

# *Learning with Families: A Synopsis of FGDM Research and Evaluation in Child Welfare*

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At American Humane's 2002 Family Group Decision Making Roundtable, hundreds of individuals representing 40 states and 10 countries came together to learn more about the ongoing development of this innovative approach to decision making. At this Roundtable, participants identified the need for empirical knowledge and research on FGDM to support its future implementation, practice improvement, and sustainability.

In response to this need, this special volume of *Protecting Children* has two thrusts. The first four articles present overarching philosophical and methodological considerations in FGDM research and evaluation; the remaining articles summarize a wide range of FGDM studies in action or already completed. The majority of these articles are byproducts of larger, more comprehensive reports, and thus contain contact information for the researchers, programs, or studies.

## **Linking quality practice and evaluation**

The terms *evaluation* and *research* are used

interchangeably throughout this volume. Although the authors accept that certain distinctions may be useful, they subscribe to the notion that evaluation should be an essential and inseparable component of quality practice, especially when working with important matters such as child abuse and neglect. A good fit between practice and evaluation can lead to many positive outcomes, including fleshed-out values and principles that drive or explain interventions, refined program descriptions, improvements in practice, enhanced access to services, new knowledge, identification of needed services, creation of new ways to involve service users, new practice models, the ability to estimate costs and effectiveness, and policy recommendations.

## **Community-centered evaluation**

As with most elements of the child welfare system, evaluation efforts of FGDM have been subject to changing and frequently contradictory expectations. Despite the high value of evidence-based decision making and the importance of services being based on good outcomes, too little emphasis has been given to integrating practice and evaluation. Linear models that focus on the effect of a single treatment fail to tell important parts of the story. Community-centered practice should mean community-centered evaluation. Among other things, this means that considerable effort needs to be put into understanding the effect that mobilizing extended families and other important informal helping networks has on outcomes for



children and young people and on the services themselves. FGDM offers fertile territory for evaluation efforts of family strengths and community-centered practice.

### **Description of this volume**

This volume brings together a number of creative research and program evaluations by an international slate of authors. The studies employ combined multiple-methods and multiple-indicators evaluation strategies. Data sources and collection strategies include administrative data, surveys, interviews, case record reviews, analysis of FGC Coordinator notes, family plans, focus groups, policy and procedural reviews, and case studies. Eight studies have comparison groups in their research designs to determine differences between children and families who participated in FGDM and those who received traditional services.

Authors were asked to describe their theories, methodologies, and purpose of their efforts, and to address several questions:

- What design strategies were used?
- What roles are researchers taking vis-à-vis the family members, professionals, and others who are part of the mobilization resulting from conferences?
  - What challenges and limitations are evident?
  - How are researchers tackling evaluations in this community- and family-centered context?

As expected, most of the reports describe formative or implementation evaluations aimed at improving program performance through ongoing feedback. This stands to reason given the relative infancy of FGDM and the fact that many reports are from time-limited or local demonstration projects and not part of system-wide policy or legislated initiatives. For example, evaluations regularly asked questions about family characteristics, participant satisfaction, model fidelity, implementation facilitators and barriers, case plan development,

family empowerment, program costs, and type and provider of services. This form of evaluation is an essential first step for projects in the development and implementation stages. Because of the evolutionary nature of any new practice, data are less often available in the early stages to measure client and program outcomes. However, to influence future policy, these studies should be complemented by the critical question of longer-term outcome evaluations for children and families.

To date, predominant research questions posed in the outcome studies have focused on child and family safety (measured by various indicators including re-referral rates), child permanency (measured by placement indicators over time), family functioning, predictors of program success (measured by program features and their relationship to outcomes), and child well-being (measured by child development indicators).

### **Emerging themes and patterns**

The diversity in methodologies, timeframes, research foci, and country of origin of the evaluations in this volume creates a rich source of information about practices and findings. Comparisons across studies are challenged because of the varying definitions, program objectives, legal and policy contexts, and local practices. Despite these differences, themes and patterns are emerging. The findings are divided into three broad categories: implementation, process indicators, and outcome indicators.

#### *Implementation*

##### *Initial implementation efforts require careful planning and time*

A common theme in many of the studies is that implementing FGDM takes time and perseverance, and that various planning activities are necessary to



help underpin FGDM implementation, practice, and sustainability. These activities include building a coalition of support at multiple levels in participating organizations and communities, developing consultation processes, crafting mission statements and protocols, providing information and trainings to diverse stakeholders, and identifying shared resources or funding streams. These building blocks are comparable to what is needed in other quality programming efforts.

*Strategic alliances and community partnerships support FGDM implementation*

Some programs reportedly have developed wide-ranging community involvement and consultation approaches at the grass-roots level, while others have been built from organizational imperatives or wholesale legislative change.

