

Family Group Conferencing Evaluation Project
Report Card as of August 2006



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1. Introduction

Context

Family Group Conferencing (FGC) is an approach which produces family-based solutions that reflect and respect the unique dynamics of individual families. The underlying assumption is families know themselves best in terms of their inherent strengths and challenges.

The research¹ confirms families do create better family situations when given appropriate family-based forums to develop strategies and gather quality information, and are provided the resources and supports to sustain them. The process can also help build the family's capacity to make better decisions in the long term regarding the health and safety of its children. As a result, this approach can support sustainable solutions to foster healthier and thriving children.

FGC Process

More specifically, FGC is a collaborative decision-making and planning process between families and professionals. It can be used in a range of contexts including safety plans, family re-unification, permanency planning, strengthening family dynamics, etc. The following elements can be found in a FGC process:

- Is triggered by a referral from a social worker
- The social worker contacts a FGC facilitator to confirm if this approach is appropriate to the situation
- If appropriate, the facilitator starts preparing for the conference. This includes identifying, inviting and briefing extended family members about the nature of a FGC, what their role is and working through any key family dynamics.
- The participation of children and youth is considered and if appropriate an advocate is assigned to work with the child.
- A family friendly location and time is arranged

¹ Helland, J. (2005, October) Family Group Conferencing Literature Review for the Child and Youth Officer for British Columbia

- FGCs start with an information sharing stage ideally with families driving the information required and professionals focusing on providing information - not advice nor recommendations
- The family is given private family time to create a plan that addresses safety concerns. Professionals are not involved in family time.
- The family returns and shares their plan
- The delegated social worker decides whether or not the plan will address safety concerns. A family whose plan is not accepted by the social worker may have the option of other decision-making processes including the options of mediation or Family Court
- The plan is monitored, evaluated and followed up upon if the plan is in jeopardy

Benefits

The FGC is distinguished by the following benefits:

- Meaningful participation of families in decision-making, creating a plan and processes to monitor and evaluate its effectiveness
- Wider range of family issues may be addressed in the plan (i.e., transportation, family and home improvement, etc. Traditionally plans addressed fewer concerns which could include mental health, substance abuse, behavioural interventions, etc.)
- Involvement of the extended family both as participants and as resources to help support the plan; and
- A high degree of meaningful and positive participation as a result of a skilled Coordinator who pays particular attention to preparatory work, creating a supportive FGC environment, and facilitation of well-informed decisions

The practice of FGC around the world has been increasing. The literature suggests² the driving forces relate to 1) the recognition that people being involved in the decision that affect them is a right, 2) the belief that those who are disadvantaged should be given opportunities for self-determination and autonomy, 3) the need to support families and

² Helland, J. (2005, October) Family Group Conferencing Literature Review for the Child and Youth Officer for British Columbia

communities to care for their children (versus state run care), 4) the benefits of less intrusive solutions, 5) the need for more service and budgetary effectiveness and 6) ultimately better outcomes for children. (See Appendix I: Literature Review). The literature on New Zealand's experience states that in 90-95% of the cases, family-developed plans are accepted by all parties.

FGC has been identified by the Ministry of Children and Family Development as a practice that is consistent with service transformation goals. Discussions with social workers in British Columbia prior to this evaluation project underscored a number of benefits as well as some concerns³. The perceived benefits were:

- Provides a way for children, youth and families to meaningfully participate in decision-making; and
- Leads to better planning and greater commitment on the part of the family

Some of the perceived concerns were:

- May be perceived as “downloading” cloaked as a “good practice”
- There is insufficient time for social workers to engage in the process
- Because regions have established target numbers for successfully completed FGCs, a small number of social workers expressed feeling pressured to contribute to meeting these targets by approving of family developed safety plans, though they are not convinced of some plans' effectiveness.
- Some families do not have the capacity to develop good plans; and
- Insufficient resources to support the resulting plans

³ Clarke, W (2005, August) Family Group Conferencing Evaluation Project Plan

2. Evaluation Project

Outcomes

The evaluation project sought to determine if B.C.'s experience with FGC reflects best practices, provides benefits to families and is therefore worthy of becoming a standard practice in MCFD regions throughout B.C. To assess the value, the evaluation project measured FGC against 14 outcomes or results. These outcomes are clustered around 5 themes:

Application of the Model

1. The process is highly valued by participants and is one they would recommend to others
2. The FGC process in B.C. reflects international best practices and is being consistently applied across all regions
3. The types of families and situations most appropriate and effective for FGC are understood and applied

Family Related

4. B.C.'s approach to FGC processes is leading to family-based plans
5. Plans are being supported by the Ministry
6. Plans appear to be sustainable

Experience Related

7. FGCs are resulting in positive experiences for all key participants (children, youth, families, social workers, and service providers)
8. There is an in-depth understanding of the determinants of a positive experience

Process Related

9. Knowledge is gathered on the performance of the FGC process in the B.C. context on key process elements (i.e. preparation, family readiness, youth involvement, coordinator skills, logistics, tone, design of information sharing and family time, implementation, resources and supports, monitoring, evaluation, and follow-up)

10. The families' capacity for decision-making regarding the health and safety of its children is enhanced
11. Unanticipated or indirect benefits are understood so they can be leveraged

Evaluation Process Related

12. The evaluation process is successfully completed
13. The evaluation process resulted in gathering the information required to evaluate the previous outcomes.
14. A baseline is established to contextualize future evaluations, to measure change and to ensure family outcomes continue to occur

Scope

The project has a province-wide focus with information being gathered from all MCFD regions (North, Vancouver Coastal, Fraser, Vancouver Island and the Interior) and from all key stakeholders in FGCs (Coordinators, Social Workers/Managers, Service Providers/Professionals, and family members and friends who were part of a conference). The Working Group, which planned, guided, and facilitated the project, included members from the Child and Youth Officer, the Ministry of Children and Family Development Provincial Office and FGC Coordinators from each region.

The time, effort, expertise and commitment of the following people is greatly appreciated:

- Wilma Clarke – Associate Child and Youth Officer (Project Leader)
- Fred Milowsky – Deputy Child and Youth Officer
- Holly Niebergal – Interior Region: FGC Coordinator, Kelowna
- Loanne Anderson – Vancouver/Coastal Region – Team Leader, Family Group Decision-making, Vancouver
- Barb Tyo – North Region: FGC Coordinator, Prince George
- Lynn Sheider – Fraser Region: FGC Coordinator, Surrey
- Margaret Koch – Vancouver Island: FGC Coordinator, Duncan
- Dianne McNeill – Community Service Manager, Campbell River
- Kim Kelso – former FGC Project Manager and FGC Coordinator, Vancouver Island
- Jeannie Cosgrove – MCFD Researcher

- Nadine Kainz – MCFD Policy Analyst

The project focused on families from a variety of cultural and ethnic backgrounds and circumstances including many Aboriginal families. It did not include a specific focus on evaluating FGCs within the context of Aboriginal and ethno-cultural minority families and communities. The Working Group felt this could comprise a separate project to determine if particular attention (in addition to the special considerations made for each family as part of the process) needed to be paid to cultural sensitivity and relevancy around how information was gathered, the language used and the questions asked.

Evaluating the implementation, monitoring, and sustainability of the plans is also outside the scope of this project.

Deliverables

The evaluation project is comprised of 6 deliverables. Each is described in detail below in conjunction with the actual experience.

1. **Conduct Literature Review.** An extensive literature review was conducted. It has proved to be an invaluable resource tool to those who have read the document and want to better understand the nuances associated with FGC. (See Appendix I).
2. **Develop and Adapt surveys** for each participant group (Family and Extended Family and Friends, MCFD Social Worker/Manager, Service Providers/Other Professionals, and Coordinators) **and create interview guides.** Initially, there was expertise on the Working Group in survey design. However at the point when the surveys were to be designed, this expertise was no longer available and the working group did its best to adapt the surveys without this expertise. The surveys were not pilot tested. This decision was made to save time and because the Working Group believed the surveys were substantially the same as ones that had been tested in other jurisdictions.
3. **Organize and conduct participant interviews.** The initial methodology prescribed in-person or telephone interviews by a staff member other than the person who coordinated the conference. However, due to time constraints and to increase response rates, the methodology was modified in some regions:
 - **North** – a support staff person handed out the survey to conference participants after a conference took place.

