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EXECUTIVE SUMMARY

This document provides a brief overview of the scope of the project that aims to increase the use of family decision making strategies. The Office of Children Youth and Family Support in implementing the reforms of the Vardon Inquiry (2004) is examining ways of applying further strategies that intervene in a preventative way with children and young people.

The report aims to

- review what we know about Family Group Conferencing from the Australian and international literature
- provide advice for selecting families
- develop a framework for evaluating the implementation of the early use of Family Group Conferencing
- recommend a design of a longitudinal study to establish evidence of the impact of family decision making on outcomes for children and young people.

1. Introduction – What is the issue?

Child welfare authorities throughout the western industrialised world are struggling to respond effectively to children at risk and vulnerable families. There is recognition that the problem of 'child abuse' is complex and difficult, requiring inter-agency collaboration and partnerships to ensure shared responsibility with families and children in need of care and protection. Increasing parental involvement, responsibility and accountability and the need to share power through participatory mechanisms is also required.

In addition there is a developing evidence base indicating that services to children and families will be more effective if problems are recognised and managed early. Placed in this context more prevention and early intervention strategies are required along side earlier and better coordinated support for families

This report outlines how family decision making strategies can increase family involvement, improve interagency collaboration and strengthens early intervention and prevention approaches.

In the ACT legislation the term Family Group Conferencing describes a specific set of prescribed activities. This report uses the term family group conferencing in a generic way to include the range of planning mechanisms.

2.   What Is Family Group Conferencing?

Family Group Conferencing (FGC) is an umbrella term for a range of planning activities used in child protection and in juvenile justice. The increasing use of Family Group Conferencing and other related family involvement interventions reflect the wider debate about the role of the community and the state in addressing cases of child abuse and neglect.

The central idea of conferencing involves a meeting of family members, statutory workers and others who are concerned about the family to plan for the safety and protection of a children and young people seen to be at risk of abuse or neglect.

It is a form of intervention first developed in New Zealand and now used across the western world. It is a strengths-based model that brings together families and their support systems to develop and carry out a plan that increases protection and care of children, young people and other family members.

There are 2 key theories that are relevant to understanding why family group conferencing is 'good practice': these are strengths perspectives and theories of restorative justice.

The strengths perspective focuses on the capacities and potentialities of service users and aims at utilising and developing opportunities for individuals and communities to articulate and work towards the future.

With some adjustments the concept of responsive regulation is underpinned with the argument that families should be given the opportunity to 'self correct' before the state, through the court system, asserts its control. This is Pennell argues 'a critical theoretical underpinning for understanding the redistribution of power that Family Group Conferencing inspires among families and state authorities' (2004, p139).

What restorative justice and the theory of responsive regulation does is to effectively transform 'child abuse' as an individual problem to one where a 'community' of concern can be utilized to make and carryout plans that safeguard children and other family members (Pennell 2004). This transformation can be seen in the values underpinning Family Group Conferencing.

Values include:

- the importance of the family in children's lives
- respect for the family's cultural context in decision making
- sharing power with families
- involving children and young people in care and protection planning.

3.   Different Models of Family Group Conferencing

Family Group Conferences are being carried out in many different countries including New Zealand, US, Canada, Sweden, the Netherlands, UK; The models :

- operate as pilot projects (eg UK)
- are contained within statutory frameworks ie Family Group Conferencing are mandated eg New Zealand
- include facilitators employed both within and external to the statutory organisation

There is no research to indicate what is 'best' however an important factor is the neutral role of the facilitator.

4.   What can Family Group Conferencing achieve?

Evaluations of varying methodological approaches and quality have been carried out in the UK and Sweden (Lupton, Barnard, & Swall-Yarrington, 1995; Marsh & Crow, 1998) Andersson & Bjerkman 1999; Sundell & Haeggman 1999; Sundell 2000) in Canada and Australia (Pennell & Burford, 1995; Trotter, Sheehan, Liddell, Strong, & Laragy, 1999) and in the United States (eg Oregon (Rodgers, 2000; Shore, Wirth, Cahn, Yancey, & Gunderson, 2001).. Evaluations have been in the main descriptive in nature rather than

outcomes focussed. However the results so far report similar findings in most respects (Sundell & Vinnerljung, 2004) including:

- high levels of family participation

- improved quality of support available to families who have participated

- increased opportunity for families who face the likelihood of statutory intervention because their children are deemed to be in need of care and protection to have a real chance to make their own decisions on how to solve family problems;

- clear agreements reached to the satisfaction of all parties

- high levels of satisfaction with the process

- knowledge of the parents and children that the statutory worker did not have before the Family Group Conference provided by extended family members

- some evidence about how children attribute a number of positive outcomes to the FGC including improved educational experiences, attendance and happiness at school and improved family relationships.

There are only relatively few studies using quasi-experimental research to test the family group conference model against other more traditional types of decision-making processes. What has been done indicates:

- After participating in a FGC there were high rates of reunification or kinship placement provided by the extended family and low rates of referral to the protective services

- Compared to regular case planning approaches FGC did a better job in promoting family unity, increasing safety for all family members, and reducing reports of child maltreatment and mother/wife abuse

- A Canadian study found overall levels of abuse had decreased significantly for the families involved with the FGC project and increased moderately for the comparison group.

There is still a need for more longitudinal research which clearly defines a broader range of program goals and desired outcomes.

Institute of Child Protection Studies

What types of families and at what point on the continuum?

The research indicates that Family Group Conferencing can be appropriately used at many points on the care and protection continuum. In New Zealand they constitute the primary decision making mechanism for ALL cases. In other jurisdictions, particularly the UK, there is a tendency to see it as a useful model for cases where there are children in 'need' rather than 'at risk' of abuse.

The literature also indicates that families are most suitable for Family Group Conferencing when:

- there is an extended family
- where families are agreeable to being involved in meeting together
- where there is a clear planning decision to be made.

There are some contra-indications for not involving families in Family Group Conferencing. For example Trotter et al conclude that dominating and intimidating family members, family violence and sexual abuse raise particular issues (Trotter et al, 1999). However even in these cases there is an argument that these issues should not preclude involvement. This is where the preparation for family meetings is very important so that family members can remain safe.

5. What are the constraints or barriers for implementing Family Group Conferencing earlier on the continuum?

There are a number of challenges to implementing Family Group Conferencing. These include:

- recognizing the importance of worker's attitudes about Family Group Conferencing and its effect on implementation
- recognizing when organisations are under constant scrutiny they often become less responsive to change and less innovative
- working with a practice model that sees professionals work along side families may expose worker vulnerability and often places professional judgement under the scrutiny of both family members and other professionals (Trotter et al., 1999)

- workers' beliefs that families in their caseload do not have the capacity to attend a conference (Hudson, Morris, Maxwell, & Galaway, 1996).
- resistance to referring families, which is often not based on experience of participatory decision making models
- the necessity of training and the development of processes by which workers can develop a shared understanding about the key assumption that underpin this form of practice.

Resources

There is much discussion in the literature about the comparative costs of Family Group Conferencing compared to traditional ways of working. Marsh and Crow (1998) concluded that the plans produced by the Conference were not any more expensive to implement overall and 'some were thought to be less expensive than they might have been' (p28). There are also arguments around the savings because of:

- reduced court costs
- reduced time and placement costs due to increased stability of placements.

The research provides some indication of the resources required to implement practice that involves family decision making. This includes the need for quality preparation for Conferences. The Office will need to make decisions about how best to utilise existing resources. What is apparent is there has been very little analysis to estimate the total cost of preventing child abuse and neglect or the long-term social costs of not preventing it.

6. A model for increasing the use of a Family Decision Making model as a prevention strategy

What could Family Group Conferencing prevent?

A model of Family Decision Making as a prevention strategy would be expected to lead to a reduction in the need for ongoing statutory intervention, a reduction in risk to the child and a stronger reliance on effective collaborative practice at all points on the continuum.

Good welfare practice in general and family participation interventions in particular are underpinned with a range of principles that aim to help families make and implement

critical decisions that affect their children and other family members. These types of participatory planning processes implicitly aim to help families by linking them with a range of community and support services. As a strengths based intervention Family Group Conferencing focuses on encouraging family resilience and works at developing partnerships with families. Theories of restorative justice presume that state responses should in the first instance be flexible and provide processes that enable families to 'self manage'.

A model of family decision making as a prevention strategy could include (but are not limited to) the following outcomes:

- the identification and development of a plan for linking families to services as early as possible to ensure the safety of the child
- the increased participation of children and young people in developmentally appropriate ways
- a reduction in the need for ongoing statutory intervention including the need for court intervention
- increased engagement of extended family with children in out of home care
- improved relationships between family members and other systems involved in children's health and wellbeing (eg schools, health services)
- a stronger reliance on collaborative practice at all points on the continuum.

A possible way forward

To differentiate between the current Family Group Conferencing practice in the ACT and our proposal we use the term Family Decision Making which includes a range of participatory decision making strategies including:

- Mediation
- Family planning meetings
- Mini conferences
- (Formal) Family Group Conferencing

We propose that an action research framework be used to develop a Family Decision Making model and to evaluate its impact and outcomes.