The development of partnerships and alliances is reported in many of the studies as an essential step in gaining local and sponsoring-agency ownership and commitment and in identifying shared resources and skills that contribute to the implementation of FGDM. Increasingly in the United States, the court is a supportive and influential partner in the advancement of this practice. In Europe, the government has played a crucial role in commissioning practice and evaluation. Communities that apply a dual strategy where top-down and bottom-up support and leadership converges have critical partnerships to sustain FGDM.

*A minimal number of families get to have a conference*

Many of the programs are small demonstration or pilot projects, and an increasing number of US and European sites are expanding FGDM into multiple counties, offices, and regions; however, the number of families receiving FGDM remains low.

This translates to small target populations in the initial evaluation and puts pressure on administrators to justify the use of FGDM.

*FGDM can be used safely and successfully with families that have multiple and high challenges*

The majority of projects employ an expansive selection criteria and appear to implement FGDM with a wide range of issues and severity of cases. Researchers in many cases judged FGC cohorts to have a similar profile of “need” as other children and families who were in contact with social work agencies but did not have the opportunity for FGC. Numerous studies show that children participating in FGCs have the same or greater level of risk than those in average child welfare cases. While there is evidence that a number of programs screen sexual abuse and domestic violence cases from participating in FGC processes, it appears that, with experience, many programs expand the use of FGC to include these types of cases perceived to be more challenging.

*The Coordinator plays a significant role in the FGC process*

It has long been hypothesized that the Coordinator’s role in the FGC process directly correlates to outcomes. One research study shows that the perception of facilitator effectiveness is a statistically significant predictor of success for parents, family members, friends, professionals, and providers.

The studies show a specific interest in determining whether there is a preferred model for the provision of FGC Coordinators. Some projects use a wide and diverse range of community and non-social work coordinators, while others locate coordinators in social work agencies. There is no consensus on the best way to provide coordinators for FGCs, but most of these reports agree that



whichever model is adopted must be shaped by the context in which the work is being introduced.

The wide and diverse range of Coordinator provisions may be one of the key diversions from the FGC model as it was first implemented in New Zealand. There, a coordinating social worker is appointed to oversee the implementation of a legal process that coined the name Family Group Conference. The coordinating social worker has legal responsibility and power for convening the conference.

### *Evaluations are adapting to practice variations*

In the absence of an explicit legislative mandate for FGC, wide differences in policy and practice have emerged in relation to how and why FGCs are used. Local context will shape FGC for local needs, and most implementation has introduced FGC as a “good practice” rather than a legal construct. Adapting the practice to local culture may ensure the sustainability and goodness-of-fit of the model, and this necessitates that evaluation efforts be fitted in the same way.

Researchers need to be attentive to practice definitions and work with practitioners to make explicit how the program elements tie with the theory and logic of the intervention. The costs of determining whether local embellishments actually make a significant difference in outcomes can be high.

### *Families are virtually invisible partners in early implementation efforts*

Thus far, the majority of studies reveal an absence of families’ voices in building, improving, and sustaining FGDM processes. Involving families and wide sections of the community as partners in implementation is congruent with FGC principles, but difficult to put into practice. For most agencies under pressure to deliver organizational goals,

involvement of service users at the beginning of implementation may be seen as time-consuming and costly.

The extent to which children, families, and communities can be more fully involved from the outset in planning, executing, and analyzing evaluations is a key challenge for projects. Adams (2003), for example, argues that, “Empowering evaluation must involve the major stakeholders, including service users, from its earliest stage.”

### *FGDM remains a marginalized practice*

To date, it appears there are many FGDM projects and perhaps too few FGC services for families. Given the overwhelming positive results found in FGDM evaluation and research, surely a key question for communities is how to move FGDM from the margins into mainstream practice.

Communities struggle to adopt the practice in a more wholesale fashion. The vast professional investment is in “tried and tested” decision-making approaches that place power and sanction in the control of professionals. In this inherently risky and uncertain area of practice, it may be considered too difficult to adopt changes in policy that challenge the very assumptions that services, organizations, institutions, and structures have been built upon since the emergence of the welfare state.

New Zealand and Ireland used radical legislative change to bring FGC into the mainstream. The primary driving force for this change was political rather than evidence-based. It was a debate about people’s rights, rather than evidence of “what works,” that fundamentally influenced the outcome and the political process. It is notable also that in these countries the gap between government, professionals, and community is relatively narrow. In the absence of legislation granting families a right to participate in shaping their plans, many



evaluators raise concerns that the practice and the families will continue to be marginalized. A multi-faceted approach that mobilizes the research findings, coupled with an emphasis on family rights to create plans, perhaps provides a strategy for creating credibility and sustainability for this practice.