- **Vancouver Coastal** – initially phone interviews were conducted for all participant groups, however the methodology was modified to combine mail out surveys for families and phone interviews for MCFD staff
- **Fraser** – all interviews were conducted by telephone
- **Vancouver Island** – most interviews were conducted by telephone either by another Coordinator or a practicum student
- **Interior** – all interviews were conducted by telephone

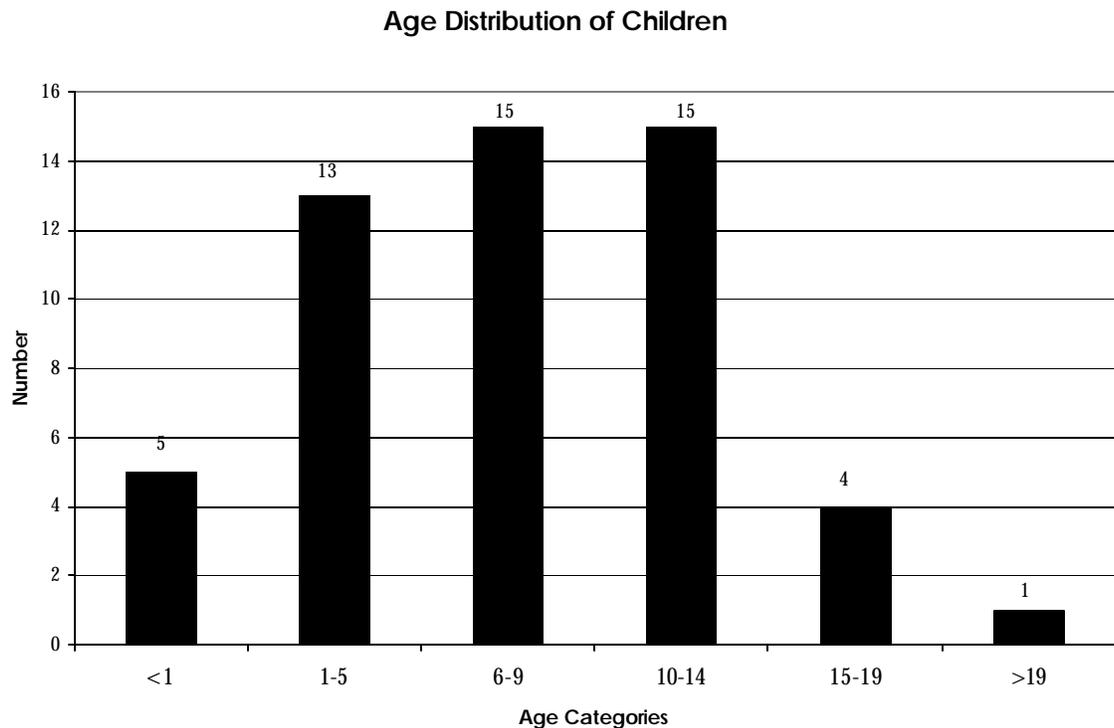
Part way through the process the Working Group felt a child/youth specific survey was needed to capture the child or youth perspective, interests and experience in the process. Unfortunately, the survey was very quickly developed and was an adaptation of the Family/Friends survey. The Working Group acknowledges that the ideal situation is to create information gathering processes and tools with and for children; tools that reflect their unique barriers and provide them with the most powerful voice possible. As only two responses were received, the analysis of this survey is outside the scope of this project.

Other than in very general terms (i.e. family/friends, service providers/professionals, social worker/manager) the surveys do not specifically identify who is being interviewed or the interview method being used (e.g. mail out, telephone).

Forty-four (44) conferences were surveyed resulting in 250 completed surveys (100 Family/Friend surveys, 58 Service Providers/Professionals surveys, 49 Social Workers/Managers surveys and 43 Coordinator surveys). Presented below is a summary of the surveys received broken down by region and by key participant groups. The target number of conferences to be surveyed for each region is also noted.

Region/Unique Identifier (Target Conferences are also noted)	Surveys - Received				Total Surveys by Region
	Coordinator	MCFD Social Worker/Manager	Service Provider	Family/Friends	
Vancouver Island – Target 8					
K1	1		2		
K2	1		1		2
K3	1	1	2		4
K4	1	1	4		4
K5	1		4		7
K6	1	1	1		7
K7	1		1		4
K8	1	1			1
8	8	4	15	29	56
Interior – Target 13					
D1	1	1	3		2
D2	1	1	3		2
D3	1	1			1
D4	1	1	1		1
D5	1	1			2
D6	1	1	1		1
D7	1		1		4
D8	1	1	1		3
D9	1	1			2
D10	1	1			2
D11	1	1	3		
D12	1	2	1		1
D13	1	1	2		3
13	13	13	16	24	66
Vancouver Coastal - 14					
R1	1	2			1
R2	1	2			1
R3	1	1			1
R5	1	1	1		1
R8	1	1	1		1
R10	1	2	2		1
R12	1	2			2
R14	1	1	1		2
R16	1	3			6
R17	1	2	1		1
R18	1	1			2
R20	1	1			1
R22	1	2			4
13	13	21	6	24	64
North - 4					
Q2	1	2	3		6
Q194		2	2		1
Q234	1	1	1		1
Q229	1	1	1		
Q281	1	1	1		3
Q188	1	1	3		2
6	5	8	11	13	37
Fraser Region - 11					
G2	1	2	1		2
G3	1	1	1		1
G4	1		5		7
G5	1		3		
4	4	3	10	10	27
Total Responses by Type	43	49	58	100	250
Total Conferences	44				
Total Number of Surveys	250				

The age distribution of the children who were the focus of the FGC is shown below:



Most Social Worker/Manager respondents were social workers with 6 to 8 years experience. The service providers who participated in the survey were primarily family support workers (17). FGC Coordinators surveyed were predominantly employees with an averaged of 2 years experience in this role.

An outside Project Evaluator, Jennifer Wilson, Principal of [Jennifer Wilson Consultants Ltd.](#) was retained to analyze the surveys, organize the data, and report on the evaluation project outcomes.

4. **Conduct Working Group Focus Group** – at the conclusion of the information gathering process, the Working Group participated in a process evaluation focus group designed and facilitated by the Project Evaluator. It provided a candid assessment from the Working Group’s perspective on what worked well and less well and the learnings. Every aspects of the project was reviewed including the scope, work program, roles and responsibilities, logistics, communication, level of participation, group dynamics, budget and evaluation design. Their insights have been integrated into the report card data.

5. **Design Survey Analysis Frameworks for each survey type** – a series of analytical frameworks were created by the Project Evaluator 1) to organize the vast amounts of data collected; 2) to consolidate the data by outcomes, participant type and by region; and 3) to analyze the data. The analysis has been integrated into the report card data, graphs and Appendices.
6. **Prepare FGC Evaluation Report Card** – a report card was created to summarize the data under each project evaluation outcome and to provide an assessment of the degree to which FGC outcomes were achieved. Specific learnings and recommendations were included. The report card approach is described in the next section.

3. Report Card Approach

This Report Card⁴ reflects an “outcomes-based evaluation approach” which means the benefits of FGCs are measured in terms of the degree to which they are achieving **results** for families, Ministry and other involved professionals. Results relate to the achievement of family-based plans that are supported by the Ministry and the quality of the experience for each key participant group. For families, additional results relate to the quality of and sustainability of family-developed plans, empowerment and capacity building. For social workers/managers and service providers/professionals, the additional results relate to their role with the family and the efficiencies accrued to their work. (See Section 2: Evaluation Project for the detailed list).

By using this approach, the focus is not only on “what is being done” (i.e. activities) but also the value (i.e. the benefits) being provided to children, families, and professionals through this approach.

The data collected and the learnings from this project provide an important foundation for 1) continuous improvement, 2) grounding decision-making 3) tracking future changes and 4) communicating the value of this approach. To assist with this aspect, this report card is designed to make the information accessible by organizing all information (data and testimonials) by outcomes.

⁴ © Jennifer Wilson Consultants Ltd.