When should these decision making strategies be used?

The Children and Young People Act 1999 allows Family Decision Making strategies at any point of contact with families.

Which families?

The general criteria for involvement would be if they have extended family or friends and they are willing to be involved in this type of a planning process.

However it could be assumed for research purposes that the following groups might be specifically targeted. This might include:

- children and families who have been the subject of 5 or more reports and/ or
- children who are under 5 years

The research design

The implementation of FDM strategies to prevent a range of negative outcomes provides an opportunity to make direct comparisons between the two approaches. This would involve the random allocation of cases into a project group where FDM strategies are actively and consciously used and a control group where workers continue to use existing approaches (which also may or may not include participatory practices).

A suggestion for a first cycle of action research would be to reconceptualise the current Family Group Conferencing Unit as a Family Decision Making Support Team (FDMS team).

Members of the FDMS team could be notionally attached to the appraisal, family work and children on orders teams. Their specific purpose would be to actively support teams to develop and increase the use of Family Decision Making strategies. This would happen on an ongoing basis. FDMS staff would be available to support workers to carry out particular specific activities (ie mediation, family meetings). They may in consultation with teams work with families using a variety of different participatory tools which would include formal Family Group Conferencing as defined in the Act.

Although the FDMS team would be notionally attached to other teams it would remain structurally intact and would continue to take responsibility for recruitment, selection, training and development of FDMS workers and for FDM training strategies across the Office and the sector. The Team would keep its own separate identity not unlike the Schools as Communities team.

7.   A case for using action research for evaluation

There are good reasons for developing an evaluation framework prior to the development and implementation of a new practice. It is suggested a collaborative action research approach to evaluation be taken and we recommend a 4 stage action research process

Stage 1

Development of a logic model for implementing Family Decision Making strategies as a prevention approach.

Logic models assist policy makers, researchers and practitioners, to more clearly think about:

- why things would be expected to work,
- assumptions that underpin what gets done,
- the inputs and outputs required to ensure the program works,
- the activities,
- who participates and the outcomes
- impacts of the program and:
- what external factors may impact on the program.

Stage 2

Would examine how best to implement Family Decision Making planning mechanisms as a prevention strategy. It would be framed by questions such as:

- What it would take to imbed family decision making planning mechanisms earlier in the contact with families?
- What changes need to occur to implement this as an integrated practice strategy? What training is required, what organisational processes need to change?
- How can it be ensured that there is support from the key players in the process (families, statutory workers, non government services)?
- What would need to occur to establish a group of families where participatory planning was introduced (including Family Group Conferencing) compared to a group of families where traditional intervention occurred?
- What would it take to decide on a random allocation of cases to a control group utilising traditional methods of intervention and to a project group where family decision making is utilised as a planning mechanism?

Stage 3

Would evaluate the implementation of the family decision making and would include questions such as:

- In what ways has family decision making models increased collaborative practice with key players?
- What types of family participation models were used?
- How have family decision making models assisted in supporting families to develop plans to protect children and young people?

Stage 4

Would evaluate the outcomes of introducing family decision making models.

It would investigate how effective family participation was as a planning mechanism for

- identifying and developing a plan for linking families to services
- reducing the need for ongoing statutory intervention
- increasing the safety and wellbeing of the child/young person
- promoting the well-being of the family
- increasing effective collaborative practice.

What the Institute could do to assist in carrying out this project

To support the Office in successfully carrying out this project the Institute could;

Run a workshop with key staff to develop a logic model for the new practice

Run a training workshop for staff on Action Research – what it is, how do you do it, who does it?

Facilitate staff to design the 'research project' (the sample, data instruments, analysis of data etc)

Develop data instruments, carryout data analysis,

Facilitate on going action research working group to support the research

Write up a series of progress reports

Decision-making requires the skills of Machiavelli, the wisdom of Solomon, the compassion of Augustine and the hide of a tax inspector. Making decisions proves to be something of a balancing act for professionals. Taking into account parental perspectives involves surrendering a degree of control to the powerless'(Cleaver & Freeman, 1995).

1.   Introduction – What is the issue?

Child Welfare authorities throughout the western industrialised world are struggling with the problem of children at risk and their often vulnerable families. The statutory system in Australia including in the ACT and internationally have experienced escalating reports of child abuse and neglect and increasing pressure on the capacity of the child protection and substitute care system to meet the demand.

The problem of 'child abuse' is recognised as complex and difficult. It requires significant attention to the development of collaborative relationships and sharing responsibility with families where children are in need of care and protection (Lupton & Nixon, 1999). However statutory child protection services are still pressured to focus on investigation and assessment which identifies deficits in families without ensuring there are systems in place to provide appropriate services to support families to make positive change. Indeed there is good evidence that investigatory approaches produce little benefit for most children (HMSO, 1995).

In a continuing climate where child protection departments are under scrutiny for 'failure' to protect children and young people, one response is to ensure proper procedures are in place. However procedures in child protection are only one step in ensuring that children and young people are safe. Although they may make professionals feel safe Parton argues that this 'procedural correctness' has paradoxically increased the likelihood of a procedural mistake as the systems become more complex (Parton, 1997).

The trend in the ACT and in other jurisdiction is to focus on *incidents and evidence and substantiation*. The adoption of a 'forensic' or legalistic approach produces a number of negative consequences. These include: funding transfers away from the provision of support for families towards a focus on investigations; the swamping of family support services by referrals from child protection workers leading to long waiting lists for all but the most serious cases (Tomison, 1999) and thirdly, the procedural focus sees child protection services as the 'expert' with sole responsibility for the protection of children

and young people. What occurs is "an alienation of essential non-government family support agencies and professionals from a partnership approach with statutory services with regard to the prevention, support and protection of children" (Armytage, Boffa, & Armitage, 1998). Trends such as these can lead to increased risk averseness and decreased willingness to share problem solving responsibility with other services, the community and most importantly the children, young people and their families.

However the importance of parental involvement, responsibility and accountability and the need to share power through participatory mechanisms has been recognised (Ban, 1996; Cashmore & Paxman, 1999; Marsh & Crow, 1998). One method for increasing the participation of children, young people and their families in decision making in the child protection system is the more extensive use of Family Decision Making models. These approaches aim to improve outcomes for children by developing more effective partnerships between the professionals and the families involved: namely to keep children and young people safe (L. Brown & Lupton, 2002).

In addition there is a developing evidence base indicating that services to children and families will be effective if problems are recognised and managed early (Ramey & Ramey 1998). As Cashmore notes 'The commonsense notion that prevention is better than cure is now backed by accumulating evidence of the long-term negative impacts on children's development of early exposure to violence and inadequate care and nurturing' (2001, p. 5).

1.1 The content and structure of the report

The Office of Children Youth and Family Support in implementing the reforms of the Vardon Inquiry (2004) is examining ways to intervene in a preventative way with children and young people. Placed in the context described above more prevention and early intervention strategies are required along side earlier and better coordinated support for families in line with the principles underlying the *Children and Young People Act* 1999.

One idea is to implement family participation planning mechanisms earlier in the life of the problem. The Office has contracted The Institute of Child Protection Studies to provide a report that scopes the issues involved. The report aims to

- review what we know about Family Group Conferencing from the Australian and international literature
- provide advice for selecting families
- develop a framework for evaluating the implementation of the early use of Family Group Conferencing
- recommend a design of a longitudinal study to establish evidence of the impact of Family Decision Making on outcomes for children and young people

This report first analyses the current knowledge about Family Decision Making and identifies the theory, explicit values and principles that underpin the practice approach. It then briefly describes different models of Family Decision Making. Section 3 provides a review of the available Australian and international evidence about what can be expected by utilizing these forms of participatory planning mechanisms, with what families, and where on the continuum it is best used. Section 4 identifies the constraints or barriers for implementing Family Decision Making strategies. The remainder of the report discusses the current use of Family Group Conferencing in the ACT and suggests a model for practice including a discussion of how best to evaluate any changes.

It is assumed that this is a collaborative project and that Office staff and the Institute will work together to ensure best outcomes are produced. What appears in this report provides the evidence that surrounds Family Group Conferencing from the academic and practice literature. It has provided ideas that will assist in beginning the process of implementing a model of practice.

2.   What Is Family Group Conferencing?

'Family Group Conferencing' is an umbrella term for a range of planning activities used in child protection and in juvenile justice. The increasing use of Family Decision Making, Family Group Conferencing and other related family involvement interventions reflect the wider debate about the role of the community and the state in addressing cases of child abuse and neglect.

In the ACT legislation the term Family Group Conferencing describes a specific set of prescribed activities. This report uses the term family group conferencing in a generic way to include the range of planning mechanisms.

The central idea of conferencing involves a meeting of family members, statutory workers and others who are concerned about the family to plan for the safety and protection of children and young people seen to be at risk of abuse or neglect.

> Family group conferences amount to a partnership arrangement between the state, represented by child protection officials; the family; and members of the community, such as resource and support person; with each party expected to play an important role in planning and providing services necessary for the well-being of children. (Burford & Hudson, 2000)

It is a form of intervention first developed in New Zealand and now used across the western world. It is a strengths-based model that brings together families and their support systems to develop and carry out a plan that increases the protection and care of children, young people and other family members.

