This is a summary of the findings from a review of research and practice in Family Group Conferencing (FGC). The research was commissioned by the Scottish Executive following the 21st Century Review of Social Work (2005). The aim of the work was to review evidence for the effectiveness of FGC in children’s services and to understand broadly how the approach is being used here Scotland and more widely in the UK.

Main Findings

- FGC is a model of decision-making which involves the extended family in planning for the care of children. The process usually incorporates four key stages: referral, preparation, meeting, review. A co-ordinator facilitates each stage of the process. Family leadership and empowerment are key underpinning principles. The use of ‘private family time’ during which no professionals are present, is a key part of the process.

- FGC originated in New Zealand and is now practiced in at least 17 countries across the world.

- Within Wales and Northern Ireland almost virtually all local authorities have access to an FGC scheme. This applies to approximately 40% of local authorities in Scotland and Wales. In Scotland all but one FGC service is provided by Children 1st, but in other parts of the UK there is a mix of voluntary/independent and in-house schemes run by local authorities.

- FGC has been used in situations involving: children at risk of harm, children in need, children likely to be accommodated, children living in and about to leave a care placement. The approach has also been developed by youth justice, in situations involving disruptive behaviour in schools, residential units and communities and with families affected by domestic violence.

- Research has established that FGC is an effective means of supporting extended families to develop plans for children. Most plans are acceptable to social work staff. Compared with traditional approaches to decision-making, FGC results in more fathers and paternal relatives contributing to plans for children.

- Most adults and children involved are positive about the FGC process, though some young people feel that they exercise little influence over the proceedings. Many schemes use advocates to help ensure young people’s views are heard.

- There is limited research evidence about how plans are implemented and the longer term benefits for children. Evidence of cost benefits is also scarce.

- Most professionals who take part are positive about the process. However social workers are often reluctant to refer. In order to extend the use of FGC, some UK local authorities have made referral for FGC mandatory when a child is likely to be accommodated or placed on a permanent basis outwith the family.

- FGC practice is consistent with current policy initiatives to enhance family and community capacity.

- There was support from stakeholders for developing FGC in Scotland, though not at the expense of core services.

- Evaluation of any such future developments would enhance knowledge of the benefits of FGC over traditional decision-making and of what features of FGC practice achieve best outcomes for children.
1. Introduction

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

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

1.2. Interest in the potential of FGC was fuelled by the 21st Century Review of Social Work. The report, Changing Lives, emphasised the need for social work services to work more effectively in partnership with service users, extended families and communities, recommending that services ‘must build individual, family

and community capacity to meet their own needs’. This aim is consistent with the rationale and values underpinning FGC.

2. What is Family Group Conferencing?

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

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

2 Preparation: Co-ordinator identifies family network, meets with people attending to discuss the reason for the meeting and invite them to participate.

3 Meeting: Agency staff and/or other parties provide information to enable the family to develop a plan for the child, everyone attending discusses situation, family meets in private to discuss plan, plan is deliberated upon, amended if necessary and agreed by all attendees. In some situations the plan may then need to be agreed by another forum e.g. child protection case conference or LAC review.

4 Review: Operation of plan is reviewed, FGC may be convened to amend/replace plan.

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

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

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

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

3. Development of Family Group Conferencing

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

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

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

4. Debates on the Nature and Use of FGC

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

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

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

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

5. Evidence of FGC Effectiveness

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

• enabling the wider family to be fully involved in decision making and planning for children;

• achieving better outcomes for children.

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

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

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

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

6. Implications for Practice

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

6.2. Research suggests that co-ordinators require generic skills in mediation, listening and co-ordinating. Those interviewed also considered it vital that co-ordinators were well-organised, assertive and had strong empathy, tempered with ability to resist being caught up in dynamics between family members and between the
6. The co-ordinator’s independence from statutory responsibility for the case is a cornerstone of FGC practice and neither the literature nor those interviewed raised any challenge to this. However in some interviews it was suggested that ‘independence’ might be established by co-ordinators working in a range of settings and might include some authority staff. At an organisational level, voluntary agency services were viewed as potentially more independent. Differing views were expressed on whether this meant they were better placed to challenge local authority practice. In-house services were considered less costly and more likely to be ‘owned’ as part of the agency’s mainstream work, rather than a relatively peripheral project.

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

7. Conclusion

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

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

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

References:


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