doesn’t seem to be a problematic deviation from the FGC model and is still referred to in the literature as FGC.

On the meeting day, culturally appropriate welcomes and introductions are followed by the information-sharing stage – presentation by designated professionals of the safety concerns. In FGC processes, the family is then given private family time to try and create a plan that will address the safety concerns. No professionals are permitted in ‘family time’ and the ‘pure’ New Zealand model goes so far as to say no non-family members are allowed in private family time because it will interfere with the honesty and freedom of the family’s discussion.<sup>2</sup> The family returns to the conference and shares their plan and the authorities decide whether it will address the safety concerns. In New Zealand, law requires the referring social worker, the family (including parents, guardians), the coordinator and the child’s lawyer to agree with the decision. In New Zealand, approximately 90 to 95% of the cases are accepted by all parties. Those vetoed go to Family Court.

Although the FGC model is legislated practice in New Zealand, non-legislated versions that are similar in every other way are also considered FGC.

## ***HOW IS FGC DIFFERENT THAN OTHER PROCESSES?***

### **Mainstream approaches**

Essentially FGC is different from mainstream child welfare decision-making approaches in ways that have already been explored – very strong emphasis on values that promote family participation and empowerment to make decisions regarding safety and wellbeing of their children; lessened value on child protection expertise to provide ‘answers’. FGC promotes:

- Participation of family through private family time and its role in drafting a plan
- Extensive involvement of the extended family
  - The literature repeatedly mentions the importance of ‘casting a wide net’ when defining family in order to find more functional relationships and balance
  - The response from extended family seems to always surprise FGC participants – they are willing and able to attend and produce a plan that will provide direct and informal support to the child. (Velen & Devine, 2005)
  - Paternal family involvement in FGC and in plans for placement (22%) is much higher in FGC process than any other child welfare decision-making process (Sandau-Beckler, et al, 2005)
- Extensive pre-conference preparation by a neutral facilitator so that the family can be prepared to make a well-informed decision

---

<sup>2</sup> This will be addressed further in the section “What enables children, youth and families to meaningfully participate?”

The importance that is placed on the full involvement of extended family members in an FGC process cannot be underemphasized. Despite the general agreement that more traditional approaches do place value on placing children with family, one interesting study found that on at the time of referral to an FGC, case managers identified on average 4.67 family members available to a child or sibling group. FGC facilitators found in the same file, on average, 10.3 family members. (Velen and Devine, 2005). This vast difference helps to reflect the differences in approach. In the same study, researchers found that facilitators, after searching, could find 15.17 on average. 9.87 family members on average actually attending the FGC meeting. Considering this study was done on long-term children in care, this is remarkable extended family member representation and it is very different from the original claim that only 4.67 family members were available to the child (Velen and Devine, 2005). The rate at which families are turning out for conferences continues to impress researchers across the literature; over 1000 family members had attended the 133 conferences that were done by the end of the 18 month project in June 1998. (Gunderson 1998; also Doolan) Gunderson attributes this directly to the time that facilitators put into first, locating all those relatives, then coaching and encouraging them to come and then helping parents to see the benefits of family over state decision making. Fathers showed up as well. Dads were present at 49% of the FGCs, which is unheard of in traditional case planning meetings.

Unlike traditional case management and decision-making approaches, FGC is a decision-making process that can be used in many different contexts – ranging from permanence planning, strengthening of family supports, coordination of services, increased family communication, safety plans, family reunification, and visitation/transition planning (Sandau-Beckler, et al, 2005).

Families report that their experience of FGC is very different than mainstream approaches, generally being much more positive – something that will be discussed further in the “How is FGC experienced by children, youth, families, social workers and other participants?”

The differences in the process also create different kinds of plans. Plans involve a much higher level of kin involvement than traditional approaches. In Toronto, for example, 90% of FGC participating children were placed with parents or other members of the family group (Schmid and Goranson, 2003).

FGC plans also address issues of concern to the family that are outside of the traditional realm of case planning (i.e. mental health, substance abuse, behavioural interventions, and housing resources). These plans included transportation, financial and home improvement,

respite care, long-term placement resources, sweat lodge and church-based supports, etc.. (Gunderson, et al, 2003).

It is important to note here that the research reveals how vital the formal FGC process is in creating space for families to make decisions. Even when social workers are trained in FGDM principles, it has been shown that case plans created in traditional ways clearly do not reflect FGDM values. Contributing factors could include: barriers posed by traditional case planning tools and methods, traditional confidentiality policies, and the lack of a coordinator to contact extended family (Thomas, et al, 2005).

### **Other Family Meeting Approaches**

A document produced by the Center for the Study of Social Policy called *Bringing Families to the Table: A Comparative Guide to Family Meetings in Child Welfare*, is a very helpful and succinct piece that outlines both the common and distinguishing elements of the newer ‘family meeting’ approaches. In this guide, FGC is only one of six different approaches explored:

1. Family Group Conference
2. Family Unity Meeting<sup>3</sup>, and
3. Family Decision Meeting,  
which are all variations of **Family Group Decision Making**
4. Team Decision making Meeting, and
5. Family Team Meeting,  
which are core components of the **Family to Family** initiative; and
6. Family Team Conferences  
which is used in several jurisdictions as part of the **Community Partnerships for Protecting Children** initiative.

As one type of Family Group Decision Making, FGCs distinguishing element is the private alone time for the family to develop a plan that protects and cares for the children. FGCs do not have a separate section of the meeting where family strengths are explicitly and formally discussed. Not mentioned in this piece, but mentioned elsewhere in the literature, is the debate over the ‘strictness’ of private meeting time.

Another type of Family Group Decision Making is Family Unity Meetings. Merkel-Holguin, (1998) explains that they were developed in Oregon in 1990 as a hybrid to the FGC. FUM differs from FGC in two main ways: First, the facilitator works with the family in a structured way early on in the conference to identify family strengths. Second, family private

---

<sup>3</sup> For research on FUMs, see Keys, T and Rockhill, A., 2000. Family Group Decision-Making in Oregon, in Burford and Hudson (eds.) *Family Group Conferencing: New Directions in Community-Centered Child and Family Practice*. New York: Aldine De Gruyter.

time is not a component of this type of meeting – instead, the family and the caseworker work together to develop a plan. The family has a ‘discussion’ time but service providers stay in the room and “create options with the family”. Because there is no family time, less preparation time is required in a FUM.

The third and final type of FGDM is the Family Decision Meeting (Center for the Study of Social Policy, 2002). This hybrid marries the FGC and the FUM. Essentially, the format is the same as the FGC with the addition of an explicit discussion of family strengths and concerns. Private family time is included in this model.

### **Child Protection Mediation**

Child protection mediation is when parties in a child protection dispute involve a neutral third party to facilitate an agreement. This process can involve separate mediation sessions, but generally, a ‘dialogue’ is expected in order to reach consensus. Often, a mediation happens when parties get ‘stuck’ in their positions. However, a mediation of sorts could happen at the end of a FGC if the social worker does not feel that the plan produced by the family meets the original identified issues. Generally, social workers involved in FGCs are encouraged to clearly identify concerns and not engage in analysis or come to a conclusion of what must be done to have the concern addressed. (see British Columbia. Ministry of Attorney General. Alternate Dispute Mechanisms: Family Conferencing and Mediation. Dispute Resolution Office. [www.ag.gov.bc.ca/dro](http://www.ag.gov.bc.ca/dro).)

Child Protection mediation could involve extended family, but it is not integral to the process in the same way as the FGC.

---

## Application of the Model

---

### ***IN WHICH SITUATIONS WOULD THE FGC PROCESS BE APPROPRIATE OR INAPPROPRIATE?***

#### **Inappropriate as a tool to be ‘used on’ families**

Much of the literature explores this philosophical shift in approach to child welfare that is beginning to take place (especially emphasized in the American literature) that is symbolized by methods such as FGC. The values underlying FGC are considered a major challenge to what the literature calls the more paternalistic “professional” form of child welfare where practitioners know best and must ‘save’ the child from their family and take responsibility for the care of the child. Family is not seen as capable of making decisions for the child because “the apple doesn’t fall too far from the tree”. Case planning may involve families to a certain extent, but, at best, with much guidance from workers about what is ‘best’. As such, many authors warn that FGC has the potential of becoming just another tool for child welfare professionals to ‘use’ on families. (Nixon, Doolan) The intent of FGC, to truly empower families to make their own decisions about the care and well-being of their children, will be compromised by professionals injecting their opinions onto the family. “...workers may still view FGC as threatening. For some professionals, it will squarely challenge their traditional way of working with families.” (Merkel-Holguin, 1998) This shift from “professionalized child welfare” to family-based care and decision-making represents a large shift of power. (Hardin, 1996 cited in Merkel-Holguin, 1998; Kelso, 2003) There is some evidence that professionalisation of family decision making is happening in some FGCs, thereby undermining its intended effectiveness. (Holland et al, 2005)

#### **Private Family Time: Empowering or Disempowering?**

In an interesting twist, a comprehensive study in New Zealand involving 63% of all ‘care and protection coordinators’ (FGC coordinators) revealed that 62% reported family time always occurs and 35% reported that family time occurs most of the time. The 62% that reported family time always occurs offered circumstances where family time wouldn’t occur – mostly, at the family’s request. If there were family dynamics or not enough family members to constitute a FGC, private family time (the defining factor in Family Group Conferencing) may not be appropriate. Walton et al (2004) express alarm at these findings as they could indicate a shift of power back to the professionals. Even though the family must request professional involvement, they are very vulnerable to professional suggestion.

### **Should FGC only be used when dealing with certain types of abuse?**

David Crampton, in his article of the Family Group Decision Making Roundtable Proceedings called: Does the Type of Child Maltreatment Matter in Family Group Decision Making? (2000), reveals that participants at the roundtable discussed some of the case characteristics they exclude from FGDM and the reasons they developed their criteria. There did not appear to be a consensus about which cases are appropriate or not appropriate. He conducted his own research involving referrals to the Kent County (Michigan) Family and Community Compact between 1996 and 1999 and as a result, argues that the type of abuse has little bearing on ‘success’, defined by Crampton as reaching a ‘compact’ (plan). The only exception was substance abuse cases, which seemed to be *more* likely to result in a ‘compact’. Cases involving sexual abuse were not accepted for referral in this program.