> The procedures are based on the belief that, given the resources, the information, and the power, a family group will make safe and appropriate decisions for children. The role of professionals such as social workers and doctors should not be to make decisions, but to facilitate decision making, by providing information, resources and expertise which will assist the family group. Professionals will have a crucial role as resource people (New Zealand Department of Social Welfare 1989, p. 3)

2.1 Children and Young people's participation

Along side the recognition of parents' participation is the essentialness of including children and young people in decision making. The UK *Research in Practice Briefing No. 3* (Sinclair, 1998) argues that participation by children and young people and listening to the 'voice of the child' achieves positive outcomes for children and young people, firstly as a group, and secondly, for individuals. In the case of the children and young people as a group, participation: helps to uphold their rights as citizens and service users; fulfils legal responsibilities; and improves the quality of services that impact on them. In the latter case it improves the accuracy and relevancy of decision making about individual children such as promoting their protection (a recurring theme of abuse inquiries has

been the failure to listen to children) (Waterhouse, 2000 cited in Sinclair, 1998; Utting, 1997).

Three characteristics are central to Family Group Conferences: firstly the family is widely defined to include extended family members, as well as other people who are significant to the family; secondly the family is given the opportunity to prepare a plan, in private and without any professionals present; and finally the professionals involved with the family must agree to the plan, unless it is thought to place the child at risk (Sieppert, J, & Unrau.Y., 2000).

2.2   Theoretical explanations

The next section provides a brief overview of the theories that guide and explain the practice of Family Group Conferencing. As will be seen in the evaluation section later in this report one important way of ensuring quality service provision is the importance of spelling out the assumptions about why a practice intervention works and with which groups. Theory enables a critical analysis of common sense ways of seeing and doing things. There are two key theories that are relevant to understanding why Family Group Conferencing is 'good practice' and why it works: these are strengths perspectives and theories of restorative justice.

The Strengths perspective

The strengths perspective has been adapted and utilised in a range of contexts including child protection. Many practitioners find it an attractive approach due to its stress on optimism and creativity and it can sit in stark contrast to the risk averse and defensive practises that exist in many human services. The strengths perspective focuses on the capacities and potentialities of service users and aims at utilising and developing opportunities for individuals and communities to articulate and work towards the future. As Saleebey puts it 'Mobilize clients' strengths in the service of achieving their goals and visions and the clients will have a better quality of life on their own terms' (Saleeby, 1997). This approach can be seen clearly in the principles and values that underpin Family Group Conferencing because it requires workers to take an optimistic attitude towards the individual, families and communities with whom they work. A strengths

based perspective is also reflected in the assumption that families can, with opportunities, support and information, make decisions and plans to ensure the safety of their children.

Theories of Restorative Justice

A recent and exciting theoretical development that provides a valuable conceptual framework for Family Group Conferencing is the application of Braithwaite's work on restorative justice and responsive regulation. Although applied more commonly in the youth justice area its application to child protection is in its nascent stage.

Participatory decision making models such as Family Group Conferencing based on the concept of restorative justice means problems can be solved in a manner that elicits and integrates the perceptions and desires of those affected by the problem, thus promoting the active responsibility for solving problems and putting things right (Braithwaite, 2002). Families' involvement in Family Group Conferencing provides the opportunity for them to hear what resources are available, hear what the 'bottom line' is for a plan and then work out what they think should happen.

 With some adjustments the concept of responsive regulation is underpinned with the argument that families should be given the opportunity to 'self correct' before the state, through the court system, asserts its control. This is Pennell argues 'a critical theoretical underpinning for understanding the redistribution of power that Family Group Conferencing inspires among families and state authorities' (2004, p139).

There is a presumption, despite the seriousness of the offense or violation, official intervention should start at the base of the pyramid (see below). Moving up the pyramid to deterrence and, ultimately, incapacitation, is a response not to the seriousness of the harm done but to the failure to elicit reform and repair at the base with restorative justice processes. Of course, Adams and Chandler point out as with other violent crimes--a shooting spree in progress, for example--an immediate move to incapacitation (at least temporary) may be necessary in cases of child abuse where there is imminent and continuing danger to the child (2004).
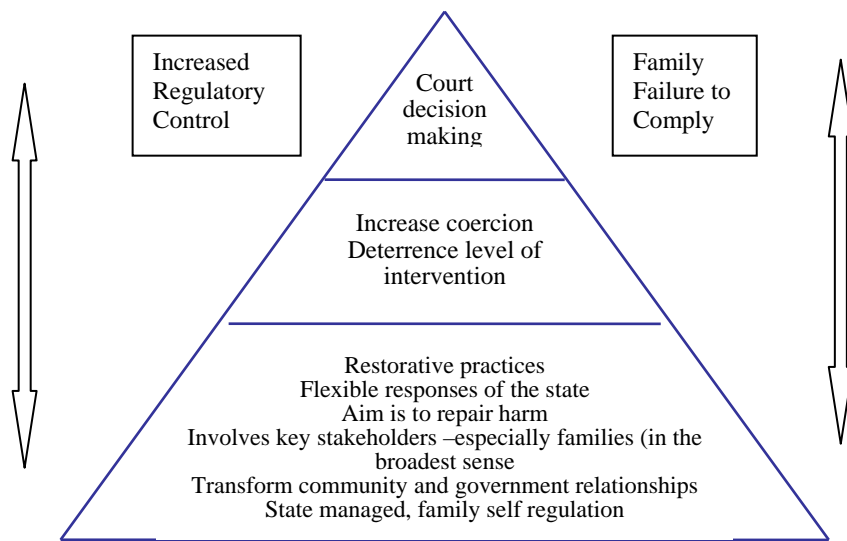
Figure 1 Braithwaite's pyramid of responsive regulation

Braithwaite (2002) argues beginning with interventions at the bottom of his regulatory pyramid (see figure above) leads to less coercive and costly state intervention and also makes more coercive measures more legitimate when escalation up the pyramid is necessary. This is important because "when regulation is seen as more legitimate, more procedurally fair, compliance with the law is more likely" (p. 33).

What restorative justice and the theory of responsive regulation does is to effectively transform 'child abuse' as an individual problem to one where a 'community' of concern can be utilized to make and carryout plans that safeguard children and other family members (Pennell 2004). This transformation can be seen in the values underpinning Family Group Conferencing discussed in the next section.

2.3   Values that underpin Family Group Conferencing

Family Group Conferencing models are based on a number of values that include:

- the importance of the family in children's lives.
- respect for the family's cultural context in decision making,
- sharing power with families and
- involving children and young people in care and protection planning

These types of interventions are framed by what Maluccio and Daly call 'good child welfare' practice (Maluccio and Daly 2000). Good welfare practice in general and family participation interventions in particular are underpinned with a range of principles that aim to help families make and implement critical decisions that affect their children and other family members. These types of participatory planning processes implicitly aim to help families by linking them with a range of community and support services. As a strengths based intervention Family Group Conferencing focuses on encouraging family resilience and works at developing partnerships between families, supportive and statutory services.

2.4 Principles of family participation interventions

Family Group Conferencing has a number of principles that underpin its practice. These can be categorised in the following way:

- Safety of children and other family members A core goal of statutory child welfare is to keep a child who is at risk of harm safe. Ensuring safety of the children and young people and sometimes other members of the family is procured by a clear statement of 'a bottom line' and through helping family members to identify who poses a risk and to work with the facilitator to take safety measures.

- Self determination – assumes that families along with others who choose to participate have the right and the responsibility **and** the ability to determine a plan that is best for their children to keep them safe.

- Family centred orientation – this recognises with appropriate supports from formal and informal sources; and involvement – of any and all members of the family or kinship group, **most** families have the potential to care for their children. It also assumes that children and young people can and should where possible be involved in care and protection planning.

- Empowerment of family members –guided by an ecologically oriented, strengths or competence centred approaches which builds on families' strengths Family Group Conferencing assumes that families do have strengths or potentialities that can emerge even in times of poor family functioning (Saleebey, 1997). Workers

need to believe that families can make good sound decisions about their children's care and can change their behaviour (Cole, 1996).

- Respect for human dignity this includes respect and understanding for diversity (including culture, ethnicity, sexual preference) as long as they promote a child's safety and development.

- Collaborative practice – Family Group Conferencing plays an important role in helping parents and other family members to identify and use actual or potential formal resources such as agencies and informal resources – such as friends and neighbours. Promoting collaboration between informal and formal resources is a key to successful outcomes for children and their families.

Family Group Decision Making approaches which are explicit about these principles challenge the wider child welfare system, the legal and court systems to become collaborative and less adversarial in child protection cases (Maluccio & Daly, 2000). Certainly the interest in Family Group Conferences as a model for partnership, underlines the frustrations at the inability of practitioners and their agencies to manage the practice tensions between the role of families and the state in relation to children. It is thought to offer a paradigm shift by altering the relationship of professionals and the families and communities they serve, by increasing the sharing of responsibility based on family ties. As Burford and Hudson argue "lasting solutions to problems are ones that grow out of, or can fit with, the knowledge, experiences, and desires of the people most affected" (2000, p. xxiii).