Performance at a Glance

Presented below is a snapshot of how the FGC approach in B.C. is performing on the 14 outcomes. The symbols are defined as follows:

☺	means the outcome is being achieved	✓	means the data is compelling
☹	means mixed results in achieving the outcome	⊖	means the data is unclear or it is too early to tell
☹	means the outcome is not being met or is being undermined	✘	means the data is weak
?			
☹	means achieving the outcome is unknown as no data was collected		

A summary score is given below. A more detailed analysis of performance on each outcome based on a series of indicators is provided on the following pages.

Outcomes	Performance	Strength
Application of the Model		
1. The process is highly valued by participants and is one they would recommend to others	☺	✓
2. The FGC process in B.C. reflects international best practices and is being consistently applied across all regions	☺	✓
3. The types of situations most appropriate and effective for FGC are understood and applied	☺	✓
Family Related Outcomes		
4. B.C.'s approach is leading to family-based plans	☺	✓
5. Plans are being supported by the Ministry	☺	✓
6. Plans appear to be sustainable	☺	⊖

Outcomes	Performance	Strength
Experience Related		
7. FGCs are resulting in positive experiences for all key participants	☺	✓
8. There is an in-depth understanding of the determinants of a positive experience	☹	✗
Process Related		
9. Families' capacity for decision-making regarding the health and safety of its children is enhanced	? ☹	⊘
10. Unanticipated or indirect benefits are understood so that they can be leveraged	☺	⊘
11. Knowledge is gathered on the critical success factors for FGC process in the B.C. context	? ☹	✗
Evaluation Process Related		
12. The evaluation process is successfully completed	☺	✓
13. The evaluation process resulted in gathering the information required to evaluate the previous outcomes.	☺	✓ with some additional data
14. A baseline is established to contextualize future evaluations, to measure change and to ensure family outcomes continue to occur	☺	✓ with some additional data

Application of the Model

Outcome #1: FGCs are Highly Valued and Recommended by Participants

The FGC process is highly valued by participants and is one they would recommend to others.

Assessment ☺ Strength of Data: ✓

Rationale: The surveys indicated strong support for this process across all types of respondents (family, social workers/managers, and service providers/professionals) and across all regions.

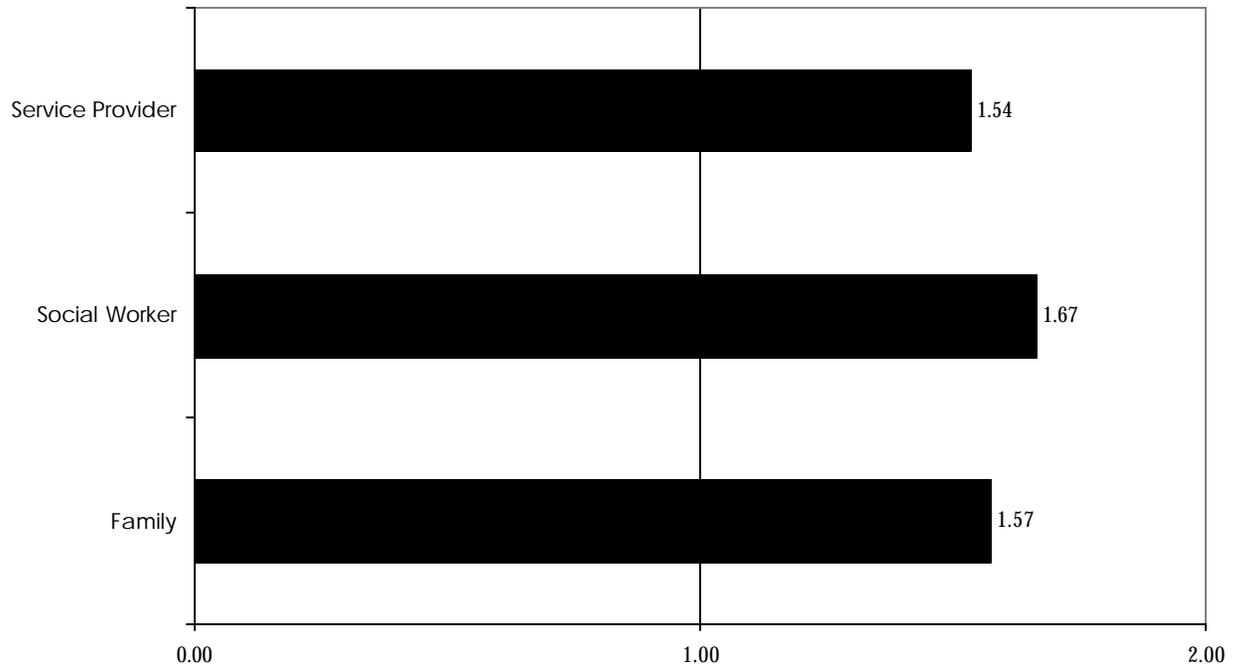
"I think it was an absolutely excellent, excellent thing". The parent's family needed to understand where the parent was "at" in her difficulties that affect children. Prior, the family cared but they didn't know (about the problems). Now they do and they can help. The mom is excellent but has been having a hard time because of her mental health problems. It would have been devastating for the children if they had to be taken from their home." (Friend)

A very respectful process; it brought important parties together - not expected! It came out that the baby needs to have a long term relationship with the mother - wonderful! The next day in court, the lawyer of the parent read the FGC plan and would not agree to it (around the access issue). They eventually worked it out but it did dampen the positive nature of the process. (Social Worker)

A wonderful program "if" everyone behaves in a child centered way. Excellent chance for child's concerns to be addressed. Since the FGC adults' stresses are relieved because of the plan made. (Service Provider)

Indicators	Supporting Data
1. The survey indicates strong support for the FGC Process	<p>1. The survey respondents rated the FGC approach highly. (On a scale of -2 (strong lack of support) to 2 (strong degree of support), the Family/friend surveys have an average score of 1.54, Social Workers/Managers 1.67 and Service Providers/Professional 1.57 (See graph below)</p> <p>There was very little variation in scores between regions (Lowest average score was 1.22 in the Fraser Region and highest average score was 1.83 in Vancouver Coastal Region)</p>

Degree of Support for FGC Process:
Average Score with 2 Indicating Strong Support and -2 Indicating Strong Disagreement



Recommendation:

1. The survey suggests the FGC process is strongly valued and supported across all participant groups and all regions. Each group would highly recommend this process.

Outcome #2: FGCs are Being Applied Consistently with Best Practices

The FGC process in B.C. reflects international best practices and is being consistently applied across all regions.

Assessment ☺ Strength of Data: ✓

Rationale: The surveys indicate that the best practices identified in the literature review are being applied in B.C.

Indicators	Supporting Data
<p>1. The process being employed reflects the ideal practice</p>	<p>1. The literature review identified the elements in an ideal approach (See Page 1). The survey responses confirm these elements are being incorporated across B.C.. The graph on the next page highlights the degree to which each participant type (i.e. Family, Social Worker/Manager, Service Provider/Professional and Coordinator) was satisfied with the application of each element. Not all questions that related to the approach were asked of all participants. Only the key elements have been included in the graph for readability purposes. (See Appendix V for detailed information).</p> <p>There were some areas which did not score as high (the score was under “1” (i.e. 1 = satisfied) but none were negative scores. For families, elements that rated slightly lower related to:</p> <ul style="list-style-type: none"> ▸ feeling prepared (.93) ▸ knowing what will happen next with plan (.87) ▸ everyone was there (.61) and ▸ knowing what to do if people don’t follow through (.59) <p>For social workers, elements that rated slightly lower related to:</p> <ul style="list-style-type: none"> ▸ helped family develop skills (.98), ▸ addresses permanency concerns (.98), ▸ services are generally community based (.93) ▸ resources are available to support plan (.83) ▸ saves them time (.52) and