In a review of the current research, Merkel-Holguin (2003) found that the majority of FGDM projects worldwide employ an expansive selection criteria and appear to implement FGDM with a wide range of issues and severity of cases. She argues that numerous studies show that children participating in FGCs have the same or greater level of risk than those in average child welfare cases. Also, while there is evidence that a number of programs screen out sexual abuse and domestic violence cases, it appears that, with experience, many programs expand the use of FGC to include these types of “more challenging” cases. These more experienced programs know how to adequately prepare all participants for this type of FGC and many authors who support FGCs for these types of situations, also support the exclusion of individuals that may “compromise emotional and physical safety of other participants or would be detrimental to decision-making”. (Merkel-Holguin and Wilmot, 2004) Other ways are found to have the views of an excluded participant presented.

Nixon *et al* (2005) surveyed FGC practitioners around the world and found that approximately half “screen out” some type of referral. It is not clear as to why they were screened out (was it because of lack of resources, mandate restrictions, or a specific type of abuse that is deemed inappropriate?)

Research in England and Wales has shown that successful conferences have been held with almost every type of case (including sexual abuse) at a number of different stages of case management in different projects across the country. (Marsh and Crow, 2000) Pennell (2004b) argues that domestic violence and child maltreatment often happen in the same family and the referring social workers are often unaware of the extent of domestic violence on their caseloads. As a result, they can’t guarantee that domestic violence referrals won’t be made. Also, in situations involving domestic violence, social workers are actually more likely to approve the referral and the families are more likely to agree to take part in conferencing (Pennell citing Crampton, 2001). In Pennell’s Newfoundland and Labrador project on

family violence, indicators for child maltreatment and domestic violence fell overall for the 32 FGC families in the project, and rose in the comparison group (Pennell citing Pennell & Burford, 2000) She suggests that FGCs should anticipate that they will receive domestic violence cases and she supports FGC use in these cases.

### **At what ‘stage’ should a cases be referred to FGC?**

The common referral criteria are:

- Is there a decision that needs to be made?
- Can a conference be safely convened?
- Are there enough family members to constitute a group?
- Is the FGC organized with a well-defined, open-ended purpose and no pre-determined outcome?

Anecdotally, although FGC is seen as a preventative model, it is more frequently used in ‘blocked’ or highly contested and complicated cases (Marsh and Crow, 2000). However, in the same research families said that they wished FGC had been used sooner to decrease the stress involved with cases and ensure effective family participation.

### **Is it appropriate with other ‘new directions’?**

FGC has also been identified as being congruent with principles underlying family preservation and permanency planning (Maluccio and Daly, 2000)

### **Is FGC more appropriate with specific groups of people?**

FGC has been proven to be successful even in cases where children have been in care a long time, as is more likely with older children, children of colour, and children with special needs, who are more likely to be adopted by relatives. (Velen and Devine, 2005)

## ***ARE THERE ANY DIFFERENCES IN THE APPLICABILITY OF FGC TO ABORIGINAL AND ETHNO-CULTURAL MINORITY POPULATIONS?***

There is a mixed opinion of whether FGC mitigates the disproportionality of aboriginal and ethno-cultural populations in government care. Dougherty, (2003) supports the use of FGC with ethno-cultural populations and considers FGC a practice that may mitigate the effects of disproportionate representation of children from racial and ethnic minorities. This is supported by two American studies that found a significantly higher proportion of children of colour and Native American children participating in FGC processes compared to the overall in care population (Velen and Devine, 2005; Gunderson et al, 2003). Other mitigating practices Dougherty cites that are closely tied with FGC include: working towards timely reunification of children with their biological families whenever possible; placement

with relatives; maintaining family connections when placement is not with kin; and reducing time to achieving permanency.

On the other hand, Merkel-Holguin's review of the research reveals that a limited number of studies actually show that Caucasian families disproportionately partake in FGC compared to minority populations. (2003, p9) This raises questions about whether non-Caucasian families are not being referred, are refusing FGC, or are discouraging others in their community from partaking in a FGC because it is not meeting their needs.

### **Ethnocultural Populations**

Waites *et al.* (2004) conducted focus groups with three different ethno-cultural groups and found that, although there were differences across each (which illustrates the importance of being competent of all cultures you are working with), all three groups thought it was a good child welfare approach. They all emphasized the importance of: location of the FGC, recognizing cultural traditions in the pre-planning and during the meeting, community identity and language competencies of the coordinator or facilitator (all groups preferred a service provider from their own culture), the major role elders should play in conferences and community education to let all know that there will be a change in how agencies work with families. The first four points emphasized by the focus groups are repeated elsewhere in the literature.

In short, although the literature points to FGC as a promising practice when working with ethno-cultural communities in child welfare, it is not 'pure' and therefore certain precautions must be taken in order to ensure the people and the process are culturally competent. 'Cultural competency' is usually interpreted as 'matching' the facilitator with the family, but Marsh and Crow found in England and Wales, this was not always popular although when language was an issue, the 'matching' became much more important to participants (Marsh and Crow, 2003).

### **Aboriginal Populations**

The FGC model is based on Maori culture and is similar to practices in many indigenous cultures. (Waites, Macgowan, Pennell, Carlton-LaNey and Weil, 2004) It was introduced in New Zealand after dissent by its indigenous people against Pakeha (European-descent), expert-driven approaches, seen as undermining their kinship structure and cultural identity. We see the principles that underlay the FGC model in other practices from indigenous teachings such as peacemaking circles and various restorative practices.

Although, as Waites *et al.* (2004) point out, the values that underlay FGC fits well with many indigenous cultures if they are successfully referred, it is not ‘pure’ in the traditional sense. In FGCs there are outsiders present, they are usually from the mainstream culture, and they are there to enforce a state-driven mandate to protect children from harm. As we have already discussed, these professionals continue to hold a vast amount of real power over the process, and the FGC approach can easily be reduced by professionals to a method or technique for agencies to use on families. (Nixon, 2001) The FGC deliberately tries to balance this power through private family time, however, it is also vital that the systems employing FGC, and their professionals (especially the coordinator), are culturally competent. Kelso (2003) reveals the effect on an aboriginal family of a FGC environment that was not culturally competent despite the efforts of the FGC facilitator. Although the FGC process was ‘successful’ by most accounts, a cultural advisor to the meeting revealed that the power of information over the family created an imbalance that embarrassed the elders in the family and created a situation where they lost face. A family group conferencing process may mitigate the power imbalance if handled carefully, but FGC should not be confused with traditional aboriginal peace-making or other traditional reconciliation processes.

### **Who facilitates**

The literature focuses extensively on the role of the facilitator in creating a culturally competent process. One pilot project in Olympic Peninsula of Washington State has been offering family group conferencing services to tribal child welfare offices (Vance and Eloffson, 1998) but in addition to state employees, a network of community people were trained as FGC facilitators. However, few of the tribal conferences were actually facilitated by tribal staff. Most of the staff were Indian child welfare caseworkers with extremely high caseloads. Also, because the tribal communities in the area are so small, the tribal facilitators were either acquainted with or sometimes even related to the families participating in a FGC, thus violating the principle of facilitator neutrality. FGC training did however increase the number of referrals to the project. Because of the respectful nature of the FGC process, non-aboriginal facilitators who are culturally competent, flexible and demonstrate a willingness to allow the family and community to determine the flow of the meeting, have also been well-received. If any FGC coordinator, however, has concerns, they recommend that the coordinator find an elder, advisor, or someone who can help the coordinator in their role and can help the family understand the issues and what needs to be done.

### **Preparation**

In addition, many FGCs in Washington State are conducted with multi-racial families where one side of the family is of non-Indian descent. Non-Indian participants may feel confused or threatened by the special rights of Indian people under child welfare law, including the right to have a representative from their tribe. Participants “should be prepared with some

introduction to this information before the meeting so that sensitive questions and initial fears that arise may be addressed to some degree privately, and do not cause additional polarization”. (Vance and Elofson, 1998)

### **Location and traditions**

As mentioned elsewhere, it is surprising the strong emphasis the literature places on the location of the FGC meeting. FGCs should, according to the literature, undoubtedly take place within the community setting in a place that is most comfortable for the family. Traditional welcoming, prayer and opening/closing ceremonies, offering of food, etc. must be honoured.

### **Jurisdictional issues**

Also, because “tribes are sovereign nations” and children in the Washington State pilot could be involved in either the state or tribal system (or both concurrently), referrals can come from either system. Facilitators need to ensure that jurisdictional responsibilities are clearly presented to the family and are explicitly worked out in the plan.

### **Follow-through**

Vance and Elofson (1998) cite follow-through as an important part of the process, particularly amongst aboriginal people who have a certain amount of distrust of the state system. Research from other projects have shown that around 50% of the time that plans are not followed it is the worker’s responsibility and 50% of the time it is the family that has failed to follow through. Working with several jurisdictions complicates this accountability and follow-up. They recommend appointing two people (one from family, one of the authority holding jurisdiction) to carry responsibility for monitoring the progress of the plan. In the Dauphin study in Manitoba, where many of the FGC participants were Métis, 50% of all cases required a 3 or 6 month follow-up (Routhier).

### **Elders and Extended Family**

The role of elders is mentioned throughout the literature (in Waites *et al.* (2004), and in Kelso, 2003). In Kelso’s research of a pilot FGC in BC, one of the FGCs involved an aboriginal family where elders were involved. She found that in this case, what was required was a two-stage process for information sharing. Elders needed to be informed of what was going on ahead of the conference – this denotes respect on their authority within the family. Without this information sharing ahead of the meeting, the elders were publicly shamed. “To have devastated the elders in a large group is completely unacceptable” (2003). The preferred process is one in which the elders are informed as soon as something comes to the attention of the state. An advisor to one of the FGCs in the study said: “The grandmother was very angry because she didn’t know what her great-grandchildren were going through. If she had known, she would have done something about the situation.” Not informing her

ahead of time devastated her because she didn't know what was happening, and she appeared to have not done anything about the situation. In describing the role of the elders, she explained: "That is the way usually our First Nations families are. 'If you are not looking after the child right, I'll take care of that child until you do something different.'"