3.   Different Models of Family Group Conferencing

Family group conferences are being carried out in many different countries, both as pilot projects and within statutory frameworks. In Australia and the United Kingdom, they have been considered consistent with the underlying values of the existing child-welfare laws (Marsh & Crow, 1998). Both Oregon (Graber, Keys, & White, 1996) and British Columbia (Metzger, 1997) have passed legislation for their use. Conferences are also being used elsewhere in Canada and the United States (Hardin, 1996; Immarigeon, 1996), as well as in Israel, Norway, Sweden, and South Africa (Marsh & Crow, 1998).

Throughout the literature the importance of the facilitator of the Family Group Conference is highlighted as essential determinant of successful outcomes (Maluccio & Daly, 2000; Merkel-Holguin, 1998). What seems to be important is, regardless of whether the facilitators are independent to the statutory authority or not, they are required to remain neutral in their role. For example in New Zealand the Family Group Conference Coordinator remains at a distance from the inner-workings of the 'case'. A key practice issue for Family Group Conferencing in the UK has been the introduction of 'independent' coordinators. This has provided a facilitator outside of the statutory agencies, to run the conferences and is predicated on the idea that as they are independent they will retain a neutral position and won't have an interest in influencing outcomes of the conference. This in theory at least will mean they are more likely to encourage each family to have more control over decision-making processes (Nixon, 1998). In NSW the coordinator was employed by Burnside, a non government agency who facilitated the Family Group Conferences and provided training across the state to DOCs child protection workers. This is a similar model to that operating in parts of Victoria (see Glastonbury Children and Family Service).

A number of states have mandated Family Group Conferencing including Tasmania, South Australia and Queensland.

The Office of Children, Youth and Family Support through the Family Group Conferencing Unit has done an extensive review of current models throughout Australia so we do not intend to repeat that process. However the report describes the different models that exist and concludes that in all jurisdictions in Australia except the Northern Territory Family Group Conferencing is used in some form or other in child protection services (either mandated and/or voluntary use).

4.   What can Family Group Conferencing achieve?

4.1   The evidence

Family Group Conferences are now used across North America, Europe and Australasia in varying forms there is extensive evidence available about how conferences are carried out.

Burford and Hudson (2000) make the point that with 'practice innovations' such as Family Group Conferencing there is the risk of overstating what outcomes can be feasibly delivered. Family Decision Making is not the final answer on what to do about ensuring children and young people remain safe however the research provides no compelling reason to marginalize the extended family and other key members of the child's support network from the decision-making process. Indeed as discussed above there are undeniable reasons for including them.

Evaluations of varying methodological approaches and quality have been carried out in the UK and Sweden (Lupton *et al.* 1995; Lupton & Stevens 1998; Marsh & Crow 1998; Andersson & Bjerkman 1999; Sundell & Haeggman 1999; Sundell 2000) in Canada and Australia (Burford & Pennell 1998; Trotter *et al.* 1999) and in the United States (eg Oregon (Rodgers, 2000; Shore et al., 2001).. Evaluations have been in the main descriptive in nature rather than outcomes focussed. However the results so far report similar findings in most respects including (Sundell & Vinnerljung, 2004)

- high levels of family participation,
- improved quality of support available to families who have participated
- families who face the likelihood of statutory intervention because their children are deemed to be in need of care and protection can be given a real chance to make their own decisions on how to solve family problems;
- clear agreements reached to the satisfaction of all parties, and
- high levels of satisfaction with the process
- knowledge of the parents and children that the statutory worker did not have before the Family Group Conference provided by extended family members

There is also the question of the participation of children and young people in decision making. There has been a trend for children and young people not to participate in decision making forums. In a study of 22 child protection investigations, for example, Bell found that the views of the child were obtained in only just over one quarter of cases (2002). Family Decision Making models, on the other hand, do involve children – usually those older than ten. A qualitative study involving 38 interviews with 25 children from 17 Family Group Conferences conducted in South Wales found FGC's not only reduced power differences between professionals and families they also tend to 'democratise' Family Decision Making. Most children had a say in the FGCs and factors helping the

child appeared to be the preparation provided to the child before the conference including the help of an advocate or informal supporter, and having formal or informal support from an adult to speak during the meeting. Children attributed a number of other positive outcomes to the FGC including improved educational experiences, attendance and happiness at school and improved family relationships (Holland, O'Neill, Scourfield, & Pithouse, 2003). Although this is a small scale research project it points to the potential for a wide range of changes that may be possible through genuine participation in decision making.

4.2   Outcomes in the longer term

There are only relatively few studies using quasi-experimental research to test the Family Group Conference model against other more traditional types of decision-making processes (Lupton & Stevens, 1997; Marsh & Crow, 1998; Sundell & Vinnerljung, 2004). As Brown and Lupton highlight the problem, in research terms at least, the model is typically used as a supplement to, rather than substitute for, traditional planning meetings and child protection conferences making it difficult to ascertain the impact of the Family Group Conference compared to other interventions (L. Brown & Lupton, 2002).

Kiely (2005; Mondy & Kiely, 1999)) carried out a longitudinal study which had a small control group with which to compare outcomes. She found a number of differences between the group that had been involved in Family Decision Making and the group that had not. The differences between the control group included; the increased use of respite and foster care provided by the extended family after participating in a Family Group Conference. This confirms the results of studies by Renouf, Robb and Wells (1990), Angus (1991), Maxwell and Robertson (1991), Lupton and Stevens (1997) and Sundell (2000) which show that as a result of Family Group Conferencing there is an increase in placements of children and young people within their kin group when they could not live with their birth parents.

A study by Shore, Wirth, Cahn, Yancey and Gunderson (2002) in the USA followed 114 children for two years after the conference. The children involved were found to have high rates of reunification or kinship placement and low rates of referral to the protective services.

One project that examined outcomes in the longer term is that of Pennell and Burford (2000) with families experiencing domestic violence in Newfoundland and Labrador. In follow-up interviews and progress reports that took place an average of one year post-conference, the authors found that Family Group Conferencing did a better job than regular case planning approaches in promoting family unity, increasing safety for all family members, and reducing reports of child maltreatment and mother/wife abuse. The study found that overall levels of abuse had decreased significantly for the families involved with the project and increased moderately for the comparison group (Pennell & Burford, 2000)

A Swedish study carried out by Sundell and Vinnerljung (2004) used a quasi experimental design where a group of children who experienced Family Group Conferencing were compared with another group of children from a random sample of 104 traditional child protection investigations. The study followed up children for 3 years making it the largest long-term study of Family Group Conferencing outcomes taken to date. This is an important study due to its methodological rigour. The comparison between the FGC group and the control group include the finding that more FGC children:

- were cared for within the extended family
- were more often re-referred to the child protection service (CPS) than the control group indicating less stability
- were often re-reported for abuse particularly for neglect

Sundell et al concluded there were few differences overall between the 2 groups of children. They proposed a number of explanations for why this might be the case. These included the unknown impact of the services provided for families through implementation of the plan, the lack of follow through by families in implementing the plan, there may have been unknown support of extended family in the control group and finally they question whether the cultural context of Sweden with its 'strong paternalistic state' suits participatory decision making (2004).

There is still a need for more longitudinal research which clearly defines a broader range of program goals and desired outcomes.

4.3 What types of families and at what point on the continuum?

The research indicates that Family Group Conferencing can be appropriately used at many points on the care and protection continuum. In New Zealand Family Decision Making models constitute the primary decision making mechanism for ALL cases. In other jurisdictions particularly the UK there is a tendency to see it as a useful model for cases where there are children in 'need' rather than 'at risk' of abuse (Jackson & Morris, 1999).

The literature also indicates that families most suitable for Family Group Conferencing are those with an extended family or support network, where families are agreeable to this type of planning mechanisms and where there is a clear planning decision to be made. In fact it would seem that when these three factors are present and there are no contraindications, Family Group Conferencing **seems to be an appropriate course of action for most, if not all, families**.

In Victorian research Trotter et al (1999) found that workers who had some experience of Family Group Conferencing saw it as suitable at any stage of a child protection intervention following substantiation. This included pre-court or post-court, at 28-day planning, at case planning, at reviews and even at discharge. They concluded that the principle of involving families in decision making applies at any stage. (Trotter et al., 1999).

Canadian research reported on Family Group Conferencing with families that experienced a wide range of issues including (a) parent-specific concerns (e.g., substance abuse, prostitution, illness, temper, unemployment, spousal conflict, marital separation, and child abandonment); (b) parent-child conflict; (c) living situation of children (e.g., permanency planning and visitation rights); (d) legal status of children; (e) children's wellbeing (e.g., physical abuse and neglect by parents and siblings); and (f) children's behavior (e.g., substance abuse, aggression, running away, and stealing) (Sieppert et al., 2000).

In a US evaluation many of the families referred for a Family Group Conference were considered "challenging" cases where a plan for the children had not yet been identified.

Over 50% of the children who are involved with child welfare services were typically receiving "permanency planning services" and had been in out-of-home care more than 90 days. According to Shore et al substance abuse and neglect were the two primary concerns that brought these families into the child welfare system (Shore et al., 2001).