Indicators	Supporting Data																																																																	
	<p data-bbox="812 300 1469 331">▶ plan has features they might not have thought of (.45)</p> <p data-bbox="467 373 1247 441">Key Best Practices Elements - (Strongly Agree 2, Agree 1, Disagree -1, and Strongly Disagree -2)</p>  <table border="1" data-bbox="423 499 1328 1318"> <caption>Survey Results for Key Best Practices Elements</caption> <thead> <tr> <th>Indicator</th> <th>Family</th> <th>Social Worker</th> <th>Service Provider</th> <th>Coordinator</th> </tr> </thead> <tbody> <tr> <td>Understood purpose</td> <td>1.5</td> <td>1.8</td> <td>1.0</td> <td>1.0</td> </tr> <tr> <td>Felt prepared</td> <td>1.0</td> <td>1.8</td> <td>1.8</td> <td>1.8</td> </tr> <tr> <td>Everyone Was There</td> <td>0.5</td> <td>0.5</td> <td>0.5</td> <td>0.5</td> </tr> <tr> <td>Family friendly location</td> <td>1.5</td> <td>1.5</td> <td>1.5</td> <td>1.5</td> </tr> <tr> <td>Family friendly time</td> <td>1.5</td> <td>1.5</td> <td>1.5</td> <td>1.5</td> </tr> <tr> <td>Held at Ministry Site</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> </tr> <tr> <td>Held During Office Hours</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> </tr> <tr> <td>Refreshments Offered</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> <td>0.0</td> </tr> <tr> <td>Family Got All Information It Needed to Develop a Plan</td> <td>1.5</td> <td>1.5</td> <td>1.5</td> <td>1.5</td> </tr> <tr> <td>Private Time Useful</td> <td>1.5</td> <td>1.5</td> <td>1.5</td> <td>1.5</td> </tr> <tr> <td>Authorities confirm safety concerns addressed</td> <td>1.5</td> <td>1.5</td> <td>1.5</td> <td>1.5</td> </tr> <tr> <td>A Family Based Plan was Created</td> <td>1.5</td> <td>1.5</td> <td>1.5</td> <td>1.5</td> </tr> </tbody> </table> <p data-bbox="763 1329 1485 1396">For service providers/professionals, elements that rated slightly lower related to:</p> <ul data-bbox="812 1402 1453 1633" style="list-style-type: none"> ▶ provides for youth's competency development (.96) ▶ addresses permanency concerns (.91); ▶ saves them time (.64) and ▶ the plan has features I would not have thought to include (.47) <p data-bbox="763 1654 1502 1833">For coordinators, they spent on average almost 30 hours making preparations, 20 hours in interviews/information sharing and 4 hours in travel. For this group, the elements that rated lower (note: based on a different scale - .50 out of a maximum 1 for</p>	Indicator	Family	Social Worker	Service Provider	Coordinator	Understood purpose	1.5	1.8	1.0	1.0	Felt prepared	1.0	1.8	1.8	1.8	Everyone Was There	0.5	0.5	0.5	0.5	Family friendly location	1.5	1.5	1.5	1.5	Family friendly time	1.5	1.5	1.5	1.5	Held at Ministry Site	0.0	0.0	0.0	0.0	Held During Office Hours	0.0	0.0	0.0	0.0	Refreshments Offered	0.0	0.0	0.0	0.0	Family Got All Information It Needed to Develop a Plan	1.5	1.5	1.5	1.5	Private Time Useful	1.5	1.5	1.5	1.5	Authorities confirm safety concerns addressed	1.5	1.5	1.5	1.5	A Family Based Plan was Created	1.5	1.5	1.5	1.5
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A Family Based Plan was Created	1.5	1.5	1.5	1.5																																																														

Indicators	Supporting Data
<p>2. The survey documents the FGCs process across all regions</p>	<p>“yes” or -1 for “no”) are:</p> <ul style="list-style-type: none"> ▸ opening with culturally appropriate welcomes (.15 - many Family/friend surveys indicated that they did not wish this option or it appeared it was not relevant) ▸ child/youth identified who they wanted to attend (-.22); and ▸ resources impacted the participants ability to participate (-.63). This is actually a positive response because it means that participation was not limited by the resources available to them. <p>2. Surveys were received from all regions (See page 8). The data confirms the key elements of FGCs are considered in each region however the application of and/or success with the various elements did vary in some situations. The Coordinators’ Survey results broken down by region highlight a number of differences that are noteworthy:</p> <ul style="list-style-type: none"> ▸ Confidence that all extended family members involved (Lowest average score .30 ~ North and highest average score 1.0 ~ Vancouver Island) ▸ Family Dynamics were explored (Lowest average score .63 Fraser Region and highest average score .1.0 ~ tie between Vancouver Island, Interior, and Vancouver Coastal ▸ Family Identified Community Partners to Participate (Lowest average score .38 ~ Interior and highest average score ~ 1.0 tie Vancouver Island and Fraser Region ▸ All participants were briefed about FGC and their role (Lowest average score .60 ~ North and highest average score 1.0 ~ tie Vancouver Island, Interior, and Fraser Region) ▸ Held at Ministry Site (Lowest average score meaning the FGC was not was held at a Ministry site -1.0 ~ Vancouver

Indicators	Supporting Data
	<p>Island and highest average score meaning some were held at a Ministry site .23 ~ Vancouver Coastal)</p> <ul style="list-style-type: none"> ▸ Opened with culturally appropriate welcomes (Lowest average score -.09 ~ Interior and highest average score 1.0 ~ Fraser Region) ▸ Family Provided with Family Time (Lowest average score .20 ~ North and highest average score 1.0 ~ tie Vancouver Island, Interior, and Fraser Region) ▸ Non-family members present during family time (Lowest average score, meaning most did not have non family members presents was -.50 ~ Vancouver Island and highest average score .50 ~ North) ▸ Child attended (Lowest average score -.60 ~ North and highest average score .50 ~ Vancouver Island) ▸ If the child did not attend, their views were brought into the the process (Lowest average score -1.0 ~ Fraser and highest average score 1.0 ~ tie Vancouver Island and Vancouver Coastal)

Recommendation:

1. The results from key questions derived from each survey type (Family, Social Workers, Service Providers and Coordinators) confirms the key elements of a FGC approach are being considered as part of the design and implementation of the FGC process. Where similar questions were asked of each survey group, there is consistency between the assessments.

However, there are regional variations in the application of these elements as noted by the different average scores broken down by region. Upon reading the Coordinators' survey comments, it appears the Coordinators are customizing the FGC design to reflect the families' needs or unique circumstances. Interviews with the Coordinators as to the parameters for making these decisions would provide a more in-depth understanding of the reasons behind their respective choices.

Outcome #3: FGCs are Being Applied Appropriately

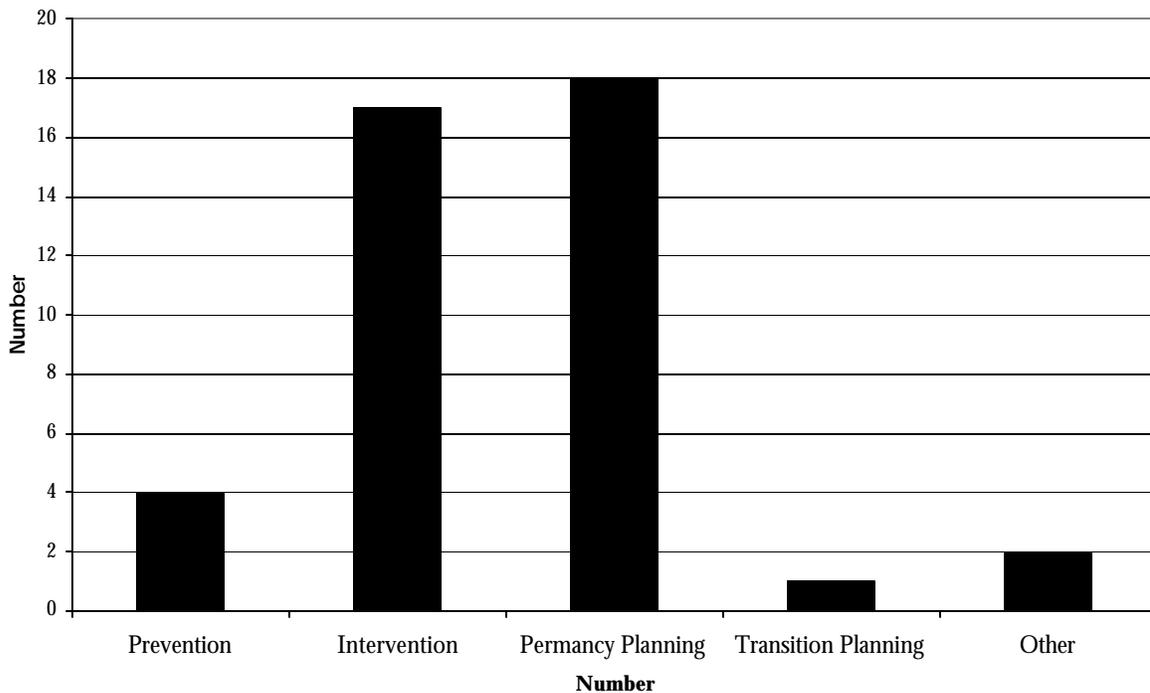
The types of situations most appropriate and effective for FGC are understood and applied.