### *Process indicators*

#### *Preparation of participants is crucial to a successful conference*

Preparation has long been viewed as a cornerstone because it helps actualize FGC theory. Comprehensive preparation casts FGC as a democratic, community-building process that promotes family leadership. It provides the platform for families to understand their role as decision makers and creates a climate of safety for the FGC. The research appears to support this theory; multiple studies demonstrate the breadth and depth of preparation by communities and its positive impact on FGDM. Scant literature, however, exists on the preparation of professionals and providers who participate in an FGC. A logistical regression analysis in one study shows that professionals and providers' clear understanding of the purpose of an FGC is a statistically significant factor in predicting its success. This finding supports the notion that, as a constituency, professionals and providers require sufficient preparation pre-FGC.

#### *Family members come when invited even though it can be stressful*

In most program startups, the concern is raised that local families might not be willing to respond to invitations to attend conferences. Virtually every study shows this to be an unfounded concern. Good information and comprehensive preparation is

linked to family attendance. Family participation at FGCs is consistently high, with families attending and participating in FGCs in greater numbers than in other forms of decision-making meetings.

#### *Balance in the number of family members and professionals is needed*

The studies also pay careful attention to the number of family members who participate in comparison to the numbers of professionals. Because of concerns that too many professionals will dominate the FGC and diminish the family's ownership of the process, this balance is an important indicator. However, there is also agreement that professionals do need to be represented to ensure that the family is adequately informed about the critical child protection concern and about the resources available to them. The studies reinforce that comprehensive preparation, good information, and respectful treatment are all cornerstones of positive outcomes.

#### *Families develop plans that are seen to be safe*

A critical question for FGDM is whether the process keeps children safe. Theory suggests that sharing information with a wider group of decision makers and supporters correlates to increased safety of plans. For all of the studies that measured this process indicator, this hypothesis tested true. Consistent with international literature, the studies in this volume show that the vast majority of plans are accepted by referring social workers as achieving standards of child safety. On average, only 5% of FGC plans are not accepted by authorities, and very few FGCs result in no plan being developed.



*FGC plans blend requests for formal services with family-delivered supports*

The studies show that FGC plans frequently include both family-provided resources and supports and requests for formal services from a range of agencies. Many of the studies show that FGDM does not diminish the need for formal services provided by statutory or community-based agencies and that FGC is not an alternative to providing quality services to children and families.

Rather, the practice is a way of improving the fit between people and the real needs of the people involved. FGDM should improve access to services, strengthen the plan's follow-through, invoke concrete and symbolic help from family and community members, and even contribute individually and in aggregate form to evaluation and program planning efforts.

Indeed the majority of studies show that plans resulting from FGCs demonstrate a high level of direct and practical support from family members, clearly showing family commitment to helping their own. However, these resources and supports cannot replace the need for, nor serve as a rationale to decrease, formal services provided to families. FGDM should not be conceptualized as a professional "tool" to extract resources from families. Services should not be diminished, but instead should be more flexible to respond to the identified family needs.

*Family plans are rich, diverse, and original*

Researchers have asked whether FGC decisions are radically different in structure and composition from those of orthodox professional planning

processes. Do FGC decisions look unique to families' needs and wishes or are they ultimately shaped and guided by the behaviors of professionals and agencies? The studies show that the service needs identified by families in FGC plans challenged the typical pre-purchased service structures.

*Private family time is embraced as an essential element of the FGC process*

In the mid 1990s, particularly in the United States where various family involvement models converged simultaneously, the significance of private family time as part of FGC was vigorously debated. These studies demonstrate considerable support for the use of private family time as an essential element. This support is argued as a matter of a family's right to deliberate in private without being influenced by professionals.

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*Information sharing processes need critical review*

These studies show there is an increasing number of key practice questions about the amount, type, and quality of information presented before and at FGCs and how this impacts the outputs and the decision-making process. This is a particularly relevant question in many US communities that have blended FGC with more prescriptive and heavily facilitated models of family involvement. Some questions that may warrant further study include:

- Do FGC plans vary based on the type of professional input in the information sharing phase?
- Is the information sharing phase being used to increase the likelihood of family leadership or to discourage self-autonomy?



*Family members are satisfied with the process*

There is considerable across-studies agreement that families are highly satisfied with most aspects of FGC. They report that their feelings are respected, they have influence in decisions, and the decision process is fair. Moreover, satisfaction ratings are very positive and similar, which is notable given that practice is developing in a wide variety of cultural, organizational, practice, and legal contexts.