In Brown and Lupton's research in the UK family group conferences were often used in cases where the threshold for a Child Protection Conference (CPC) had not yet quite been met. In such cases the Family Group Conferencing was an attempt to divert the family away from the formal child protection process. However they also found that Family Group Conferences were being held much later on in the process after a CPC when the family was involved in putting the detail to the child protection plan (L. Brown & Lupton, 2002).

What this research highlights is the usefulness of this approach and that Family Group Conferencing can and is used with a range of families experiencing a range of problems. The research highlights a broad use for 'participatory' planning mechanism

4.4 Indigenous Families

The Family Group Conferencing Unit in the Office of Children, Youth and family Support has very recently carried out a review of Indigenous specific Family Group Conferencing programs throughout Australia. They have also consulted with the Aboriginal and Torres Strait Islander Unit in the Office. As this is well in hand we make only brief comments on the specific use of Family Group Conferencing with Aboriginal and Torres Strait Islander families.

A stated above Family Group Conferencing developed in response to dissatisfaction with how Maori families experienced the welfare system and since its introduction there has been significant attention to the importance of this model of decision making with Indigenous peoples in the US, Canada as well as in New Zealand. In Australia there has been little formally written about the use of Family Group Conferencing in the child protection area. The focus of its use has been in relation to juvenile and adult justice practice.

From research carried out by the OCYFS Family Group Conferencing unit it is clear that throughout Australia except for the Northern Territory Family Group Conferencing is used with Indigenous families in the child protection setting. However its use has not been specifically evaluated. The issues to emerge in discussions with Child Welfare Authorities include the difficulty in recruiting Indigenous people to train as facilitators. Queensland for example has introduced the option of co-facilitation with a Departmental worker (assumed to be non-indigenous) and an Aboriginal or Torres Strait Islander person facilitating the conference.

4.5 Which families should not be involved?

There are some contra-indications for not involving families in participatory processes such as Family Group Conferencing. For example Trotter et al conclude that dominating and intimidating family members, family violence and sexual abuse raise particular issues. (Trotter et al, 1999) however even in these cases there is an argument that these issues should not preclude involvement. This is where the preparation for family meetings is very important and might require mediation sessions so that families can remain safe. In discussing Canadian research Pennell and Burford argue that

> " The model does not call for a number of estranged family members to be "dumped" into a room together and left to fight or mourn it out. If the families are to be thrown together without good preparation, including anticipating safety requirements, by all means the model may be inappropriate for them in the same way that throwing any group together without giving them preparation often leads to negative results.

An important UK study carried out by Brown and Lupton (2002) also discusses families who were seen as not suitable by the child protection worker and not offered a Family Group Conferences. In a random sample of cases the FGC allocation was queried by a social worker and the family was subsequently excluded from the offer of a FGC. The main reasons for exclusions were:

- Low-risk cases where a FGC would be excessive;
- Social workers were working in a voluntary capacity with 'hard to engage' families;
- There was no extended family, safe family or the risk of violence was too high;
- Legal proceedings were underway and it was considered too complicated;
- Had already tried FGCs.

It would appear from the literature that most families are appropriate for Family Decision Making meetings if prepared adequately. This may include the need for mediation or dispute resolution prior to the meeting. When time, existence of family and willingness to be involved exists it would appear there is no type of abuse or case type that should be excluded from participatory family planning. Having serious problems does not necessarily mean that families do not know what should be done about the problems.

5.   What are the constraints or barriers for implementing Family Group Conferencing earlier on the continuum?

In the literature there is significant attention paid to the implementation issues surrounding the introduction of Family Group Conferencing. Many constraints surround the resources required to carry out participatory decision making and these will be discussed later in the paper. As evaluators internationally began to report the findings of their individual studies it has become clear that establishing Family Group Conferencing is just the first step. There are a number of challenges including the need to convince practitioners to use and refer families to participatory planning mechanisms.

A number of studies demonstrate inconsistent and problematic implementation across a number of different countries. Sundell found in Sweden that the role of social workers and their attitude was crucial in determining the extent to which the model was used in practice ((Sundell, Vinnerljung, & Ryburn, 2001). Ban, reporting on developments across four Australian states, records 'greatest variation was found in the use of the process, with some regional staff making a large number of referrals while others made few' (Ban, 2000 p. 234)

Further is the peripheral nature of Family Group Conferencing. Evidence from evaluations undertaken in many jurisdictions indicate that even in the places where programs do exist, the degree to which the model has become embedded into day-to-day practice remains limited (Nixon, 1998); Sundell 2000). The role that family group conferences appear to play within the overall number of decisions being taken about children's lives and futures remains relatively small. Families do not have the right to ask for a Family Group Conference and rely upon their social worker to suggest it. Despite

the best efforts of advocates Family Group Conferencing remains on the margins of practice (Louise Brown, 2003) .

5.1 Organisations under siege

One issue that is a major barrier to implementing participatory models of intervention concerns the attitudes of workers in the child protection system. Discussing the US system Lupton and Nixon (1999) suggest the reason for social workers' reluctance to partner with their clients was due to frequent litigation, class action suits, and court consent decrees. They suggest that whenever a state lost a lawsuit or settled a consent decree, the public agency would retreat further under their rules, make new rules, and constrict and constrain workers' discretion in an effort to demonstrate and document that the state was complying with the lawsuit. Often the agency under fire becomes less responsive and less innovative. An unintended consequence was more bureaucracy and paperwork and less communication and openness with consumers. Lupton and Nixon argue that when there is increased scrutiny it is rarely a time of creativity and reform even though that may be what is required and often what is demanded.

5.2 Worker's attitudes

In Victorian research Trotter and his colleagues point out that it has been difficult for some practitioners to shift to a child focused family centred-practice as required in the Family Group Conferencing process. Working with a practice model that sees professionals work along side family can be challenging. It may expose worker vulnerability and often places professional judgement under the scrutiny of both family members and other professionals (Trotter et al., 1999).

Added to this issue are the views developed by some workers from previous experiences of parents who are seen not as partners in child abuse protection or prevention but rather as possible or potential 'abusers'.. This attitude can lead to a diminished trust in parents and may produce a cynical view of Family Group Conferencing principles.

Including families doesn't mean that professionals hand over their *power* although workers believe this to be the case leading to a reluctance to use Family Group Conferencing. Nixon argues that the opposite is often the case pointing out that in so many ways professionals retain power through systems, structures and control of resources, that effectively deny the full participation of families anyway. Even with the best intentions, the development of inclusive practices (at a service level) over decision-making will not in itself necessarily 'empower' families. The extent to which families are really included in decision-making will be shaped by the context in which the work is happening. Jackson and Morris (1997) have argued the need for 'significant attitudinal change before family group conferences can be fully explored in child welfare' (p.628).

5.3 Low numbers of referrals for Family Group Conferencing

A number of evaluations of Family Group Conferencing indicate statutory workers resistance to referring families for conferencing. Resistance to adopting the model comes in many forms. As discussed above workers feel threatened or felt conferencing reduced their power (Marsh and Crowe, 1998), others explained their resistance by saying that the families in their caseload did not have the capacity to attend a conference or there was no extended family or supports to draw upon (Hudson et al., 1996). Some workers believe that families in the child welfare system do not have the capacity to be decision-making partners or that their cases are just not "appropriate '. Certainly the literature often presents the argument that workers in the child protection system are trained to do comprehensive assessments of family deficits rather than focusing on the strengths of larger family systems as a base for building solutions. As Tapsfield points out

> They (participatory planning models) redefine the relationship between the family and the state. Therefore they are not easy to do while you are delivering standard social services within the traditional framework – in some way they are incompatible with the other decision making processes. And, to be frank, they are very easy for social workers to undermine (cited in Winchester, 2001).

This resistance is often not based on experience of participatory decision making models. The research points to the necessity of training and the development of processes by which workers can develop a shared understanding about the key assumption that underpin this form of practice.

5.4   Resources

There is much discussion in the literature about the comparative costs of Family Group Conferencing compared to traditional ways of working. Marsh and Crow (1998) concluded that the plans produced by the conference were not any more expensive to implement overall and 'some were thought to be less expensive than they might have been' (p28). There are also arguments around the savings because of:

- Reduced court costs
- Reduced time and placement costs due to increased stability of placements

However other evidence points to Family Group Conferencing as being inherently resource-intensive. This is true on a number of fronts: the coordinator's labour in setting up and facilitating conferences, the time required to create an effective conference, and the finances required to develop and implement an inclusive process (Sieppert et al., 2000).

The evaluation evidence, however, is that quality preparation time appears to be essential to ensure quality outcomes. The time taken to prepare adequately is around 20-25 hours on average but the time is important for exploring family resources and beginning to change the relationships between family members and child welfare professionals. (Marsh & Crow, 1998), Mirsky, 2003). Preparation time is therefore one of the key distinctions between these models and traditional case-planning methods (Merkel-Holguin and Ribich, 2001, p. 203).