Assessment ☺ Strength of Data: ✓

Rationale: The survey confirms FGCs are being initiated in a typical manner and applied in appropriate situations.

Indicators	Supporting Data
1. FGC in B.C. is being applied in appropriate situations	1. The typical situation outlined in the literature is 1) the social worker triggers the referral process and 2) FGC are implemented for safety plans, family re-unification, permanence planning, and strengthening family dynamics. Consistent with the best practices literature, most FGCs were initiated by a social worker (86%) and used for intervention and permanency planning. (See graph below)

Context for FGC



Indicators	Supporting Data
	<p><i>I think in this case the FGC was not suitable for this family. I do not think it should have been an option for this family at this time. The coordinator spent a lot of time involved in the FGC partly because she had to due to conflict in the family and because there were boundary issues etc. Another concern was that MCFD had an idea of what they wanted but it was unrealistic for the family to be put in that situation because the family was unable to come up with a consensus. (Family/friend survey)</i></p>

Recommendation:

1. FGCs are primarily being applied to intervention or permanency planning however this approach is resulting in positive outcomes across all situations. Therefore, there appears to be an opportunity to further emphasize its application in prevention, transition planning and other contexts. Should the emphasis shift, a future evaluation should include an assessment of the appropriateness and effectiveness of FGCs in these other contexts.

Outcome #4, 5, and 6: Family Plans are being Developed, Supported and Sustained

B.C.'s approach to FGC processes is leading to family-based plans, plans are being supported by the Ministry, and plans appear to be sustainable

Assessment	☺ (4)	Strength of Data:	✓
	☺ (5)	Strength of Data:	✓
	☺ (6)	Strength of Data:	⊖

Rationale: The survey responses from each participant group (especially the family/friend surveys) confirm that the plans are family-based, reflect the families' strength and integrate the child's perspective. The resultant plans are supported by the Ministry and have the key elements for sustainability.

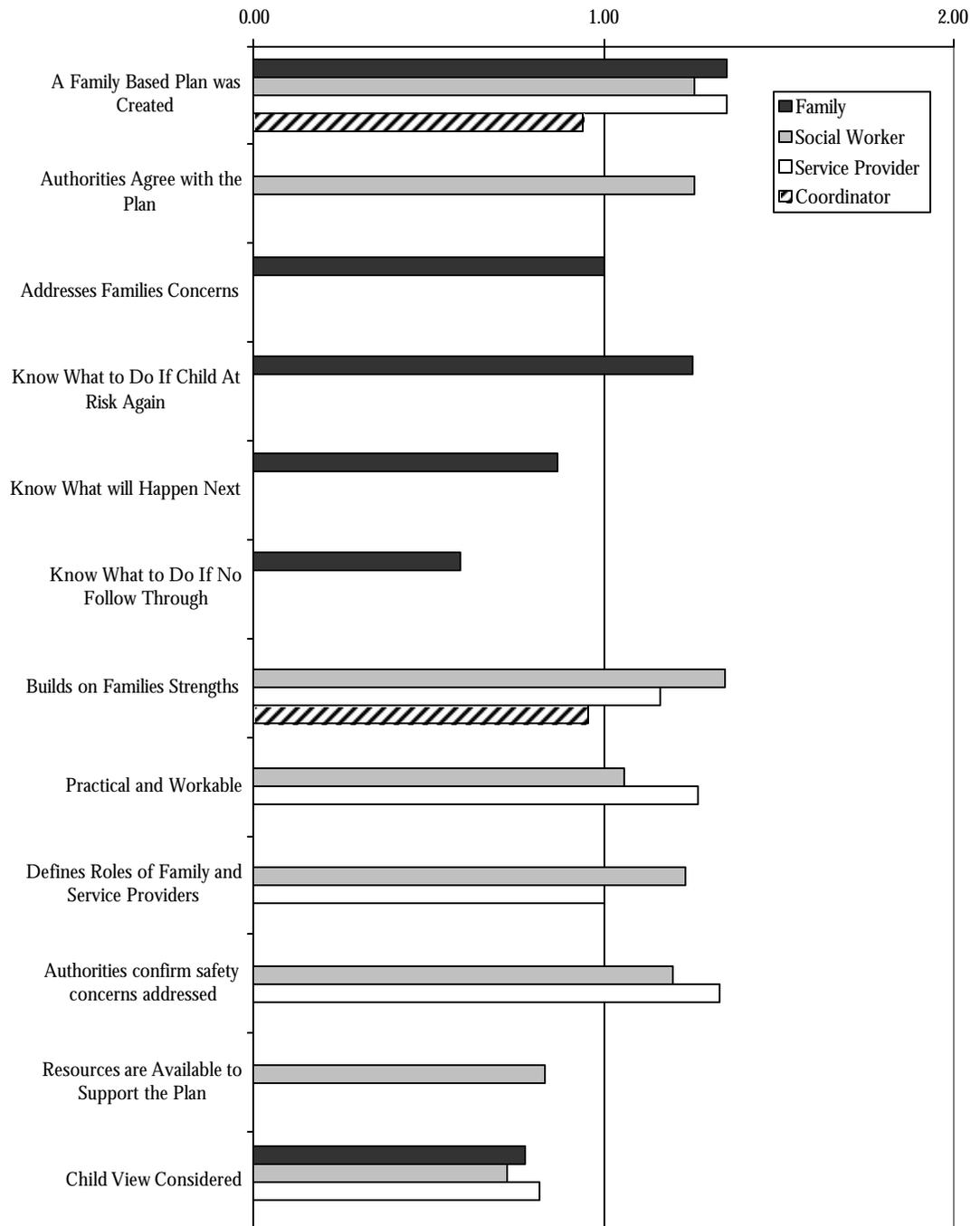
I think the conference is very valuable to get the family to plan together for the best interest of the child (Family member)

The quantity of ideas was impressive (Social Worker)

Indicators	Supporting Data
<p>1. Family-based</p> <ul style="list-style-type: none"> ▸ A plan deemed by all participant groups as being family-based is created ▸ The plan builds on the families strengths and reflects its concerns ▸ Children had an influence over who was involved in the conference ▸ The child and youth's perspectives were integrated into the plan 	<p>1. The data strongly confirms that the resultant plans are family-based, they address the families' concerns, and leverage the families' strengths. They also consider the child's view point whether or not the child was present (See the graph on Page 23. Note not all questions were asked of all four participant groups).</p> <p>In terms of ensuring that the child had influence over who was involved, the data from the Coordinators indicates that this was generally not done (-.22 in the context of 1 being Yes and -1 being No). The survey data was not sufficient to determine why this was. However the comments derived from all groups highlights some very creative ways the Coordinator ensured the process was inclusive outside of those who were asked to be involved (i.e. One service provider noted that the pictures of the young child</p>