In a somewhat similar vein, Elofson (2000) argues that the failure to actively involve the Tribe at the onset of a FGC can completely jeopardize the process.

---

## Experience of the Process

---

### ***HOW IS FGC EXPERIENCED BY CHILDREN, YOUTH, FAMILIES, SOCIAL WORKERS AND OTHER PARTICIPANTS?***

#### **Families**

Holland et al. (2005) found that family participants experienced FGC as a friendly, informal atmosphere. Family members are also satisfied with the process. There seems to be “considerable cross-studies agreement that families are highly satisfied with most aspects of FGC.” (Merkel-Holguin, 2003; Velen and Devine, 2005) Families report that their feelings are respected, they have influence in decisions, and the decision process is fair. In one study, 98.5% of participants reported effective communication as a result of FCDM, all felt their concerns were included, 99% felt that they could express their opinions and concerns freely with the facilitator, and 96% felt equally free during family time (Sandau-Beckler et al, 2005). Another reported that 95.2% of adults felt that they had a real voice in making plans for the future of the children (Schmid, 2005). In a study with slightly lower satisfaction, 70% felt their situation improved through the process, 56% stated relationships with family improved, 80% stated relationship with child improved, and 36% stated that their relationship with the child welfare worker improved (Routhier). One study suggested that family communication improved because once the problems were revealed to the extended family and then they remained interested in helping out, the immediate family felt they could take a risk thereby giving the extended family permission to be involved (Sandrau-Beckler, 2005).

As mentioned earlier, families also say that they prefer FGC to other child welfare decision approaches (Marsh and Crow, 1998, cited in Pennell; Holland et al., 2005)<sup>4</sup> In one study, “satisfaction with the child protection system” by those who had experienced a FGDM process rated at 41% positive, compared to 23% for those who experienced traditional case planning. Dissatisfaction rated 17% and 53% respectively (Walker, 2005).

The research indicates that participants who have had previous experience with ‘systems’ and may have a negative view, are cautiously optimistic about FGC but hesitant to get too excited too quickly. Some reported confusion surrounding the sudden shift in decision-making power in their favour (Titcomb et al, 2003). In Kelso’s research in British Columbia,

---

<sup>4</sup> Other articles cited in the research that points to family satisfaction with the FGC process: Cashmore & Kiely, 2000; Marsh and Crow, 1998; Pennell, 2002, Pennell & Burford, 1995; Trotter et al. 1999, Unrau, Sieppert & Hudson, 2000; W.R. McDonald, 1999.

she found that families who participated in FGC process appreciate the process but “must see genuine change to value its role in planning”. (Kelso, 2003, 88)

None of the research that I encountered measured family satisfaction with FGCs that did not result in a plan. In fact, in one study, families reported the most satisfying part of the FGC is that they were able either to return the child to the family or prevent the child from entering the foster care system (Titcomb et al, 2003).

Some of the research reveals that families often report that the FGCs are stressful and difficult, but also that they prefer this approach to leaving matters entirely in the hands of professionals. (Nixon, Building Community; Thomas, 2005; Velen and Devine, 2005). This discomfort, however, needs to be closely examined. Some of the research reveals the family discomfort was highest during with the private family meeting portion of the FGC and, as a result, too many families welcomed the notion of ‘professional interference’ (Holland et al, 2005). Doolan argues that those families that have been systemically disempowered over generations of contact with professional systems may appear to want professional lead and domination. What FGC is ‘imposing’ is an experience of problem solving to better equip them for future events.

However, Holland et al. (2005) cites that in seven of the 17 families interviewed, at least one family member stated clearly that they wished the professionals had not left the room. The main reason was because professionals helped to maintain a calm emotional temperature and prevent rows. They feel this is ironic considering it is supposed to be an empowering part of the process. It is unfortunate that in the study, the authors do not reveal who these seven were, i.e. children, mothers, etc. A closer look is needed to discover who finds private family time disempowering.

### **Children and Youth**

Merkel-Holguin’s review of the research reveals that children’s involvement and participation varies considerably (2003).

Children have reported feeling a full range of emotions as a result of the process. Some report feeling confused, hopeful and angry (Heino, 2003). Children who have been in care for longer report feeling relief, amazed and a sense of gratefulness, at the number of people who care enough to come to plan for their future. (Velen and Devine, 2005). Horan and Dalrymple report that children and youth in FGCs have similar feelings to those in child protection conferences – they often become confused or distressed and do not like adults disagreeing or becoming angry (2000). Holland et al (2005) report that children felt powerful

in the meetings when they were listened to and saying things in the meeting, and not powerful when they were not being given the chance to speak or were not being listened to.

There are several studies that purport children's happiness with FGC. One study reports that children and youth have a little lower satisfaction with the process in some areas compared with adults, but they are still largely satisfied. 82.9% reported feeling that they had a real voice in the process and 91.5% reported that they felt safe (Velen and Devine, 2005). Swedish children report that they are heard (Nyberg, 2003) and Lupton and Nixon (1999, cited by Horan and Dalrymple; see also Bell and Wison, 2003) state that children and young people seem to be as positive about their experience in the FGC process as the adults involved. Holland *et al* also report only a minority of FGC's children who did not feel that they were listened to at all. 16 of 17 children felt they were listened to 'a lot' but only six felt that they had influenced the outcome 'a lot'. (Holland *et al*, 2005)

There are almost an equal number of studies that purport children's dissatisfaction with FGC. Horan and Dalrymple look to Clarkson and Frank (2000) who have preliminary evaluative data that indicates that, on the whole, children feel they are not heard in FGCs. Rasmussen suggests that children find their participation experience difficult (2003, cited in Nixon et al, 2005). Another research project (Horan and Dalrymple citing Beecher et al, 2000) looked at data from 15 FGC coordinators and found that although children appear to be involved in conference planning, children are less likely to participate in the FGC process. Reasons include feeling inhibited to talking in front of the family and lack of confidence to share their views, lack of understanding of what was happening, use of jargon or adults not listening.

### **Social Workers and Other Participants**

Social workers and service providers are generally satisfied with the process (Merkel-Holgiun, 2003; Velen and Devine, 2005). The research measures 'satisfaction' as everything from "providers' role, level of say, voice, influence, perception of the conference as a positive experience, and assessment of the plans in providing for safety and permanency for children." (Velen and Devine, 2005)

Some workers are slightly sceptical of the FGC process. Pennell reports that some child welfare workers are more sceptical about the appropriateness of FGC plans as compared with those generated at other child welfare meetings (citing Trotter et al. 1999). She argues that this is getting at social worker's questions and discomfort around liability issues. The other criticism that professionals put forward was in regards to the meeting length and time held (Velen and Devine, 2005).

In Nixon et al's (2005), survey of international FGC professionals, respondents felt that the most significant thing that had been achieved so far by implementing FGCs is empowerment of the family/victim. This was described as reducing conflict, bringing family voice to the forefront and the voice of the extended family, and helping families to be more aware of their rights and the support that is available. Social workers also speak extensively of the better relationships developed with families – to the point where they even speak of greater job satisfaction as a result. “Social workers report reduced conflict with families and increased service coordination after FGCs.” (see also Nixon et al., 2005; Velen and Devine, 2005)

One study highlighted FGC facilitators' perceived benefit of having family members and foster parents in the same room – giving them a chance to build stronger relationships. (Velen and Devine, 2005)

### **Other Participants**

I did not encounter much in the way of information on how “other participants” experience the process. I wonder if the experiences of foster parents and other professionals are pooled with those of the social workers in some cases.

## ***WHAT ENABLES FAMILIES TO MEANINGFULLY PARTICIPATE IN THE PROCESS?*<sup>5</sup>**

### **Extensive Pre-Conference Preparation/Role of Coordinator**

The importance of pre-conference preparation is reiterated throughout the literature as a key factor in ensuring meaningful participation, especially in the ‘pure’ New Zealand model. It allows facilitators to take the time to contact as much of the extended family as possible and as should be involved.

To ensure good dialogue, for example, the coordinator may also help participants to fully understand the nature and purpose of an FGC and to write notes or write a letter outlining what they want to say (Rogers, 2000).

### **Involving Extended Family**

The literature both expounds the importance of ‘casting a wide net’ when it comes to involving family in an FGC, but also names many barriers to the involvement of a child's

---

<sup>5</sup> There is much overlap between this section and “What makes a good process?”. This is because the fundamental values of FGC all involve meaningful participation of families and thus, it is difficult to separate the two.

extended family, the foremost being traditional child welfare practice that conceives of ‘families’ as ‘birth parents and children’. Much of the practice and confidentiality legislation thinks of family this way, creating barriers to wider involvement.

The literature suggests that the facilitator of the FGC has much influence in the meaningful participation of children, youth and families and encouraging families to open FGC to the maximum number of extended family members (outside of New Zealand where they have legislative backing to invite interested parties to the conference - see more about the role of the coordinator under ‘Elements that contribute to the success of a FGC’.)

### **Logistics**

Rather surprisingly, location is repeatedly cited in the literature as an important factor in determining family comfort and thereby facilitating their participation. (Merkel-Holguin, 1998) Also, a significant minority of conferences worldwide are now taking place on weekends, which is a time that is usually more convenient for the family, indicating that FGCs are being organized so that as many family members can attend as possible. (Nixon et al., 2005)

### **Overcoming Distrust**

Families may be hesitant to participate because of distrust from their prior involvement with government systems. The need for communication with the community about FGC and its divergence with traditional child welfare decision-making is vital to overcoming this barrier. In addition, some jurisdictions encourage referrals to FGC from professionals who are outside the social work profession. Some families have proven to be more likely to accept a referral to the FGC process if the referral comes from someone who is not their social worker (police, counsellor, community worker, etc.)