Advocates are concerned that programs implemented without sufficient resources will not produce the potential benefits of participatory planning mechanisms. For example UK research indicated that one of the main reasons for a low pick up of Family Group Conferencing was insufficient resources to develop a project, both financially and in terms of staff (Louise Brown, 2003).

Certainly the research provides some indication of the resources required to implement practice that involves Family Decision Making and the Office will need to make decisions about how best to utilise existing resources. What is apparent is there has been

very little analysis to estimate the total cost of preventing child abuse and neglect or the long-term social costs of not preventing it

6. The development of Family Group Conferencing in the ACT

Family Group Conferencing was introduced in the ACT in 1999. It was established with the best principles as discussed above imbedded in the process and reflected the 1999 *Children and Young People Act*. The purpose of Family Group Conferencing is articulated as

> providing an opportunity for participants to take part in making arrangements for securing the care and protection of a child or young person or to review those arrangements and make further arrangements from time to time.(4.3.1 Policies and Procedures Manual January 2005)

The criteria for convening a Family Group Conferencing are when the Chief Executive reasonably believes that:

- The child or young person is in need of care and protection
- Arrangements should be made to secure the child's or young person's care and protection and
- A conference is a suitable way of deciding what those arrangements should be.

The stated underpinning principles are:

- The child's interests are paramount
- children and young people are generally best looked after within their own families
- Working in partnership with families is beneficial for children and young people.

There appears to be uncertainty among staff of the office about whether the legislation precludes conferences being carried out without associated legal action. The term "Family Group Conferencing' can be used to describe the formal process that has as part of its outcome an official plan requiring registration and signatures by participants..

The way the legislation is currently worded requires that the facilitator must obtain the signature on the agreement of the representative of the chief executive, a participant with parental responsibility for the child or young person at the conference and any other

participant present who agrees with the arrangements. Further, Section 172 (3) of the Act states:

> Before getting the signature of a person on an agreement, the facilitator must give the person an opportunity to get legal advice about the meaning and effect of the agreement.

This issue was raised in the 2001 evaluation as a contradiction to the nature and principles of Family Group Conferencing. It was argued that if Family Group Conferencing is to be used to prevent court action and the voluntary engagement of families, requiring them to sign an agreement implies a lack of trust (Hilhorst, 2001).

Our view is that the signed agreement is only one of the desired possible outcomes of processes undertaken before and during an FGC. Even without a signed agreement at the end of the process (there is some evidence that the involvement of legal representatives at this point may influence participants against being signatories to any agreement) the FGC processes are beneficial for all of the reasons already outlined in this paper.

The ACT model directly employs facilitators from within the statutory care and protection organisation. As mentioned above there are different models of Family Group Conferencing some of which have 'inhouse' facilitators, some employed by non government child welfare organisation (eg Burnside); others have independent private facilitators (eg England, some parts of the United States). There has been no research that indicates what works best as there are pros and cons in each approach.

One difference in the way Family Group Conferencing was originally implemented from its current use was the explicit use of family meetings. At least in 2001 Family Group Conferencing facilitators often convened family meetings at the request of the then Family Services case worker in order to assist with clarifying issues and developing a care plan. Hilhorst in an evaluation of the Family Group Conferencing process indicated that these meetings were particularly helpful when interaction between family members and the caseworker is strained. In some instances after such a meeting there was no longer a need for a full Family Group Conference (Hilhorst, 2001, 26).

In 2001 the Family Group Conferencing program was evaluated to examine how it worked in practice and to identify the short term impact of this form of planning. The findings were in line with the wider research and reflected the short term outcomes described in the section above.

During the early years of the program there was an expectation that there would be a number of processes that built up towards a formal Family Group Conference (see above about family meetings). For example there had been nine FGCs held up until December 2001 but this also included 3 family meetings and 59 consultations with family members, statutory workers and other services (Hilhorst, 2001).

There have now been 59 Family Group Conferencing Group Conferencing referrals since 2000 and 45 of those have completed the process with a full FGC held. It would be expected that there would have been extensive work associated with the other cases.

Year	Number of referrals	FGC's completed	Family meetings/mediations completed	Youth Networking Conferences completed
2000	10	8		
2001	17	11	2	
2002	15	7	2	
2003	12	5		4
2004	6	4		
2005 to date	19	4	4	(5 in progress) (6 withdrawn)
TOTAL	**79**	**39**	**8**	**4**

Recent Data

There has been no further evaluation of Family Group Conferencing in the ACT since the 2001 project. Data received from the FGC unit provide details for 39 family group conferences completed in the ACT. These conferences involved 66 children and young people, eight of whom are from Aboriginal or Torres Strait Islander backgrounds. Over the period, 2000-2005, 8 cases (27 children) have involved Aboriginal children.

The main point of referral (data only available from 2004) is as follows

Referral Point	Number
Appraisal Team	8
Family work Team	8
Children on Orders	5
Case Support	1

In the course of developing this scoping paper a number of informal conversations were carried out with staff from care and protection. Although this consultation was not carried out in a systematic way the concerns raised mirror the issues described in the research as barriers to successful implementation. They may well be other staff that we did not consult with who had different experiences and views. However the staff we did talk to raised concerns about the appropriateness of Family Decision Making models because:

- a high number of cases were thought to be inappropriate due to domestic violence and substance abuse among family members
- there are currently waiting lists for community support services so implementing plans will not be possible
- the process takes too long to fit with imposed time frames
- there is a feeling of "us and them" (ie child protection worker – coordinator and family)
- 'bottom lines' established by the child protection worker are changed during the conference.
- it leads to increased workload for care and protection workers
- its another new thing that we are expected to do

These are very familiar issues to those which are experienced in other jurisdictions both in Australia and overseas. The important point is that when and if Family Decision Making models are introduced earlier as a prevention strategy attention to staff's knowledge, skills and values about this form of practice will be required. If Family Decision Making is to be successfully imbedded into the system research from other places indicates that an associated change to practice is required. This needs to occur through training and explicit support for this form of practice from senior staff.

7. **A model for increasing the use of Family Decision Making practices as a prevention strategy**

7.1 What is meant by prevention in this context?

Prevention in child abuse is categorised into primary, secondary and tertiary strategies. Primary prevention strategies are universal aimed at the total population with the objective to improve the overall wellbeing of children and families. Secondary prevention attempts to identify early individuals who are at risk and aims to reduce the overall occurrence of abuse. Tertiary prevention targets families where abuse has already occurred and aims to prevent abuse from happening again and to reduce the consequences of the abuse.

A model of Family Decision Making as a prevention strategy would be expected to lead to a reduction in the need for ongoing statutory intervention, a reduction in risk to the child, a stronger reliance on collaborative practice at all points on the continuum. If practice with families in the statuary context is framed by a strengths perspective Family Decision Making models could and should be used as 'good practice' not just as a 'specialised' intervention as is currently the case.

7.2 Objectives of a prevention model

A model of Family Decision Making as a prevention strategy would include (but is not limited to) the following outcomes:

- the identification and development of a plan for linking families to services as early as possible to ensure the safety of the child
- the increased participation of children and young people in developmentally appropriate ways
- a reduction in the need for ongoing statutory intervention including the need for court intervention
- increased engagement of extended family with children in out of home
- improved relationships between family members and other systems involved in children's health and wellbeing (eg schools, health services)
- a stronger reliance on collaborative practice at all points on the continuum

7.3   A possible way forward

To differentiate between the current Family Group Conferencing practice in the ACT and our proposal we use the term Family Decision Making which includes a range of participatory decision making strategies.

It is proposed that the role of the current Family Group Conferencing Unit be expanded to include a broader range of Family Group Decision Making strategies such as

- Mediation
- Family planning meetings
- Mini conferences
- (Formal) Family Group Conferencing

The last sections of this report suggest some ideas for progressing the development of a model to increase the use of Family Decision Making strategies. **We propose that an action research framework be used to develop a FDM model and to evaluate its impact and outcomes.** Fine tuning the model requires taking what we know from the previous research and past experience of Family Group Conferencing and working with The Office to test out in practice what can work. What follows are some suggested first steps.

The proposed action research project assumes that Family Decision Making models are integral to practice and based on the principles as outlined earlier in the report.

When should these decision making strategies be used?

Family Decision Making strategies can be used at all intervention points.

The Children and Young People Act 1999 specifically states that a formal FGC may be arranged for a child or young person where the Chief Executive reasonably believes the child or young person is in need of care and protection. However, S161(2) of the Act also clearly allows the Chief Executive to undertake a broad range of family support and

planning activities which could include Family Decision Making strategies in relation to any report she receives [1].

While these strategies could be used at the earliest point of contact, ie: at the intake stage we do not canvass this option in this paper as we are aware that this would have substantial resource implications.

Which families?

The general criteria for involvement would be if families have extended family or friends and they are willing to be involved in this type of a planning process.

However for research purposes the following groups could be specifically targeted. For example:

- children and families who have been the subject of 5 or more reports and/ or
- children who are under 5 years

The research design

As discussed above there have been few quasi-experimental research projects that allow for comparisons to be made between 'traditional' planning mechanisms and Family Decision Making strategies. The implementation of FDM strategies to prevent a range of negative outcomes provides an opportunity to make direct comparisons between the two approaches. This would involve the random allocation of cases into a project group where FDM strategies are actively and consciously used and a control group where workers continue to use existing approaches (which also may or may not include participatory practices).