Indicators	Supporting Data
<p>2. Ministry Supported</p> <ul style="list-style-type: none"> ▸ The Ministry supports the plan <p>3. Sustainable</p> <ul style="list-style-type: none"> ▸ The plan has elements (practical, roles are defined and resources are available to support it) that position it to be sustainable ▸ Families know what to do in the future 	<p>posted in the room helped participants to remember the needs of the child).</p> <p>2. The data suggests that the Ministry supported the plans and they confirmed that their safety concerns were addressed.</p> <p>3. It is too early in the process to know if plans are sustainable. A follow-up evaluation should be conducted in a year and then again in five years to determine their sustainability in the short and medium term.</p> <p>Notwithstanding the above, the data suggests there is the foundation for sustainable plans as families felt very aware of what they needed to do if the child became at risk again. There were moderately positive results for knowing what would happen next and knowing what to do if people did not follow through. These elements may need to be strengthened to ensure plans remain sustainable over time.</p> <p>The plans are perceived as being practical and workable by Social Workers/Managers and Service Providers/Professionals. As well, roles of key stakeholders are understood. In general the resources required to implement the plan are perceived by Social Workers/Managers to be available (Average overall score .83. There were some regional differences; Lowest average score -.71 ~ Fraser and highest average score .1.0 ~ tie Vancouver Island and North). These factors are also critical to sustainability.</p>

Family Based Plans, Supportive by Ministry and Sustainable



Recommendations:

1. In the short term, Coordinators should consider how to strengthen the participants' understanding of next steps and consequences for not following through.
2. There may be a number of BC best practices in terms of techniques to ensure the child's interest is kept at the forefront of FGCs and these need to be documented and shared.
3. There is a need to strengthen either the perception of or the reality of the availability of the required resources to support plans
4. A follow-up evaluation be conducted in a year and then again in 3 years to confirm if the plans were implemented and sustained in the short and medium term.

Outcome #7: FGCs Provide a Positive Experience for All Participants

FGCs are resulting in positive experiences for all types of participants

Assessment ☺ Strength of Data: ✓

Rationale: In addition to the indicators outlined in Outcome #1, the evaluation of the Coordinators (through specific questions asked of Family, Social Workers, and Service Providers and the Survey Comments) indicate almost all respondents felt the process was a positive experience. This was in no small measure due to the skills of the Coordinators. This was true even for those who had some reservations about logistics, the knowledge base of participants, the capacity of parents and their commitment to the process, or long term outcomes.

Impressed by the strength-based approach, empowerment and opportunity for everyone to be heard. Non-judgmental atmosphere (Service Provider)

(The coordinator was) very good! She came to visit and talked to all the family separately. Liked that she was able to come to the house and explain everything. (Family member)

She was a major comfort to my fears (Family member)

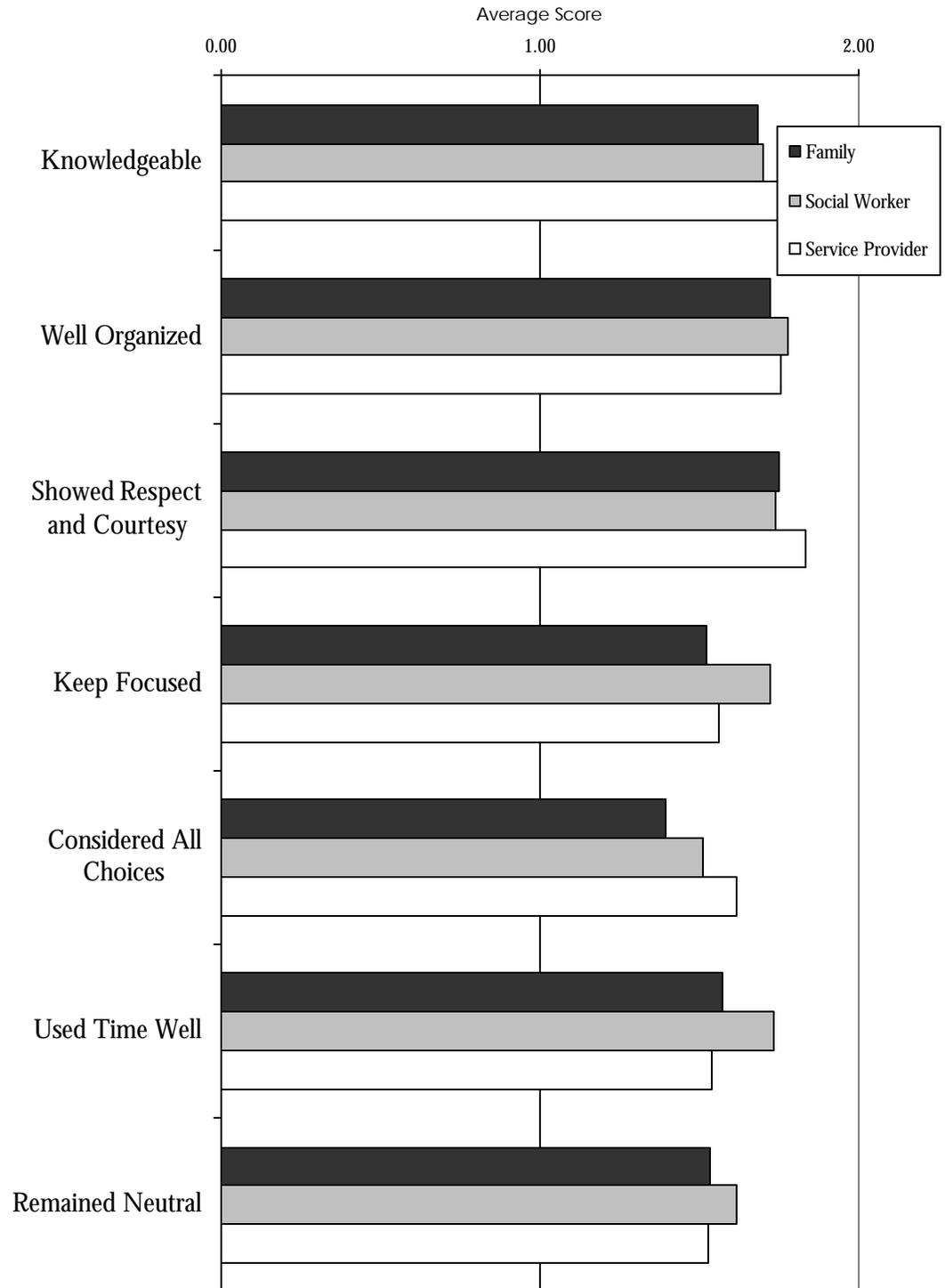
If there is ever another FGC for any other family I would love to participate. (Service Provider)

She went above and beyond her role. Her support, persistence and ability to connect with the family made the difference in an extremely difficult and complex file. It was an honour to work with her. (Social Worker)

Indicators	Supporting Data
1. Key participants would recommend FGC to others	1. As noted under Outcome #1, the experience was a valuable experience for most participants. (See also Appendix V which shows that 97% of family members surveys stated they would recommend or highly recommend FGC; 96% of Social Workers/Managers; and 98% of Service Providers/Professionals)

Indicators	Supporting Data
<p>2. FGCs utilize a highly skilled coordinator who pays careful attention to preparatory work, creating a supportive environment and facilitates well informed decisions.</p>	<p>2. Overwhelmingly the data underscores the tremendous skills of the FGC Coordinators across all regions of B.C. In advance of the FGCs, the data (based on their time records and the comments from participants) indicated they took great care and dedicated substantial time to prepare. During the FGCs, participants from all participant types made particular note of their tact, creativity, empathy, and facilitation skills in very challenging family situations (See graph below). The concerns noted in the survey comments related to some family members still not knowing what to expect despite the orientation process, the need to clarify professionals' roles, biases towards one family member over another, biases toward parents not the child, ensuring the children were kept informed, not having a detailed enough plan, and the importance of outlining the consequences if the plan was not followed.</p>

Summary of Critical Success Factors - FGC Coordinators' Skills



<p>3. Participants felt the valued and able to be candid</p>	<p>3. Participants felt comfortable expressing their opinions (Family ~ 1.08 and Social Worker ~1.41) and there was enough time for everyone to talk (Family ~1.27 and Service Providers/ professionals ~1.52) Family members stated they felt their participation was valued by other participants (1.07). Every participant group stated they felt they were treated with respect and courtesy by the Coordinator (1.75 to 1.83) (See graph below)</p>
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-2.00

Recommendation:

1. The time and effort invested by Coordinators appears to be an important determinant of the FGC's success.
2. Coordinators should consider additional effort to ensure family members are truly comfortable with the FGC process (or even around the feelings of "not knowing" what an FGC is about until it is experienced), clarify professionals' roles, ensure there isn't the perception of bias, ask children who they would like to see at the FGC, ensure children are kept informed, prepare plans with sufficient detail to satisfy all parties, and outline consequences if the plan is not followed.