### **Acknowledging Power**

Social workers and other professionals may try to ‘help out’ families in formulating a plan by offering suggested solutions. In the literature that supports the New Zealand model of Family Group Conferencing, this is seen as a measure to “devalue the family’s knowledge about its own system and their decision making abilities” (Merkel-Holguin, 1998) Nixon (Building Community) argues that this desire to come in and take over based on ‘deficit model’ (Nixon citing Ahmed 1990). This is particularly difficult during the stage of the FGC where the social worker presents ‘the problem’ to the family. How much or little is presented, along with how it is presented, has been the subject of much debate and there is no consensus on how it should be done. Again, much of the literature gives the

responsibility back to the coordinator to carefully manage this stage. That being said, however, the literature seems to roughly divide into two camps – one, emphasizing an extensive presentation to give the family as much information as possible; and the other where social workers have respected the feedback they have received from families indicating that they only want a short presentation of information. (Kelso, 2003, citing Hansen, 2001 and Nixon, 2001). In England, Nixon also recommends that the information-giving stage should be as interactive as possible so that families have the opportunity to ask questions and clarify certain points. (Kelso 2003 citing Nixon, 1998) Allowing families to lead the questioning gives them control over the direction of the discussion and, as such, is a much more meaningful level of participation than the professionals proffering advice and exerting their expertise.

### **The Private Family Time Debate**

Private family time sends the message that family’s solutions are more important than ‘professional’ solutions and allows them to have more power and control. (Merkel-Holguin, 1998) However, American communities have adapted this FGC rule to include non-family members in the private family time due to the changing composition of ‘family’ (Merkel-Holguin, 1998). There is no clarity in outcomes on this point.

Intra-familial dynamics during private family time is a topic that some of the literature touches on, but (probably due to the private nature of the meetings), there is not a lot of discussion of the experience. Experienced FGC coordinators report that families self-regulate behind closed doors – they expel members who shouldn’t participate due to their behaviour (i.e. abusive family members) (Walton et al, 2005). Again, it is important to note that some family members do not feel comfortable with private family time due to family dynamics. They may find it disempowering.

## ***WHAT ENABLES CHILDREN AND YOUTH TO MEANINGFULLY PARTICIPATE IN THE PROCESS?***

### **Literature mixed on Current Levels of Participation**

As we have already seen, the literature is not consistent about child and youth experiences of FGC. Therefore, it is not surprising that the literature that is available on their meaningful participation is not thoroughly consistent. Generally, it is a little more heavily weighted in favour of FGC as a means of facilitating children’s participation.

Article 12 of the UN Convention on the Rights of the Child outlines a child’s right to have their voice heard in decisions affecting them as their capacity allows. A number of studies

have shown that children and youth attend more FGCs in greater numbers and participate more extensively relative to orthodox, professionally dominated models of decision making (Nixon et al., 2005, citing Lupton & Stevens, 1997; Crow and Marsh 1997, Crow, 2000). To give a sense of estimated absolute numbers, the international survey of FGC professionals surveyed by Nixon et al. (2005) reveals that 38% of child welfare respondents estimate children attended FGCs more than 75% of the time. 20% of respondents estimated that children attended less than 25% of the time. The written responses to this question revealed that professionals restricted children based on age and “understanding or concerns about the nature of the discussion”. Most decisions to exclude a child or youth were made by professionals and not the family or children themselves. Often there is policy setting age limits – typically it excludes children under the age of 12 from participating. However, the literature does occasionally emphasize the importance of soliciting children’s views through various means (Merkel-Holguin and Wilmot, 2004)

Again, illustrating the very mixed experience of children and youth, a Calgary study of a FGC pilot focused on children’s participation and found that of the 51 children the project served, 27 children from 13 families attended their FGC. This included children who were not active participants (infants, quietly playing with toys, etc.). In general, those who did participate and asked directly, were able to explain their current living arrangements and their feelings. This was generally the extent of their involvement. In a few cases, children’s voices were constrained by adults. And in a few cases, young people were very active and vocal participants. One read a prepared letter, another was helped to share information by an advocate, and another participated in active dialogue and even mediated family discussion (Sieppert and Unrau, 2003).

So, perhaps they attend more FGCs than traditional planning meetings but their attendance is still relatively low. The child ‘routinely remains invisible’, and in too many cases, the potential for children’s involvement is overlooked (Sieppert, 2003; Heino, 2003). Even in New Zealand where state legislation backs their involvement, Shore et al cites a 79% attendance rate of children at FGCs (2001).

### **Role of the Coordinator**

Again, the literature emphasizes the role of the coordinator. The literature seems clear that ensuring a child’s meaningful participation involves comprehensive preparation and planning. “The coordinator may meet with the child/young person and his or her support person on numerous occasions to both assess the child/young person’s possible participation, and to work through creative preparation activities to achieve the most positive conference experience.” (Merkel-Holguin and Wilmot, 2004) Again, flexibility in the conferencing process is necessary to accommodate the additional steps required to ensure

voices of children and youth are heard (i.e. steps to address emotional/safety issues, ways of hearing their voice when they can't be present, ensuring their presence means they are participating, room design, awareness of adult potential to constrict their voice, etc.) (Sieppert and Unrau, 2003).

### **Exploring Family Dynamics**

Holland *et al.*, (2005) argue that FGCs, in implementing a reduction in power difference between professionals and families, also may serve to facilitate more democratic relations within families. They argue that the research examining intra-familial dynamics during FGC is poor right now and that the theory tends to view family as a single unit, “downplaying possible differences in needs and wishes within the family, some of which may be contradictory or even in opposition to each other” (presumably this includes the children). This is a useful insight into the potential impact the ‘family unit’ perspective has on the child who is the subject of the FGC. Not only that, but members of the family or the family unit as a whole may have a specific view on the role of the child that will impact a child’s ability to participate. Connolly and McKenzie (1999) pose a very interesting question: Families have different cultures and views about children, and the question of whose culture has precedence within the child protection milieu can create practice dilemmas. How then, do we ensure that we hear the voice of the child within the family context?”

Nixon offers another perspective – he argues that presence of extended family is one way to diffuse power and share it more evenly across family members. The sharing and disclosure of information and ‘secrets’ challenges and confronts the secrecy on which much abuse is sustained. (Nixon, Building Community)

Holland et al (2005) did a qualitative evaluation of a FGC project in Wales between 2001 and 2003. They found that members of the family that the style of the FGC conference empowered vulnerable family members and constrained ‘domineering’ ones. They found that those member who weren’t normally included in child welfare decisions were included in FGCs and this didn’t compromise the participation of ‘other family participants’ (including children). 2 of 17 FGCs had ‘domineering fathers’ and three had fathers who were normally domineering, but were described as being restrained by the style of the conference and the presence of children. In about ½ of the FGCs, an extended family member took on a facilitative role during private family time. Children in this study reported very few previous experiences where they had felt powerful, particularly within the family. During the FGC, “they particularly valued being able to say how they felt and what they wanted. This was often something they had never been able to say to their family (or a specific FGC participant) before. Some children used the FGC to ask questions about their family.”

## Using an Advocate

A growing number of authors argue that the presence of a support person or an advocate is vital to enhance the participation and safety for children or other vulnerable family members. Some literature, especially that which espouses the New Zealand approach, argues that all non-family members must be excluded from the private family meeting portion. [It is interesting to note here that this runs contrary to Walton et al's study of FGC coordinators which revealed that they support professional involvement when individuals who are vulnerable are recognized.] One American author argues that the modern definition of 'family' is broader than traditional blood and marriage ties and, as such, the family meeting must reflect this. In this same vein, an advocate could be invited to the 'private family meeting' if it was clear that they would uphold the values of the family meeting process.

Horan and Dalrymple argue that children and youth have a right to participate in decisions that affect them and this means that their views should be given equal weight to adults in the FGC process. The complex power relations in such decision-making must be recognized and new attitudes must be promoted that is neither 'adults know best' nor is it one where the adults renounce their power completely. However, "children and young people are likely to feel as uncomfortable about the FGC process as in other decision making forums."

Advocates for children and youth are increasingly being used (Horan and Dalrymple, citing Wiffen, 2000). They argue that FGC is primarily an adult decision-making forum and, as such, advocates for children are essential. Ideally, such support is someone the child or young person knows. "It soon became apparent though that it was not easy for some children and young people to identify a natural advocate." As a result, the Wiltshire FGC project provided formal advocates to children and youth. Of 79 children involved in FGCs, 51 (65%) chose an independent advocate.

Children themselves explained that an advocate needs to be able to help them in a meeting, who can arrange special support for them, who they can talk to one on one about what they want and have them help the child say what they need to, and that they can tell them 'secrets' and they won't 'tell the whole street'. An advocate helps them to have the confidence to communicate within the family without the fear of hurting some family members. "The 'secret' is not about keeping confidential information that should be shared with the family or other professionals. It is about helping the child or young person to manage and negotiate within the family network in a way that is acceptable to them and enables them to come to voice." (Horan and Dalrymple, 2000)

Bell and Wilson (2003), researching 20 FGC in Hull UK, felt that children's views were positive about the process, but that what was needed was "greater flexibility into managing the conference process, and ensure that the children had an advocate as the norm rather than the exception." (emphasis added)

Holland et al (2005), note that: “It has been noted elsewhere that most of [the children participating in FGCs] do not appear to come from families where they routinely play a part in decision-making. Some families appear to have made a great effort to include and listen to their children during the meeting. For many this appears to have been greatly enhanced where the child had been adequately prepared for the meeting, perhaps with an advocate or other source of help. Many children appear to have found it useful to write down their thoughts and feelings before a meeting. They thus appear at the meeting forearmed and ready to play a role that is different from that in their everyday family lives. In only one case (out of 25 children interviewed) the child concerned was not included in the meeting at all and a small minority of children report that they did not feel listened to or were not given enough space to state their views.” (Holland et al, 2003, 16) Holland also reports that children spoke either positively, or neutrally, about the support they received from an independent advocate. Some children reported feeling lonely and isolated in the meetings and wished they had opted for an advocate.

Merkel-Holguin and Wilmot (2004) describe the involvement of a children’s lawyer or a children’s support person as the equivalent of other professionals in the room – they are not allowed to partake in the family private time. In addition, they suggest that other ‘fictive kin’ (friends that are like family) who may be supporting the child during the process are typically excluded from the private family time so that the family is free to communicate about all the issues. In the US, fictive kin are more likely to be involved in private family time, but it is still “carefully considered”. The same goes for a support person – they should also be excluded from family time and “it is best of a member of the family network fulfills the role of support person [during private family time]”. The literature does not explore how an advocate for a child who is a family member, and therefore presumably partaking in the discussion, can effectively and properly balance two tasks during family time – voice of the child and their own voice about what is in the child’s best interests.