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[1] For example these actions include the following:

161(2)b)Providing or arranging the provision of, support services for the child or young person and, if appropriate, his or her family;

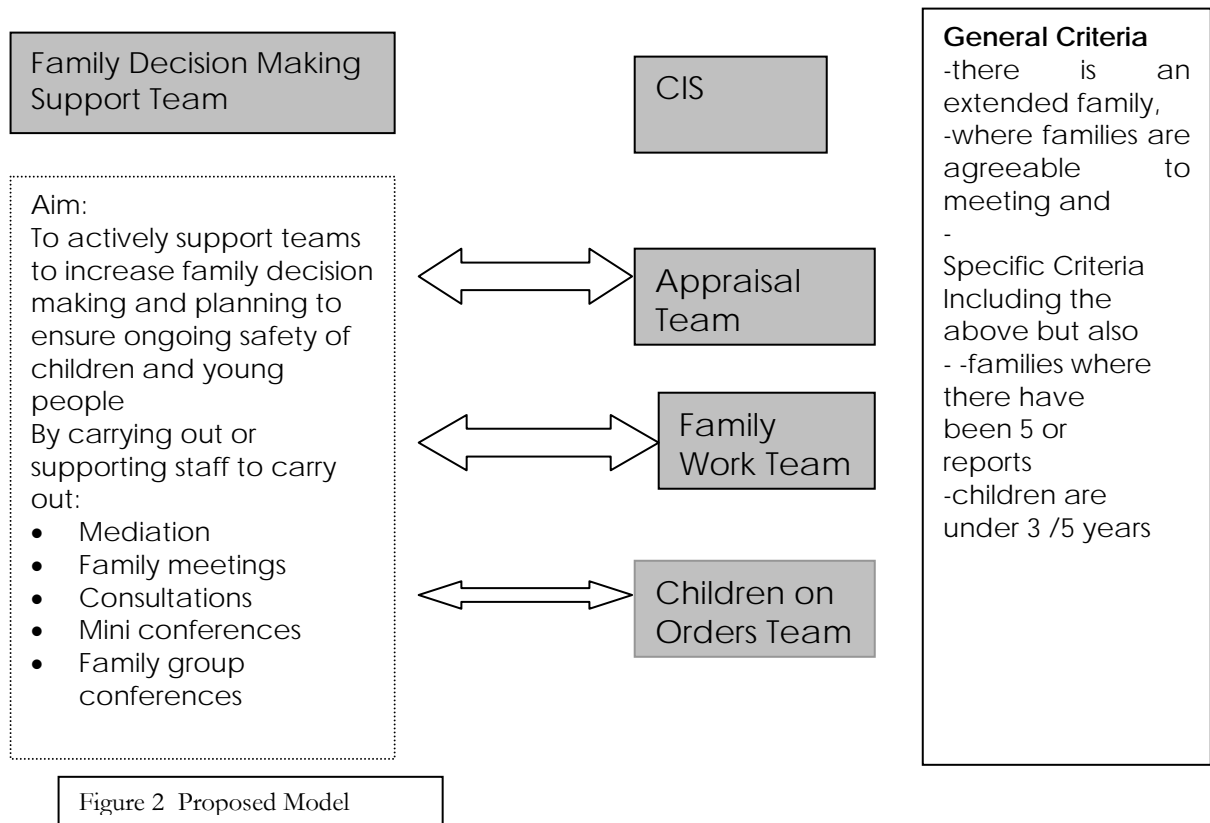161(2)(c) assisting a member of kin of the child or young person to care for him or her

161 (2) (d) developing, in consultation with a person with parental responsibility for the child or young person, if appropriate, a plan to meet the needs of the child or young person and, if appropriate his or her family that does not involve bringing the matter before a court

The decision about a sample size would require further data analysis of current numbers. A judgement could then be made about the sample size in both the 'project sample' and a control group. The sample selection process would then require workers to confirm the 2 criteria are present (have extended family, are willing to be involved in this type of planning process). The size of the final sample would need to also be decided with resource issues in mind.

A suggestion for a first cycle of action research would be to reconceptualise the current Family Group Conferencing Unit as a Family Decision Making Support Team (FDMS team).

Members of the FDMS team could be notionally attached to the appraisal, family work and children on orders teams. Their specific purpose would be to actively support teams to develop and increase the use of Family Decision Making strategies. This would happen on an ongoing basis. FDMS staff would be available to support workers to carry out particular specific activities (ie mediation, family meetings). They may in consultation with teams work with families using a variety of different participatory tools which would include formal Family Group Conferencing as defined in the Act.

Although the FDMS team would be notionally attached to other teams it would remain structurally intact and would continue to take responsibility for recruitment, selection, training and development of FDMS workers and for FDM training strategies across the Office and the sector. The Team would keep its own separate identity not unlike the Schools as Communities team.

Family Decision Making Support Team		CIS

General Criteria
-there is an extended family,
-where families are agreeable to meeting and
-
Specific Criteria
Including the above but also
- -families where there have been 5 or reports
-children are under 3 /5 years

Aim:
To actively support teams to increase family decision making and planning to ensure ongoing safety of children and young people
By carrying out or supporting staff to carry out:
- Mediation
- Family meetings
- Consultations
- Mini conferences
- Family group conferences

Appraisal Team

Family Work Team

Children on Orders Team

Figure 2 Proposed Model

There are concerns that, in practice, Family Group Conferencing has often been interpreted by professionals as an intervention of the last resort, used when all else has been tried, or employed as 'rubber-stamp' professional ideas (Nixon, 1998). A great deal of debate and training is required to shift Family Decision Making mechanisms including Family Group Conferencing from a reactive or peripheral role to one that is more central to practice and thinking. Until this occurs it is unlikely that this form of practice can play a significant prevention role.

> More work needs to be done on changing the culture in professional agencies and fundamentally the system in which they operate, if FGC plans are to really reflect families' culture, values and aspirations and not just ours.(Nixon, 1998)

8.   A case for using action research for evaluation

There are good reasons for developing an evaluation framework prior to the development and implementation of a new practice. What is required is the identification of specific information to answer performance and outcome related questions. These are questions that seek to improve practice (to ensure best outcomes) and ultimately to shape and inform public policy. What is first required before implementing strategies of

participatory Family Decision Making is the development of a clear logic model. Logic models assist policy makers, researchers and practitioners, to more clearly think about the expected pathways along which families (cases) are expected to move to bring about 'resolution', 'repair' or other articulated changes (Bazemore & Stinchcomb, 2000).

It is suggested that in line with the discussion above a collaborative action research approach to evaluation be taken. The purpose of action research is to achieve both action (that is, change) and research (that is, understanding – why something works or doesn't work). Effective action research tries to work towards effective action through good processes and appropriate participation. It tries also to collect adequate data, and interpret it well and use it to inform the next stage of implementation.

An action research evaluation is often talked about as a dynamic process: cycles of planning, acting, observing and reflecting, then planning again for a new action (Kemmis & McTaggart, 1988; Wadsworth, 1997a). To implement Family Decision Making involves a number of different cycles of questions. Each stage would go through the explicit stages of action research:

Stage 1

Development of a program logic model that clearly articulates: (See Appendix 1 we have developed a preliminary program logic model)

- the theory (why things would be expected to work)
- the intervention theory (the assumptions that underpin what gets done – why to stakeholders believe a service or activity should lead to positive changes in the current environment)
- the inputs (resources required to ensure the program works, what information is required to answer the evaluation questions)
- the outputs expected with regard to activities (what gets done) and Participation (who is involved)
- Outcomes and Impacts – short term, medium term and long term
- External factors that may impact on the program

Once this program logic has been designed the action research evaluation process can begin. The evaluation process is the link between the social theory and the experiential theory (why practitioners think things work).
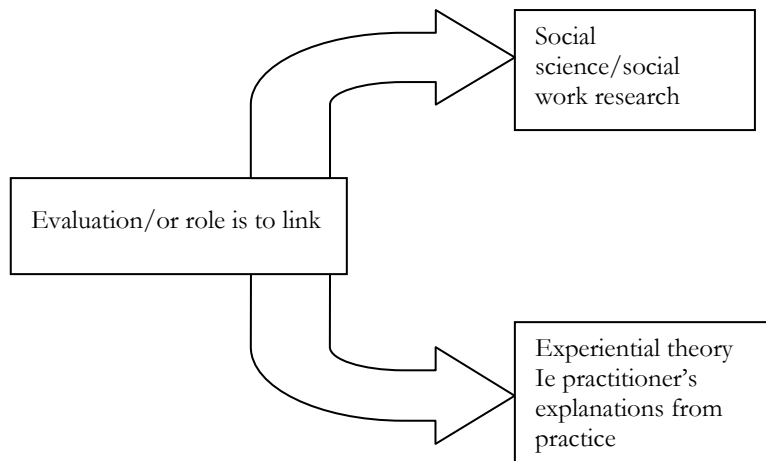

Figure 3 Relationship between Research and Practice

Stage 2

Preliminary action research questions might include:

- What it would take to imbed Family Decision Making planning mechanisms earlier in the contact with families?