Outcome #8: There is Knowledge of the Determinants of a Positive Experience

There is an in-depth understanding of the determinants of a positive experience for B.C. participants

Assessment ☹ Strength of Data: ✖

Rationale: The survey questions reflected the best practices literature on the critical success factors for a successful FGC. The positive results across most of these dimensions indicate that these elements are important determinants to the success of FGC in B.C. However, the survey tool has limitations which does not allow for an in depth understanding of determinants that were identified by survey participants. These determinants are itemized in the box below.

Indicators	Supporting Data
<p>1. Participants articulate what the critical success factors were to a positive or negative experience</p>	<p>1. This survey primarily used closed ended questions to seek feedback on pre-defined elements associated with FGCs. However the evaluation process would have benefited from also incorporating focus groups or “appreciative inquiry” type of interviews which use open-ended questions. A combination of techniques is beneficial because it provides both quantitative feedback on elements deemed important by those responsible for FGCs as well gathering qualitative information on aspects that may only be important to the participants.</p> <p>Many of the positive attributes have been highlighted in the preceding sections. A review of the comments provides additional insight into elements that helped or detracted from a positive experience. The reader is encouraged to read through the comments (See Appendix IV). The themes (i.e. comments mentioned several times by family members, Social workers/Managers and Service Providers) are listed below. The number of times they were mentioned is noted in brackets.</p>

Indicators	Supporting Data
	<p data-bbox="704 365 1032 396">Positive contributing factors:</p> <ul style="list-style-type: none"> <li data-bbox="704 436 1438 499">‣ Coordinators' skills - knowledge, style, facilitation, creating a relaxed atmosphere, kept focused, well organized, etc (27) <li data-bbox="704 522 1175 554">‣ Coordinators were well prepared (21) <li data-bbox="704 577 1053 609">‣ Is a respectful process (14) <li data-bbox="704 632 1305 663">‣ Is a strength-based and empowering process (11) <li data-bbox="704 686 1224 718">‣ Refreshments and food were provided (8) <li data-bbox="704 741 1224 772">‣ Youth participated or had views heard (8) <li data-bbox="704 795 1370 827">‣ Family had ownership of plan and customized plan (6) <li data-bbox="704 850 1162 882">‣ Quality of ideas brought forward (6) <li data-bbox="704 905 891 936">‣ Location (4) <li data-bbox="704 959 1013 991">‣ Everyone was there (4) <p data-bbox="704 1010 1044 1041">Negative contributing factors:</p> <ul style="list-style-type: none"> <li data-bbox="704 1081 1463 1144">‣ No follow through, not informed of plan, and plan not written down (10) <li data-bbox="704 1167 1414 1230">‣ Logistics such as lack of parking, having to leave to plug in money for parking meters and transportation barriers (10) <li data-bbox="704 1253 1443 1316">‣ Plan not specific enough in terms of consequences, roles and responsibilities and monitoring performance (10) <li data-bbox="704 1339 1122 1371">‣ Not all key people were there (8) <li data-bbox="704 1394 1487 1425">‣ Allowing biases for or against Social Workers/family member (5) <li data-bbox="704 1449 1479 1575">‣ The public and social workers' negative perception for using FGCs (extended family member thought the government was shirking its responsibility; way for MCFD to get more resources) (2) <li data-bbox="704 1598 1000 1629">‣ Did not feel heard (2) <li data-bbox="704 1652 1443 1715">‣ People were permitted to verbally attack another (1, included because this appears to be serious)

Recommendation:

1. The survey instrument evaluated many elements of the FGCs approach from a variety of perspectives. The fact that the FGCs were highly valued by most and would be recommended to others, suggest many determinants of a positive experience exist and are understood.

However, the survey tool does not allow an in-depth understanding of determinants outside those included in the survey questions or the unsolicited comments. Nor is the survey able to determine which elements are important to the participants. It is suggested that a series of focus groups or appreciative inquiry style interviews be conducted by an objective individual to:

- augment the survey information in terms of the determinants of a positive experience
- identify specific barriers which undermine a positive experience; and
- explore missed opportunities to make the experience even more positive

1.

Outcome #9: Families' Capacities are Increased through FGCs

Families' capacity for decision-making regarding the health and safety of its children is enhanced

Assessment  Strength of Data: 

Rationale: It is too early in the process to know if the families' capacity has been enhanced and that this change is the result of the FGC process and plans.

Notwithstanding the above, the data outline in Outcome #6 – Sustainability suggests there is the foundation for building capacity

Recommendation:

1. It is too early in the process to determine if the families' capacity has been increased. A follow-up evaluation should be conducted in a year and then again in five years. The purpose is to determine if a change has occurred in the families' ability to make quality decision-making on the health and safety of its children and to determine if any change can be attributable (and to what extent) to the FGC process.

Outcome #10: FGCs Provide Indirect benefits

Unanticipated or indirect benefits are understood so that they can be leveraged

Assessment  Strength of Data: 

Rationale: The survey was designed to identify some of the indirect benefits. However this technique and the length of the survey was not suited for probing for the full scope of indirect benefits or unanticipated benefits.

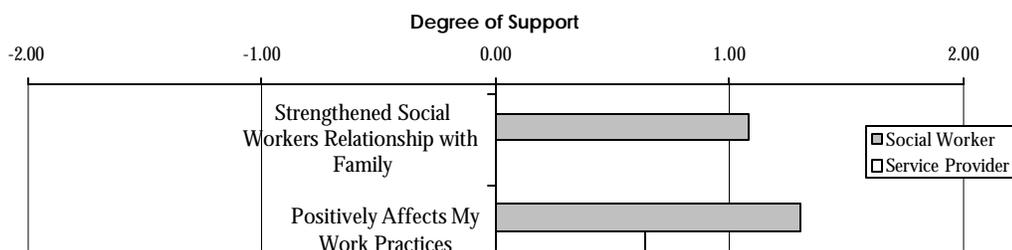
(Without the FGC) I would not have been aware of what other family members could offer this family (Service Provider)

Eldest child went to live with an Aunt I was unaware of (Social Worker)

The family is going to meet monthly at a rotating potluck dinner to see how everything is going - very creative (Social Worker)

Indicators	Supporting Data
1. Indirect benefits are identified	<p>1. Survey questions relating to indirect benefits were restricted as to how FGC has helped Social worker/Manager and Service Providers/Professionals in their work, strengthened professionals' role with family, strengthened the relationship with the family and resulted in features that would otherwise not have been considered.</p> <p>The data indicates that the FGC did positively impact the Social workers/Managers work practice (1.31). In addition, it saved some Social Worker/Managers' and Service Provider/Professional's work time (.52 and .64)</p> <p>In terms of the relationship with the family, Social Workers/Managers felt it did strengthen them (1.08) (although many commented that they already had a strong relationship).</p> <p>Social workers/Managers and Service Providers/Professionals also believed the FGC process helped the family feel empowered (1.35 and 1.08)</p>
2. Unanticipated benefits are identified	<p>2. The comments alluded to benefits accruing to the family outside the of the plan itself. One family used the follow up process as a vehicle for coming together for potluck dinners. Another, mentioned that it provided the family with an opportunity to really hear each other's perspective and build a level of understanding that was not there before.</p>

FGC Experience



Recommendation:

1. The survey questions and comments indicate there are a number of indirect benefits that accrue from a FGC process. These related to assisting with the professionals' work and relationship with the family, helping families feel more empowered, strengthening the extended family ties, and identifying creative options that emerge from the dialogue process. A more open-ended dialogue with participants would be better suited for finding out this type of information.

Outcome #11: There is knowledge of BC's critical success factors

Knowledge is gathered on the critical success factors in the B.C. context

Assessment  Strength of Data: **x**

Rationale: The survey questions evaluated B.C.'s performance on elements that are regarded as best practices from around the world. In Outcome #2 the alignment between the B.C. process and the best practices was confirmed.

There may be unique circumstances to B.C., the regions and with respect to aspects such as geography; community characteristics; and Ministry governance, legislation, history and practices which may critical factors to the success of FGCs in BC.