Roles of the advocate: “to make sure that the child or young person involved is able to have ‘a say’. It means that advocates need to work with the children or young people involved to find out what information they want the FGC to know.” Horan and Dalrymple argue that this independent advocacy role is crucial in allowing children to have a say in the FGC process (2000).

### **Professionals suggestions about how to include children in the process**

From National Centre on Family Group Decision Making, American Humane, 2003 FGDM Conference – Pathways to Partnership: Children as Partners in the FGC Process:

- direct conversation, letter with main points the child wants to discuss, artwork to explain their thoughts, camera to take pictures

- permission to leave or come back – comfortable place to go
- help them to identify and be next to a support person/proper preparation with support person/allow child to bring friend
- set up code with child in case of discomfort
- allow them to lead the meeting (control who speaks)
- make name tags, design invitation, greet everyone, choose food, choose ritual
- should be able to give feedback after

When children will not be present in the FGC, there are many ways that they can participate – all forms of written and creative communication/tape recording/conference call

- “stranger”/independent advocate/ friend advocate
- Have an empty chair
- Child could be nearby

## Outcomes

---

### ***PROCESS OUTCOMES***

#### **What are the key elements that contribute to the success of a FGC process?**

##### **Referral**

Obviously, the success of a FGC is contingent on the process being referred to. Much of this is covered in other sections.

##### **Extensive Pre-Conference Preparation**

The literature on the ‘pure’ FGC model varies in pre-conference preparation time but ranges between 20-35 hours (Centre for the Study of Social Policy, 2002). In one study of FGCs for children who have been in care the longest, the average preparation time ranged between 16-52 hours (Velen and Devine, 2005 – see this article for a good project time breakdown). As already mentioned, extensive preparation is undertaken to locate all relevant family members and then prepare everyone for the FGC. Even social workers need to be prepared so that they offer a good presentation and only cover basic information and bottom-line issues – limited only to matters directly related to child health and safety. Researchers who work in the more ‘controversial’ FGC areas of family violence put even more emphasis on the pre-conference planning in order to ensure the safety of all the participants. (Gunderson, 1998; Pennell, 2004b)

There is research that shows good plans result when good pre-conference preparation takes place. In one study with strong pre-conference preparation, 131 out of 133 FGCs resulted in accepted plans. Qualitative analysis found “interesting strengths” and a more comprehensive list of interventions than in traditional plans. (Gunderson, 1998)

##### **The Coordinator**

As it is the coordinator that does the extensive pre-conference planning, the skill of the facilitator will be pivotal to the success of the workshop. Pennell (2003, p125) found that satisfaction of participants was congruent with the “diligence of the FGC coordinators in carrying out the preparations”. It is up-front where most of the hours are put into a meeting and, thus, some of the literature suggests that this task is onerous and the coordinator needs to be supported by others (assistants, etc.). As such, some of the literature emphasizes FGC training of all involved, even tangentially. (Merkel-Holguin, 1998)

The literature is virtually unanimous in espousing that the independence of the coordinator is an essential element of all FGC processes because they need to have the confidence and trust of all parties involved (Marsh and Crow 2000). Adams and Chandler (2004) attribute the success of the implementation of FGC in Hawaii to the decision to contract facilitation to a newly formed, non-profit agency. “It immediately established high standards of professional practice for its entire program staff.” (Pennell, 2003, 110)

There is a mix of opinions as to what kind of skills and education is required to make a good FGC coordinator/facilitator. Marsh and Crow indicate that formal training is less important than strong inter-personal skills and a commitment to the model (2000). Hansen suggests coordinators could come from a wide range of backgrounds, not necessarily professional, and could be ‘independent’ housed organizationally in a number of locations (Hansen, 2000).

There is considerable division in the research, however, on where coordinators services should be located. If it is attached to statutory authority, this might move practice more to the mainstream of social work but it would jeopardize independence or at the very least, appearance of the independence of the coordinator’s services. If it is located in an external voluntary agency, this would provide clearer independence, but it may lead to the marginalization of the service that is ultimately dependent on state referrals [and funding!] (Hudson et al, 1996, p10; Kelso, 2003, p33)

Kelso (2003) cites a recommendation of Nixon in an English study from Hampshire: resist developing permanent or full-time coordinators, rather, rotate and expand the options for worker to move in and out of the role. This will avoid the establishment of an institutional culture around the work and will emphasize lateral and peer supervision. (This is the only mention of this in the literature I came across). Kelso also argues that it is important that the coordinator is knowledgeable about the case content and is trained or experienced in the jurisdiction in which they are to be working.

Further to pre-conferencing planning, however, the Coordinator also sets the tone and style of the conference. (Nixon, Building Communities) We have already explores ways they are vital to the cultural sensitivity and competence in an FGC. In short, the coordinator’s ability and quality of preparation and planning correlate with the overall success of the conference.

### **Extended Family Participation**

All too frequently, the extended family is excluded. The purpose of investing heavily in pre-conference activities is to shift this pattern so that the professionals offer information rather than recommendations and the family is prepared and able to develop a plan that reflects their own unique knowledge and processes. (Gunderson, 1998; Merkel-Holguin, 2003)

Good process is indicated by family members' strong attendance. In most FGCs, families are attending in far greater numbers than traditional decision-making processes. (ibid.)

A case manager said there were no relatives for a 14 year old boy who had been in care 4 years and living in a group home. 9 relatives were found in the case record, 10 attended the FGC to create a plan for adoption by an out of state uncle and aunt. The boy went to visit local relatives on the day of the conference and never returned to the group home. The adoption has been finalized. (Velen and Devine, 2005)

In a FGC project in North Carolina, Pennell found that participants were highly satisfied with FGC, but felt unease about who was missing. Some said that an important family member such as a father or just more family should have been in attendance. "Those who had both sides of the family present were more likely to note that their plan included ways that the family group will help, included steps to evaluate whether the plan is working and to bring the family group back together if needed, and was approved by social services without unnecessary delays." (Pennell, 2004b) Again, note that New Zealand legislative backing allows agencies to invite family members seen as integral to the decision-making even if it is against the wishes of the family. Jurisdictions without this legislative backing may need to spend more time trying to convince family members of the benefits of including members of the child's whole family. Some make the argument that excluding family members potentially undermines the families' decisions and violates the children's rights to have contact with all family members. Wilcox et al. (1991) has argued that in New Zealand, "Quite often the very family members that people try to exclude are the ones that hold the key to decision making for that family." Again, this highlights the need for extensive pre-conference preparation and the coordinator's abilities to facilitate the involvement of the extended family.

### **Private Family Time**

Again, as already explored, there is no consensus on the exact parameters of who can attend the private family time but it is still seen as an essential part of the FGC process that attempts to shift power back to the family.

### **Logistics**

The place and time of the conference are important when setting up the right 'tone' for the family and all the participants. "To signal that the conference belongs to the family group, it is commonly held in a community centre and opens in a way fitting the family's traditions." (Pennell, 2004) FGCs where the maximum number of family members can attend usually take place during evenings or weekends.

## **Follow-up**

FGC is not an instant ‘fix’ (nor should it be even talked about that way because that is returning to the deficit model) but it is a process. Every FGC should have good follow-up. Jurisdictions vary widely as to how this is done, but follow up is definitely seen as a good practice around FGCs.

## **Other**

As mentioned in the footnote at the beginning of the section called, “What enables families to meaningfully participate in the process?” participation is perhaps *the* central value in family group conferencing. As such, participant’s sense of participation is necessary in maximizing the success of the process.

Pennell and Burford (1997) also suggest ways to enhance outcomes are to ensure that participants have written copies of the plan, specify clear mechanisms for monitoring and evaluating the plans, put in place systems to monitor the monitors, orient new workers to the model and the family plan, hold reconvened conferences or review meetings as needed, and make sure that families have the necessary resources and supports for carrying out the plan.

Key elements to success in Miami were (Litchfield et al, 2003):

- The degree to which an individual identified with the group involved in the procedure or process
- The opportunity they had to have a voice
- The involvement they had in problem solving
- The perception of facilitator effectiveness

## **What are the barriers to process effectiveness?**

### **Referral barriers**

As already discussed, the significant shift in values that the FGC process symbolizes, means that “social workers will not mainstream family group conferencing practice until there is an explicit mandate for them to do so.” (Doolan, Mainstream Approach) For example, in a survey of 225 FGC professionals across 17 countries, Nixon et al. (2005) found that “even in those areas that have been running conferences for many years without the benefit of legislation giving families a right to be present at decisions, does not come near to the numbers, account taken of proportionality, that have been achieved in New Zealand.” Participants of the survey noted that the most important barrier (and also boost) to implementation was “getting buy-in from workers & agencies: resistance to change”.

Nixon et al. (2005) and others suggest that FGC works well in child protection matters when there is much at stake, i.e. at the more serious end of the spectrum because people are more motivated to take the decision-making seriously. This is contrary to those who advocate that FGC is a good ‘preventative’ model.

The literature explores the many reasons that social workers don’t refer. Researchers in Toronto identified social workers reluctance to refer due to workload pressures, time constraints and fear of possible risks (Schmid, 2003). Gunderson (2003) also identified liability, confidentiality and historical focus on the nuclear family. One of the primary reasons seems to be perceptions of family ability to participate effectively in an FGC. (Adams and Chandler, 2004). Marsh and Crow, for example, found that social workers who were introduced to the model and supportive of the underlying principles of FGC, maintained the opinion that it “won’t work” for ‘their’ families. (2000).

Although some of the literature reports that caseworkers perceptions of FGC changed positively after experiencing it first hand, only 36-40% were likely to refer afterwards (Sandau-Beckler, 2005). In Toronto, social workers do refer because they identify with the values that underlie FGC, it is a way to decrease their workload, and they are convinced FGC results in better outcomes (Schmid, 2003). Merkel-Holguin (2003) argues that New Zealand and Ireland used “radical legislative change to bring FGC into the mainstream” and that the “primary driving force for this change was political rather than evidence-based. It was a debate about people’s rights...it is notable...that in these countries the gap between government, professionals, and community is relatively narrow.” Other authors don’t go quite so far in their analysis but rather emphasize the importance of training people who are highly supportive of the model and the importance of the commitment of the higher echelons.