- What changes need to occur to implement this as an integrated practice strategy? (what training is required), what organisational processes need to change?

- How can it be ensured that there is support from the key players in the process (families, statutory workers, non government services, senior staff)

- what would need to occur to establish a group of families where participatory planning was introduced (including Family Group Conferencing) compared to a group of families where traditional intervention occurred.

- What would it take to decide on a random allocation of cases: Control group traditional methods of intervention, project group families where Family Decision Making is utilised as a planning mechanism.

Stage 3 – implementation stage

Action research questions might include:

- What would it take to know whether Family Decision Making mechanisms are being utilized by workers at different points on the continuum?

IMPLEMENTATION EVALUATION	OBJECTIVES: to evaluate the extent to which the model of Family Decision Making can be carried out in a manner that: 1. builds support, community, and government partnerships that offer family members support, protect children , and opportunities for participating in decision making and carrying out these plans as early as possible .	
PHASES	**QUESTIONS**	**POSSIBLE DATA SOURCES**
Referrals & Preparation	What types of family participation strategies were utilised? What were families referred for? What steps were taken to prepare participants? How satisfied were participants with the preparations? How did these steps vary by family composition, etc.? Who was involved?	Recordings Reflections Evaluations Interviews Focus Groups
Participatory process	What processes took place during family meetings/conference seen as promoting safe participation and effective planning? How did these processes vary with family dynamics, number of participants, etc.? What were the costs for holding the conferences, and who paid for these costs?	Observation Reflections Evaluations Interviews File Analysis Focus Groups
Plans/impact	What were the components of plans reached at meetings? What components did project participants view as important for their approval, enactment, and success? How were plans authorized and/or revised, and did this vary by referral source, etc.?What services were able to access? What gaps in service provision were identified? What were the initial costs for implementing the plans, and who bore these costs?	Plans Interviews Focus Groups File Analysis

Stage Four

OUTCOME EVALUATION	OBJECTIVES: to evaluate the capacity of the model as used with families: How effective was family participation as a planning mechanisms for 1. in identifying and developing a plan for linking families to services 2. reducing the need for ongoing statutory intervention 3. increasing the safety and wellbeing of the child/young person 4. promoting the well-being of the Family 5. increasing effective collaborative practice.	
PHASES	**QUESTIONS**	**DATA SOURCES**
Pre-test	How do the project families compare with control group families in regards to levels of well-being?	Files/Family Interviews
6-month follow up	Since the intervention, what progress/changes have occurred in project families?	Family Interviews
1-year follow up	Since the intervention, what progress/changes have occurred in project families? Compared with control group families, what changes have taken place in project families in regard to members' well-being and further abuse?	Family & Agency Interviews

What the Institute could do to assist in carrying out this project

To support the Office in successfully carrying out this project the Institute could;

Run a workshop with key staff to develop a logic model for the new practice

Run a training workshop for staff on Action Research – what it is, how do you do it, who does it?

Facilitate staff to design the 'research project' (the sample, data instruments, analysis of data etc)

Develop data instruments, carryout data analysis,

Facilitate on going action research working group to support the research

Write up a series of progress reports

Appendix 2

Overview of evaluation research outcomes from 4 studies

Study	Sweden Sundell & Hæggmann (N= 74)	England Marsh & Crow (N = 80)	England Lupton & Stevens (N = 80)	Denmark Morthorst & Hansen (N = 40)
Preparation time (days) offered for use	35	14-28	24	34
Preparation time (hours) coordinator	23	22	23	29
Length of family group conference	4:09	2:30	2:20	4:39
The family's own phase	2:41	-	1:15	2:35
Conducted during regular working hours	27	67	86	-
Participating family members	9,5	5,8	6	8,7
Participating informants	1,3	2	1,6	3,8
Children under age 10 (%)	50	40	-	60
Children between age 10 and 15	88	90	-	100
Children over age 15	100	66	-	100
Participants/invited	78	82	-	86
Participant satisfaction	86	84	-	84
Phase 2 without administrative personnel	100	93	-	(100)
Formulated plan of action	100	93	99	100
Approved plan of action	97	100	100	97
Entire or partially completed plans of action	42	75	46	-
The child received support	61	43	-	-
Greater opportunity to help (extended family)	-	-	-	75
Greater opportunity to receive help (parents)	-	-	-	86
Placement with kin	79	31	-	-
Satisfied family members	85	-	86	84
Satisfied parents	72	-	86	84
Informant satisfaction with the plan of action	45	-	54	
Social work satisfaction with the family group conference	76		73	-

Family Group Conference outcome measures. (Current)

Immediate results

Family Agreement developed for securing the care and protection of the child/young person.

Review arrangements agreed.

Registration of Family Agreement provision in C&YP Act explained.

Empowerment via successful resolution of process

Record measure: record self reports of family members, particularly comments relating to how family power imbalances and tensions were handled.

Family support mobilised.

Record measure: record number of family members participating in process and number of available family members.

Community support mobilised.

Record measure: number of and nature of community supports.

Culture recognised and respected.

Record measure: record culture and the manner in which cultural issues are addressed during preparation for FGC eg. discussion of cultural issues with the family, arrangement of a culturally appropriate venue, support person etc).

Intermediate results/outcomes

Family Agreement distributed to family participants. If not returned, record of family comments about non return.

Review meeting held.

Family Agreement implemented or the extent to which agreement implemented –

Record measure: record wether each item of the agreement has been implemented, and if not, record changes made by family and family rationales for these changes.

Child retained within/returned to family network.

Record family expressions of motivation to seek lasting solution to child/young person's safety and well-being issues.

Ultimate results/outcomes

Incidence of re-abuse rates reported to Family Services.

Family's perception of the extent to which child/young person safety and well being issues have been met.

Record measure: record verbal reports from family.

Safety and well being needs of child/young person met.

Record measures:

. safe secure accommodation arranged and put in place;

. child/young person residing within their extended family network

family meeting has recommended to Family Services that Child in Need of Care action by taken.

Empowerment of family via their experience of Family Group Conference process.

Record measure: record verbal reports from family.

Family reports of successful management of subsequent safety and well-being issues around the child/young person.

Communal sense of engagement promoted.

Record measure: family reports of knowledge of and ease of access to services offered by agencies who had representative attend the initial FGC.

Appendix 4

Description of Number of FGC between 2000 and May 2005

REFERRED from	YEAR	FGC held	Review
NRO	2000	YES	NO RECORD
NRO	2000	YES	NO RECORD
NRO	2000	YES	YES
SRO	2000	YES	NO RECORD
NRO	2000	YES	NO RECORD
NRO	2000	NO	N/A
NRO	2001	YES (No record of Agreement)	NO RECORD
SRO	2001	YES	YES
NRO	2001	YES	YES
NRO	2001	Family Meeting (not FGC)	NO
NRO	2001	YES	NO RECORD
SRO	2001	NO	NO
SRO	2001	YES	YES
SRO	2001	Meeting (not FGC)	NO
SRO	2001	NO	NO
SRO	2001	YES	
SRO	2002	Family meeting	NO
SRO	2002	YES	YES
SRO	2002	YES	YES
?	2002	YES	YES
Adoptions	2002	NO	NO
SRO	2002	NO	NO
NRO	2002	Family Decision Making Meeting	NO
NRO	2002	YES	NO
SRO	2002	NO	NO
NRO	2002	YES	NO RECORD
SRO	2002	YES	YES
SRO	2003	Youth Networking Conference YNC	N/A
NRO	2003	YNC	N/A
SRO	2003	YNC	N/A
SRO	2003	YES	2 Reviews
NRO	2003	YES	NO
NRO	2003	NO (withdrew)	NO
SRO	2003	YNC	N/A
NRO	2003	YES	YES
NRO	2003	NO (resolved)	NO
NRO	2003	YES (2 conferences)	NO
SRO	2003	YES	NO
NRO	2003	NO (resolved)	NO
SRO	2004	YES (2 conferences)	YES
Woden Case Support Team	2004	YES	YES
SRO/Indigenous	2004	NO(cancelled)	NO
Appraisal	2004	NO (cancelled)	NO
NRO	2004	YES	YES
SRO Orders Team	2004	YES	YES

WRO - Appraisal	2004/2005	Mediation initially – incomplete	N/A
Tugg Family Work Team	2005	YES	NO (handed to DoCS)
NRO-	2005	Not completed at this stage	N/A
NRO- Family Work Team	2005	Not completed	N/A
ERO FW Team	2005		
NRO (orders Team)	2005	NO (placed on hold)	NO
TRO Family work Team	2005	YES (mediation initially – to lead to FGC)	Not complete
NRO Family Work Team	2005	Not completed	N/A
NRO Orders Team	2005	YES	YES
WRO			
NRO- Orders Team	2005	NO (withdrawn – person taken into care)	N/A
TRO Family Work team	2005	YES	YES
WRO Appraisal	2005	YES (Family meeting)	NO
NRO Appraisal	2005	YES	YES
TRO Family Work Team	2005	NO (other options taken)	N/A

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