Some regional differences were identified by the survey however the details behind these were not part the scope of this evaluation.

Indicators	Supporting Data
1. There are significant regional differences in the survey results.	1. Some regional differences in averages scores were apparent. To illustrate, average scores for families and for social workers with the greatest differences are highlighted below (See Appendix II for additional data) Family Survey Responses with the greatest differences (top three):

Indicators	Supporting Data
<p>2. A forum to confirm if there are unique attributes to B.C., the regions and to MCFD's context, history and current practices that impact the FGC process.</p>	<ul style="list-style-type: none"> ▸ Know what to do if people don't follow through (Lowest average score -.30 ~ Fraser and highest 1.28 ~ Vancouver Coastal) ▸ Know what will happen next with plan (Lowest average score -.10 ~ Fraser and highest 1.45 ~ Vancouver Coastal) ▸ FGC helped solve other family problems (Lowest average score -.20 ~ Fraser and highest 1.46 ~ Vancouver Coastal) <p>Social Worker Survey Responses with the greatest differences (top three):</p> <ul style="list-style-type: none"> ▸ Provides for Youth's Competency Development (Lowest average score -.33 ~ Vancouver Island and highest 1.5 ~ Fraser) ▸ Plan Included Additional Features Might Not Have Thought of (Lowest average score -.20 ~ Fraser and highest 1.00 ~ Vancouver Island) ▸ Addresses Permenancy Concerns (Lowest average score - .60 ~ Interior and highest 1.25 ~ Fraser) <p>2. The survey comments also suggest there are unique circumstances to B.C. or within each region that may not have been revealed through the survey approach. For example for Coordinators in the North and on Vancouver Island there was significantly more time required for travel. The impact of such factors such as travelling distances and even more importantly historical experiences with MCFD may have an impact on the success of FGCs.</p>

Indicators	Supporting Data
	A forum to identify critical success factors particular to B.C. and the regions would have provided this insight but was not part of the scope of work.

Recommendations:

1. There appear to be regional differences between the assessments of various FGC elements. To determine the specific nuances, characteristics, context (i.e. historical relationship with MCFD), trends, barriers, opportunities and success factors in each region, interviews should be conducted to focus on this type of information.

Outcome #12, 13, and 14: FGCs are Objectively Evaluated and Learnings Applied

The evaluation process was successfully completed. It provides data to evaluate the previous outcomes. And it establishes a baseline is to contextualize future evaluations, to measure change and to ensure family outcomes continue to occur

Assessment 😊 (12) Strength of Data: ✓
 😊 (13) Strength of Data: ✓ With some additional data
 😊 (14) Strength of Data: ✓ With some additional data

Indicators	Supporting Data
<ol style="list-style-type: none"> 1. The Evaluation Project is completed. 2. The Evaluation Project is designed to inform the evaluation questions and FGC outcomes. 	<ol style="list-style-type: none"> 1. The evaluation project was successfully completed in August 2006. 2. The evaluation project on the whole was successful in collecting data to evaluate FGCs in BC and to determine the degree to which many of the outcomes were achieved. However, due to some staffing issues, the evaluation method was compromised to some extent. Some areas of concern relate to: <ul style="list-style-type: none"> ▸ Not mapping out outcomes, outcome indicators, and data gathering tools for each type of indicator at the onset of the project. The process was complicated by having a person not involved at the initial stages create outcome statements and match data to indicators and to outcomes after the data was gathered. ▸ Having overlaps between tools (i.e. the survey asked the same “technical” questions (such as the age of the child) of each survey group. This makes each survey longer than it needs to be which can comprised the quality of information gathered. ▸ Asking questions of those who are not best suited to answer the question (i.e. asking the family if the Social Worker supported the plan) ▸ Not having the same objective evaluator coordinating the design, implementation, collection, analysis and reporting functions

Indicators	Supporting Data
<p>3. Quality data is collected and analyzed and key learnings documented</p> <p>4. A report card is prepared which organizes the data under project outcomes and provides an objective assessment of the degree to which outcomes were achieved</p> <p>5. A baseline is established to track future evaluations</p>	<ul style="list-style-type: none"> ▶ Not pretesting the questionnaire to ensure the questions are formatted to make responding easy (the answer choices were not always at the top of the page which could have confused the respondents), are understood by the respondents, gather the intended information and are also understood by those implementing the survey (i.e. several questions were skipped by some of the interviewers) ▶ Not defining specific survey parameters (for example: the definition of a complete package: surveys from at least one family member, a social worker and a coordinator) ▶ Not using a combination of evaluation tools to inform the evaluation i.e. a combination of surveys (quantitative) and interviews (qualitative). <p>3. Despite the shortcomings of the methodology, it appears that quality data was collected and was able to assess many key outcomes. A series of analytical tools (to calculate average, mode, and standard deviation – Appendix II, III and IV) were designed to assess the data across all survey groups as well as to break out the data by outcome, survey group and region.</p> <p>4. A report card was prepared (this document) which organized and presented very complex information in a way that is easy to read and reference. The report card should also be used a key communication tool to engender further awareness of the benefits of FGCs and to ensure continuous improvement.</p> <p>5. The data collected will serve as a baseline to track progress and the impact of any changes to the process. However, the methodology needs to be revised as outlined in the comments above.</p>

Recommendation:

1. The survey results provide an important instrument to assess the merits of FGCs. As with all evaluation processes, these results should be confirmed through other feedback methods and done so at regular intervals.
2. In the short term, one-on-one interviews with a sample of conferences in each region should be conducted to identify factors, barriers, opportunities and success indicators that are relevant to the participants.

Another suggestion is to prepare a shorter version of the questionnaire and conduct a similar process in a year to confirm the results of this project.

3. Because of the importance of FGCs to the safety of children and the health of families and communities, this type of comprehensive evaluation should be undertaken in 3 years (with the necessary modification to the methodology) to confirm results are still being achieved, that changes are being implemented and to include monitoring and sustainability aspects.
4. Hearing first hand from the youth is an important component. Since this was outside the scope of the project, it is recommended that this component be implemented.

Conclusions:

This evaluation project confirms BC's experience with FGCs has been very successful in part due to the design of the FGCs (which reflects the best practices from other successful countries) and the skills of the FGC Coordinators.

The data strongly confirms that this approach is providing benefit to families in BC - particularly in the areas of intervention and permanency planning. The conferences surveyed showed similar successes with other situations such as prevention and transition planning however FGCs are being utilized to a much lesser extent in these situations.

Almost all participants, whether they were family members, social workers or service providers highly valued the FGC experience and would recommend its use to other families. Family-based plans are being created and these plans are generally supported by the Social Workers. Families feel respected as a result of the process and empowered to develop solutions collaboratively and in a way that reflects their unique circumstances. While it is too early to tell, there appears to be a foundation for sustainable plans. Families believed they know what to do if the child becomes at risk again. However, more clarity in the plans around consequences, roles, and responsibilities would increase their sustainability.

There appear to be a number of indirect benefits which are accruing from the process. These relate to improved relationships and improved work situations for Social Workers and Service providers. What is not known at this juncture is whether or not families' capacity for decision-making has been enhanced in the long term. Follow-up studies are required to confirm if this is happening and if not how to correct the situation from a systemic perspective.

Some areas that should be further explored further relate to:

- Techniques to ensure the attendance of all key people
- Ensuring logistics are not a barrier to attendance (getting there) and participation (reduce interruptions)
- Creating more detailed plans that outline specific actions, timelines, roles, responsibilities and consequences

- › Ensuring follow through and monitoring the implementation of plans
- › Ensuring biases don't play a role in the conferences
- › Communicating the benefit of FGCs to the broader community
- › Exploring regional differences that impact the success or perceived success of FGCs

The evaluation of FGCs could be further enhanced through focus groups or interviews with families, social workers and service providers. This additional layer of information would provide a more in-depth understanding of the determinants for success (from the participants perspective as opposed only those included in the survey), barriers that still exist, specific suggestions to improve the process and their indicators for success.

In order to ensure that FGCs continue to guard the safety of children and foster healthier families and communities, smaller scale evaluation techniques should be implemented now and a comprehensive evaluation (with the improvements suggested on Page 37 and 38) undertaken in 3 years.