The resistance to referral is only confirmed by the low number of referrals made by social workers and others in practice. The number of referrals accepted by facilitators has a vast range of rates across jurisdictions. Cited in Kelso (2003), Burford and Pennell argue that referrals should be accepted from any agency so long as the family has a child involved with the protection system and the child welfare worker agrees to the referral. They have found that some families refuse a referral when made by the protection worker, but accept it if it is made by another professional. The authors also argue that right of families to a conference would speed up the implementation process. (Pennell, 2003) In Hawaii in 2004, the policy has been amended so that families can directly contact authorities to request an Ohana conference. The criteria is broad and although social workers can object, the decision rests

with Department of Human Services administrators. The Hawaiian authorities are considering offering FGCs to all families in the future (Walker, 2005).

The number of families willing to participate in a FGC also varies widely. “Anecdotal evidence suggests that in most projects a biological parent/s need to agree [to the FGC], but the extent to which the child or extended family have to agree is less clear.” (Nixon et al., 2005)

### **Ideological drift**

Pakura (2005) cites research that is being conducted at the University of Canterbury that is raising ideological drift as a major concern in New Zealand. Nixon et al., cite concerns that a FGC could be used to squeeze resources out of families, as an assessment tool for professionals, as a ‘rubber stamp’ for professional plans, as a way to pressure people into admitting offences or behaviours without due process rights. (Nixon et al., 2005, 75) Professional decision-making meetings alongside FGC’s can dilute the approach as professionals do not have to invest in FGCs and consequently family decisions can easily be transmuted or ignored (Walton, 2005).

### **Implementation misperceptions**

FGCs can be seen as requiring too much time, overtime pay for workers, work on weekends and evenings, too expensive, or just unnecessary since there is little evidence to support its superiority (Adams and Chandler, 2004 p108). The pre-planning can take a considerable amount of time depending on the context, however, according to Velen and Devine, the average meeting time is 4.62 hours, and costs \$916 each not including staff time. 39% of meetings included out of state family – these conferences cost an average of \$1843 each, bringing the in-state meeting average down to \$315 each.

Other authors claim that the meeting plans are less expensive than supporting traditional case plans, especially considering kinship placements and including court costs (Schmid, 2003), or, cost neutral in relation to a comparison group (Wheeler, 2003; Marsh and Crow, 2003), or slightly more if including facilitator’s costs (Pennell, 2003).

### **What are the benefits of the FGC process regardless of the planning outcome?**

The literature does not easily separate those conferences that do not result in a plan from those that do and compare the effects of the process on those families. The literature refers widely to ‘the benefits of FGCs’ and not ‘the benefits of the FGC process that result in a

plan'. Thus, it is difficult to say whether the enthusiasm of the process by participants is contingent on a plan being developed or not.

That being said, there is a small amount of anecdotal evidence that even the planning stages of family group conferencing has an impact on a family – about half of referrals to FGC that didn't result in a meeting resulted in the family coming together themselves to solve their difficulties without the need of a formal FGC meeting (Walton et al, 2005). FGC meetings that resulted in family disagreement and therefore no plan still had value – anecdotal evidence of families reporting a successful meeting – that family members left happy, connected and exchanging phone numbers. They were happy to be forced to confront their problems and 'air them out'.

Pennell and Burford (1997) argue that FGDM helps families and communities take responsibility for finding culturally relevant and sustainable solutions for family violence and child neglect and conferencing increases protective services' knowledge of families (which would be true even in FGCs that do not result in a plan – see Sandau-Beckler, 2005), helps them work better with family and extended family and reduces the need for emergency visits and apprehensions (would this still be the case if a plan could not be agreed upon?). After the conference, adults and young people disconnected from some non-supportive relatives and firmed up supportive connections with other family and professionals (again, is this contingent on the conference cumulating in a plan?). All that being said, and as we have already seen, a high proportion of FGCs result in a plan that all can agree on and as such, the question may be mute.

In follow-up interviews 6 months later, Holland et al found that most children reported improved family relationships, with a few reported much improved family situations. Some children report real benefits in their relationships with parents, although they still tend to feel unable to influence decision making. One family reported that they have continued to have meetings on an informal basis within the family home to iron out disputes and some others feel that the family does more talking and listening. An outside advocate was used in 5 of the 17 FGCs in this study, although they didn't isolate the data in their article. They point to the use of advocates as a challenge to the notion that the family is an individual unit for intervention. (Holland et al, 2005)

Anecdotally, FGC coordinators in Arizona maintain that all family meetings are successful because of the role it plays in facilitating and supporting a relationship between children and their relatives that would not have existed otherwise (Velen and Devine, 2005). This connection and sense of belonging is crucial and will lead to better outcomes. Many studies report increased connection, unity, and problem-solving capacities post-FGC. Families rally

around a collective cause, hold family members accountable, and improve their communication. Merkel-Holguin (2003, p10)

Young people have expressed surprise at the positive feedback they received about their characteristics, abilities and their performance/participation in the FGC which seems to have a side-effect of providing a boost to self-esteem. (Holland et al. 2003) Along these lines, young people also report how empowered they felt when they took a risk and voiced how they felt and what they wanted. They reported that they would find it easier to talk about these things in the next meeting.

Pakura (2005) also argues that the FGC process has created trust between the Maori people and the state. It has had a moderating effect on the behaviour and influence of child welfare and other professionals. “They have to articulate and account for their views and opinions in front of families.” FGC is an opportunity for families to build trust with the system – social workers report post-conference of better relationships with families. This level of trust is a very important indicator for protecting children. “The most important condition for success was found always to be the quality of the relationship between the child’s family and responsible professional” (Nixon, Building Community, citing Messages from Research-DH 1995a)

## ***PLANNING OUTCOMES***

### **How well are plans supported?**

International data show that families reach agreement and referring workers accept plans 95-97% of the time, even in difficult cases like sexual abuse (Walker, 2005; Shore et al, 2001; Merkel-Holguin and Wilmot 2004, citing Merkel-Holguin, Nixon, and Burford, 2003). The more inclusive and holistic approach that FGC offers has led to consistently high levels of agreement over protection plans (Rosen 1994, Thomas 1994, Lupton et al 1995, Crow and Marsh 1997, Smith and Hennessey 1998). Research has shown that children were considered to be better protected by FGC plans (none worse) and there are indications of reduction in re-abuse rates compared to other more traditional approaches (Crow and Marsh 1997). The plans are more comprehensive and detailed, family unique and family supported, resulting in a greater commitment to implement them. Even caseworkers and supervisors agree that they are more detailed and tailored to meet the family’s needs – including some needs not previously identified.<sup>6</sup> Extended family plays a very significant role in the support of FGC related plans. As stated elsewhere, extended family provides direct informal support

---

<sup>6</sup> See “How FGC is different from other processes?”

in ways that formal support services cannot. In addition, it is not uncommon for extended family to come forward and provide support that immediate family members never imagined was available to them – even including backup plans and more support than was discussed in the formal conference plan. (Sandau-Beckler et al, 2005; Schmid and Goranson, 2003) Caseworkers generally feel that extended family support improves permanency for kids.

Mentioned elsewhere is another key factor in the support of plans - FGC plan follow-up is critical so that this approach to problem solving can be maintained (Nixon, Building Communities).

## **Why do some plans fail?**

### **FGC is not a ‘fix it’**

Several authors argue that there is danger in overestimating the power of the FGC to solve all of the issues a family is facing. Rockhill (2000) argues that this is consistent with the defect model that suggests there is a magical intervention, or meeting, that will “fix the broken family.” Sundell, who has been rather infamous for his criticisms of the initial phases of FGC in Sweden, now acknowledges that, “some of the initial problems with the Swedish FGC model also seem to be solved. Today, it is understood that one FGC does not bring about instant change, but that a series of FGCs are needed where a succession of problems are dealt with and the extended family is motivated to support the child and parents” (Sundell, 2000).

### **Follow-up and Advocacy**

The duties of a FGC facilitator does not usually include follow-up and yet the post meeting follow up is critical and must be consistent with the principles of the FGDM process. “Inconsistency here will very quickly lead to a reversion, or “relapse” into older, more familiar patterns of support and isolation that precipitated initial system involvement.” (Rockhill, 2000, 151).

Although FGC was identified earlier as being very appropriate and successful for children who have been in care the longest - older children, children of colour, and children with special needs – these children are also more likely to have experienced more instability and are more likely to have behavioural/emotional issues where focussed attention to the implementation of the plan is needed for success. (Velen and Devine, 2005) Interestingly, the one consistent and important condition associated with successful permanency with these groups was a strong advocate for the plan – usually the child protection case manager but sometimes a family member.

## Resourcing the FGC and the plan

Another consistent message across the literature is that a major obstacle to success is a failure to provide resources to support the families' attendance at the FGC and then to support plans. "[In New Zealand] all of our practice experience tells us that better plans emerge from family group conferences when family members attend in significant numbers." As a result, it is important to support families with *resources* so that they can attend the conference. (Pakura 2005)

Also, funding to family support services is harder to hold and families are relying on it to carry out the plan. Nixon, argues that you cannot place families in the position of having decision-making abilities without being able to access resources that the decision making relies on to be effective. We must ensure that the rhetoric of family responsibility is not translated into a reduction of resources from the state. (Nixon, Building Communities). Across most nations, family support funding is more vulnerable to risk than is funding to provide services to children who are in care which, in turn, puts pressure on social workers to bring children into care and creating a vicious cycle. Pakura also mentions the danger of losing funding to support capacity building in working intensely with families already engaged in the system.

## The Challenge of Kinship Care

Kinship care was also mentioned in the literature as being both a source of strength for a child, but not without difficulties. Gunderson (2004) argues that, in short, parents are happier, the community will be stronger, and children are more likely to have better outcomes (partially because of increased placement permanence), when placed with family. Gunderson argues that social workers who have experienced FGC feel that "it was highly effective in overcoming many of the challenges to working with kin, noting that FGC facilitated the respect, communication, and support that illuminates best practice." (Gunderson, 2004, 4) However, there are practice, process and attitudinal barriers to the success of this type of placement. Pakura (2005) argues that, because FGC plans so often rely on kinship care, it must be recognized that kinship care needs its own policy, services and resources framework – trying to accommodate it within a framework designed for care by strangers produces significant barriers. Kelso, citing Worrall and the research out of New Zealand, argues that the benefits of high levels of children placed with kin must be balanced with the viability over the long term of these types of placements and that professional and community supports must be in place to aid these placements. (Kelso, 2003) "What seems at first blush to be a grand solution may result in increased instability in families and their children. There is much long-term work to do in shifting from state to family-based plans; perhaps it will be shown eventually that the state has a larger support role with families and kinship networks than they are willing to shoulder at this time."

## **What is the long term effectiveness of using FGC in planning?**

The long term effectiveness of using FGC in planning is largely still undetermined. “There is no evidence that children are any worse off under this approach” (Doolan). “Evaluations on long term effects show no difference in outcomes – but more qualitative studies must be done because serious problems with evaluative studies to date” (Nyberg, 2003) “Preliminary findings indicate a greater likelihood of children staying with their parents or kin, siblings kept together, placements stabilized, child maltreatment and domestic violence reduced, and a sense of family pride enhanced” [Pennell 2004, citing: Crampton, 2001; Marsh and Crow, 1998; Pennell & Burford, 2000; Shore, Wirth, Cahn, Yancey & Gunderson, 2002; Sundell, 2000; Walter R. McDonald, 2000]

As cited in Kelso, Merkel-Holguin (Putting Families Back into the Child Protection Partnership: Family Group Decision Making, 1998) indicates promising trends:

- Decrease in the number of children living in out-of-home care
- Increase in the professional involvement with extended families
- Increase in the number of children living with kin
- Decrease in the number of court proceedings and
- Increased community involvement

Compared to voluntary care agreements, decisions reached by FGC resulted in:

- Half the amount of time spent in the child protection system.
- On average, one fewer placements
- Number of emergency placements was 0.24 compared to 1.0
- 2% of cases resulting in a court-ordered permanency custody order, versus 30% for VCAs
- Controlling for the difference in procedures, VCAs were 2.5 times more likely to have a court hearing (Walker, 2005)

Pennell and Burford (1997) found that in the one to two year period following a FGC, interviewees reported enhanced family unity, improved care for children, reduced drinking problems and/or decreased family violence. However, dissatisfaction was voiced when key items in plans were not carried out by family or agencies, or, in a few cases, children were removed from their parents. Overall, the FGC families showed decreases in substantiated child abuse/neglect, emergency responses to crises, and indicators of women/wife abuse and increases in indicators that family members were safe at home. In contrast, child welfare families who did not have a FGC changed overall in a negative direction on these same indicators. They found FGCs were least successful in stopping abuse/neglect in the most chaotic of families. Nevertheless, in the majority of families, events indicating child

abuse/neglect and adult abuse declined. Family groups tend to generate plans that preserve or reunify family and these plans for the most part appear to safeguard children. In the area of children's development, before and after the conference, project children lagged behind other children in their community. However, most project children made positive gains in their development post-conference.

Similarly, 97% of children who were living with relatives at the time of the FGC were able to maintain the placement, compared to 84% of the control group. 44% were placed with relatives compared to 24% of the control group (Wheeler and Johnson, 2003).

### **Stability through Kinship Care**

Increased use of kinship placement which, in the research, is seen as achieving better outcomes for children (partially due to permanency achievements)

### **Better relationships between government and aboriginal groups**

Pakura (2005) reports that in New Zealand, "the Crown has recognized that there is more than one worldview. The Crown recognizes whakapapa as central to the identity of our indigenous people. Whakapapa is the means of connecting oneself with, or differentiating oneself from, others. Maori are not one people but rather each expresses their identity in their kinship and tribal origins." Also, fewer children live outside the care of their extended family networks, arrangements for protection and care have mostly been better, family resolutions are practical, cost-effective, and respect cultural norms, and family representation is wide enough, family decision-making is usually better than decisions taken by social workers alone. The fear that "dysfunctional" families would use the law in dangerous and abusive ways has proved to be a myth.

### **Cost-neutrality or savings**

Although researchers are quick to say that formal family supports (and therefore secure resources) are critical to successful plan implementation, longer term studies have shown FGCs to be at the least cost neutral, or at best, produce savings. (Merkel-Holguin, 2003 p9)

### **How does the plan developed compare to plans developed through other processes?**

There is a substantially higher level of agreement on the plans developed through FGC than plans developed through other means. On average, only 5% of FGC plans are not accepted by authorities, and very few FGCs result in no plan being developed. (Merkel-Holguin, 2003) Most of the literature argues that this leads to better outcomes because:

- relationship between family and social worker is a key protective factor for children – more likely to have success with families if the relationship between them and their social worker is positive
- The studies show that FGC plans frequently include both family provided resources and supports and requests for formal services from a range of agencies. Also, researchers have found that FGC plans are different enough from traditional plans in their structure and composition that they challenged the typical pre-purchased service structures. (Merkel-Holguin, 2003)
- higher levels of kinship care than used in other types of processes – again, families provide the most enduring relationships for children and the importance of maintenance and promotion of those links is well documented (Doolan, citing Rowe, Milham, DH, Bullock, Berrick, Dubowitz, Inglehart, Benedict, Zuvarin, Biehal, Wedge, etc; Merkel-Holguin, 2003).
- In one English study, social workers assessed the plans emerging from FGCs as being better than would have been achieved in the traditional approach in two-thirds of the cases, and as good in one-third. Significantly, no plan was rated worse. The same study assessed re-abuse rates for children involved in a FGC were 6% compared to 16-25% for others. (Crow and Marsh, 1997, cited in Doolan)
- In another study, 78% of professionals thought FGC plans successful after 18 months to two years. (Lupton and Steven, 1997, cited in Doolan)

## Unsolicited information

---

**Community building** – some FGCs are including community representation in the meetings and has led to “terrific gains in the relationships between public agency and the neighbourhoods they seek to partner with.” Nixon 2005 (also discusses building community capital). Also:

- repeated mention in the literature of the value that FGC plays in building community, and the potential role it can play in informing government about what families need in the way of support.
- Merkel-Holguin (2003) argues that the majority of the research reveals an absence of families’ voices in building, improving, and sustaining FGDM processes.
- Burke et al, when community agencies involved in FGC, 90% of participants agree or strongly agree that meeting generated a plan that “appropriately links the family with local services”.
- See Kay Pranis, “Conferencing and Community” in Family Group Conferencing: New Direction, Burford and Hunson (eds.) 2000.

### **Democratisation of the family**

Several authors (Pennell and Burford 1997) reveal that FGCs facilitate cooperative work among programs so that they can work together to address the maltreatment of both children and adults in families.

Much of the literature links child welfare FGC with other types of conferencing – juvenile justice, family violence, substance abuse, etc. (see Nixon 2005 where the same number of respondents cited their focus as being Child Welfare, and Youth Justice. They said that a cross-tabulation revealed that the longer a program had been around, the more issues they had taken on. See also Holland et al., 2005)

### **Reinforcing and Supporting FGC**

Once families and communities are more involved in strategic planning, they will argue for more family friendly/family support approaches and services. **They will help set the right context for FGC practice to flourish.** The presence of service users on planning forums will invariably lead to questions about the assumed sanctity of certain budgets. A systematic recording of FGC requests and plans could help a needs led service develop from a wish list defined by users. (NIXON, Building Communities)

## References

---

Adams, P. and Chandler, S.M. 2004. Responsive Regulation in Child Welfare: Systemic Challenges to Mainstreaming the Family Group Conference, *Journal of Sociology and Social Welfare*, 31, 1, 93-116.

Bell, M. and Wilson, K. 2003. Ask the family. *Community Care Article*.  
[www.communitycare.co.uk](http://www.communitycare.co.uk). Last accessed October 3, 2005.

Burford, G. and Hudson, J. (eds.) 2000. *Family Group Conferencing: New Directions in Community-Centered Child and Family Practice*. New York: Aldine De Gruyter.

Burke, K. Allen Eckard, K. Kemp, S. Ware, J. Ackroyd, A and Munoz, S. 2003. Community Family Support Meetings: Adding Community Resources to Family Decision Making. In, *Protecting Children – Promising Results, Potential New Directions: International FGDM Research and Evaluation in Child Welfare*. 15, 1&2. Englewood, Colorado: American Humane Association.

British Columbia. Ministry of Attorney General. *Alternate Dispute Mechanisms: Family Conferencing and Mediation*. Dispute Resolution Office. [www.ag.gov.bc.ca/dro](http://www.ag.gov.bc.ca/dro). Last accessed October 1, 2005.

Centre for the Study of Social Policy, *Bringing Families to the Table: A Comparative Guide to Family Meetings in Child Welfare*, March 2002. Available at: [www.cssp.org](http://www.cssp.org).

Connolly, M., McKenzie, M. 1999. *Effective Participatory Practice: Family Group Conferencing in Child Protection*. New York: Aldine de Gruyter.

Crampton, D. 2000. Does the Type of Child Maltreatment Matter in Family Group Decision Making? FGDM Roundtable Proceedings, [www.americanhumane.org](http://www.americanhumane.org) 171-174

Doolan, M. The Family Group Conference: A mainstream approach in child welfare decision-making. [www.americanhumane.org](http://www.americanhumane.org) last accessed September, 28 2005.

Dougherty, S. 2003. Practices that Mitigate the Effects of Racial/Ethnic Disproportionality in the Child Welfare System, *Casey Family Programs*. [www.casey.org](http://www.casey.org) last accessed September 20, 2005.

Elofson, P. 2000. Family Group Conferencing: Improving Services for Indian Children and Families. *Protecting Children*, 16, 3. Englewood, Colorado: American Humane Association.

Gunderson, K. 2004. Family Group Conferencing: Building Partnerships with Kin in Washington State, in *American Humane FGDM Issues in Brief*, [www.americanhumane.org](http://www.americanhumane.org). Last accessed September 20, 2005.

Gunderson, K. Cahn, K. Wirth, J. 2003. The Washington State Long-Term Outcome Study. In, *Protecting Children – Promising Results, Potential New Directions: International FGDM Research and Evaluation in Child Welfare*. 15, 1&2. Englewood, Colorado: American Humane Association.

Gunderson, K. 1998. Pre-Conference Preparation: An Investment in Success, in *Protecting Children* 14, 4. Englewood, Colorado: American Humane Association.

Hansen, M. 2000. The transatlantic exchange: Looking at FGC practice in Hampshire, England and Washington state. In *Protecting Children*, 16, 3. Englewood, Colorado: American Humane Association.

Holland, S., Scourfield, J., O'Neill, S., and Pithouse, A. 2005. Democratising the Family and the State? The Case of Family Group Conferences in Child Welfare, in *Jnl. Soc. Pol.*, 34, 1, 59-77, United Kingdom: Cambridge University Press.

Holland, S., Scourfield, J., O'Neill, S., and Pithouse, A. 2003. Outcomes in Family Group Conferences for children on the brink of care: a study of child and family participation. Cardiff University, School of Social Sciences (funded by the Wales Office for Research and Development in Health and Social Care).

Heino, T. 2003. Using Family Group Conferencing to Protect Children in Finland. In, *Protecting Children – Promising Results, Potential New Directions: International FGDM Research and Evaluation in Child Welfare*. 15, 1&2. Englewood, Colorado: American Humane Association.

Hoover, T.A. 2005. The Critical Role of Leadership in Implementing Family Group Decision Making, *American Humane FGDM Issues in Brief*, [www.americanhumane.org](http://www.americanhumane.org). Last accessed September 20, 2005.

Horan, H. and Dalrymple, J. Promoting the Participation Rights of Children and Young People in Family Group Conferences, [www.americanhumane.org](http://www.americanhumane.org). Last accessed September 20, 2005.

Kelso, K. 2003. The Family Group Conference: Implementation in Child Protection in a Corner of British Columbia. Masters Thesis, Royal Roads University.

Litchfield, M. and Gatowski, S. 2003. Improving Outcomes for Families: Results from an evaluation of Miami's FDM Program. In, *Protecting Children – Promising Results, Potential New Directions: International FGDM Research and Evaluation in Child Welfare*. 15, 1&2. Englewood, Colorado: American Humane Association.

Maloney, L. and Reddoch, G. Restorative Justice and Family Violence: A Community-Based Effort to move from Theory to Practice – A Presentation.

Maluccio, A. and Daly, J. 2000. Family Group Conferences as “Good” Child Welfare Practice. In, Burford and Hudson (eds.) *Family Group Conferencing: New Directions in Community-Centered Child and Family Practice*. New York: Aldine De Gruyter.

Marsh, P. and Crow, G. 2003. Family Group Conferences and Child Protection in a Multicultural Community – 1998. ....

Marsh, P. and Crow, G. 2000. Conferencing in England and Wales. In, Burford and Hudson (eds.) *Family Group Conferencing: New Directions in Community-Centered Child and Family Practice*. New York: Aldine De Gruyter.

Merkel-Holguin, L. and Wilmot, L. 2004. Family Group Conferencing: Responses to the Most Commonly Asked Questions. American Humane Association.  
[www.americanhumane.org](http://www.americanhumane.org). Last accessed September 23, 2005.

Merkel-Holguin, L. 2003. Learning with Families: A Synopsis of FGDM Research and Evaluation in Child Welfare, in *Protecting Children*, 18, 1&2 pp.22-11. Englewood, Colorado: American Humane Association.

Merkel-Holguin, L. 1998. Implementation of Family Group Decision Making Processes in the US: Policies and Practices in Transition?, in *Protecting Children*, 14, 4. Englewood, Colorado: American Humane Association.

National Centre on Family Group Decision Making, American Humane, 2003. FGDM Conference – Pathways to Partnership: Children as Partners in the FGC Process.  
[www.americanhumane.org](http://www.americanhumane.org). Last accessed September 23, 2005

Nixon, P., Burford, G., Quinn, A., and Edelbaum, J. 2005. A Survey of International Practices, Policy and Research on Family Group Conferencing and Related Practices. American Humane Association. [www.americanhumane.org](http://www.americanhumane.org). Last accessed September 15, 2005.

Nixon, Paul. Should FGC be adjusted to the Mainstream Practice? Or Should the Mainstream Practice be Adjusted to FGC? Ideals and Realities.

Nixon, Paul. Building Community through Family Group Conferences: some implications for policy and practice.

Nyberg, E. 2003. Family Group Conferencing in Sweden. In, Protecting Children – Promising Results, Potential New Directions: International FGDM Research and Evaluation in Child Welfare. 15, 1&2. Englewood, Colorado: American Humane Association.

Pakura, S. 2005. The Family Group Conference 14 Year Journey: Celebrating the successes, learning the lessons, embracing the challenges. Paper from 'Building Global Alliances for Restorative Practices and Family Empowerment, Part 3' the IIRP's Sixth International Conference on Conferencing, Circles and other Restorative Practices, Australia. [www.familypower.org](http://www.familypower.org). Last accessed October 4, 2005.

Pennell, J. 2004. Family Group Conferencing in Child Welfare: Responsive and Regulatory Interfaces, in Journal of Sociology and Social Welfare, 31, No1 pp.117-135.

Pennell, J. 2004b. Should His and Her Sides of the Family be Invited to the FGC?, in American Humane FGDM Issues in Brief, [www.americanhumane.org](http://www.americanhumane.org). Last accessed September 20, 2005.

Pennell, J. 2003. North Carolina FGC Project: Research Summary. In, Protecting Children – Promising Results, Potential New Directions: International FGDM Research and Evaluation in Child Welfare. 15, 1&2. Englewood, Colorado: American Humane Association.

Pennell, J. and Burford, G. 1997. Family Group Decision Making: After the Conference. Progress in Resolving Violence and Promoting Well-Being, available at: <http://social.chass.ncsu.edu/jpennell/fgdm/FGDMbro.htm>. Last accessed September 20, 2005.

Rockhill, A. and Sivak, P. 2000. What Needs to be Different in the Relationship & the People in FGDM? 2000 FGDM Roundtable Proceedings, American Humane Association, (149-152) [www.americanhumane.org](http://www.americanhumane.org). Last accessed September 20, 2005.

Rogers, A. 2000. Family Decision Meetings: A profile of average use in Oregon's Child Welfare agency. Portland, Oregon: Child Welfare Partnership.

Routhier, G. Family Group Decision Making: Does the model work for families? Dauphin Friendship Centre, Manitoba. [www.dauphinfriendshipcentre.com/family.php](http://www.dauphinfriendshipcentre.com/family.php). Last accessed 10/17/05.

Sandau-Beckler, P. Reya, S. and Terrazas, A. 2005. Familias Primero: Family Group Decision Making in El Paso County, Texas. In, *Protecting Children – Family Group Decision-Making: An evidence-based decision-making process in child welfare*, 19, 4. Englewood, Colorado: American Humane Association.

Schmid, J. and Goranson, S. 2003. An Evaluation of Family Group Conferencing in Toronto. In, *Protecting Children – Promising Results, Potential New Directions: International FGDM Research and Evaluation in Child Welfare*. 15, 1&2. Englewood, Colorado: American Humane Association.

Shore, N. Wirth, J, Cahn, K. Yancey, B. and Gunderson, K. 2001. Long-term and immediate outcomes of Family Group Conferencing in Washington State. At: International Institute for Restorative Practices. Last accessed 9/16/05.

Sieppert, J. and Unrau, Y. 2003. Revisiting the Calgary Project Evaluations: A look at Children's Participation in Family Group Conferencing. In, *Protecting Children – Promising Results, Potential New Directions: International FGDM Research and Evaluation in Child Welfare*. 15, 1&2. Englewood, Colorado: American Humane Association.

Sundell, K. 2000. Family Group Conferences in Sweden. In, Burford and Hudson (eds.) *Family Group Conferencing: New Directions in Community-Centered Child and Family Practice*. New York: Aldine De Gruyter.

Thomas, K. Berzin, S. and Cohen, E. 2005. Fidelity of Family Group Decision Making: A content analysis of family conference and case plans in a randomized treatment study. In, *Protecting Children – Family Group Decision-Making: An evidence-based decision-making process in child welfare*, 19, 4. Englewood, Colorado: American Humane Association.

Titcomb, A LeCroy, C. 2003. Evaluation of Arizona's Family Group Decision Making Program. In, *Protecting Children – Promising Results, Potential New Directions: International FGDM Research and Evaluation in Child Welfare*. 15, 1&2. Englewood, Colorado: American Humane Association.

Vance, J. and Elofson, P. 1998. Family Group Conferences: Implementation with Native American Families, in *Protecting Children*, 14, 4. Englewood, Colorado: American Humane Association.

Velen, M and Devine, L. 2005. Use of FGDM with Children in Care the Longest: It's about time. In, *Protecting Children – Family Group Decision-Making: An evidence-based decision-making process in child welfare*, 19, 4. Englewood, Colorado: American Humane Association.

Waites, C., Macgowan, M.J., Pennell, J., Carlton-LaNey, I., and Weil, M. 2004. Increasing the Cultural Responsiveness of Family Group Conferencing, in *Social Work*, 49, No. 2.

Walker, L. 2005. A cohort study of 'Ohana Conferencing in Child Abuse and Neglect Cases. In, *Protecting Children – Family Group Decision-Making: An evidence-based decision-making process in child welfare*, 19, 4. Englewood, Colorado: American Humane Association.

Walton, E. McKenzie, M. and Connolly, M. 2005. Private Family Time: The Heart of Family Group Conferencing. In, *Protecting Children – Family Group Decision-Making: An evidence-based decision-making process in child welfare*, 19, 4. Englewood, Colorado: American Humane Association.

**Further reading:**

British Columbia. Ministry of Children and Family Development. *Working with Community to Support Children, Youth and their Families: A System of Care*

British Columbia. Ministry of Children and Family Development. 2005. *Family Group Conference Reference Guide. DRAFT.*