Child welfare agencies constantly struggle with the public's negative perceptions of their functions. But FGCs appear to successfully engage professionals with families in a way that reduces conflict between the two. Family satisfaction ratings are related to, among other things, the family's perception of the helpfulness, respect, usefulness, and fairness of FGC. While these data are promising and represent shifts in family-agency relationships, satisfaction ratings require measurement over time to allow participants to reflect on the longer-term impact and outcomes of FGC.

*Family members perceive they have considerable voice and decision-making authority in FGC*

Through the preparation phase and private family time, FGC processes are deliberately structured to maximize family voice and decision-making authority and create opportunities that promote family leadership. Evaluations have explored the extent to which FGC practice has achieved the operation of these principles. Various studies, using data from surveys, focus groups, and interviews, indicate that the majority of family members are satisfied with their influence on the decision-making process. Further, family members express comfort in sharing their perspectives.

*Children's involvement and participation vary considerably*

FGDM presents a rich opportunity for researchers to more fully understand and appreciate communication in families in a cultural context. This practice makes visible the considerable complexity in understanding how children's voices can be heard. A number of descriptive studies show variations, and much is yet to be learned. The variation in child involvement in FGDM may correlate to cultural differences in attitudes and organizational and practice assumptions.

Some researchers express concern that children's perspectives and contributions might be overlooked or restricted at FGCs and that the process might, under certain circumstances, make children more vulnerable. Other studies note culturally appropriate strategies for ensuring that children's voices are included. Research is needed to more carefully explore the actual benefits and costs to children of being more fully involved in FGC, learn what methods effectively and safely engage them as participants, and find ways to involve them in research development and design that can guide future directions for policy and practice.

*FGCs increase the involvement of fathers and paternal relatives*

For decades, the child welfare system has been criticized for being maternal-centered, focusing interventions, including those that blame, on mothers and not involving fathers and their relatives. Family group conferencing, as legislated in New Zealand and practiced elsewhere, asserts that anyone related to the child has a right to participate in an FGC. Coupled with this philosophy



is the practice of comprehensive preparation to include maternal and paternal relations at the FGC. Therefore, it is not surprising that various studies demonstrate a high level of father and paternal relation involvement in FGC.

### *Social workers and service providers are satisfied with the process*

Social workers are an important yet often overlooked partner in FGDM. Their multiple roles of referring, approving, and resourcing plans and following up with families are all essential components of the process. The studies overwhelmingly demonstrate that social workers and service providers are satisfied with FGC. How satisfaction is measured varies across studies, but has typically revolved around the providers' role, level of say, voice, influence, perception of the conference as a positive experience, and assessment of the plans in providing for safety and permanency for children. Social workers report reduced conflict with families and increased service coordination after FGCs.

### *Social worker rates of referrals fluctuate*

The studies report that social workers who participate in FGCs are satisfied with the process and are likely to refer other families. However, there also is evidence that many programs struggle with social workers not referring families for FGCs due to lack of time; fear about personal liability and other risks; concerns that its use will increase their workload; and lack of support for the process. Since issues of time and workload generally lessen for social workers involved in FGCs, it is more likely that social workers' lack of referrals relates to value and philosophical differences. Undoubtedly, FGCs challenge predominant child welfare practice and,

therefore, can initially be an intimidating process for social workers. Identifying promising methods for increasing social worker buy-in may make the process more fair and give more families the opportunity to participate.

### *Referral processes need further review*

A number of these studies suggest that FGC referral practices need review. One concern is the high percentage of families that are referred to, but ultimately do not partake in, FGC. This occurrence likely correlates to the process being voluntary. In addition, a limited number of studies show that Caucasian families disproportionately partake in FGC when compared to minority populations. These cautions suggest the need for agency-wide FGC training in both process and values, a critical review of which factors correlate to the decrease between the number of referrals and the FGCs, and a careful investigation of potential bias in referrals.

### *Family group conferencing provides cost neutrality or savings*

The cost of family group conferencing, compared to other child welfare programs, is considered in a few studies. They report FGC as being cost neutral or as providing cost savings. As with virtually all child welfare research, challenges and methodologies of ascertaining comparative costs are costly and complex. It is hopeful that future studies will supply additional and more rigorous cost data.

### *Outcome indicators*

While there is a growing consensus on some process issues, there is less so on outcomes. Assessing and understanding outcomes in human services is a challenging undertaking. At the same



time, FGDM researchers are faced with the need to demonstrate the efficacy of this work and to be accountable to the children and families they serve, as well as to the public and funders.

*Family group conferences compare favorably in providing child safety*

Theorists have hypothesized that child safety can be adequately assured through FGC. They suggest that the wider family circle's influence on plan development, implementation, and follow-through will translate to an enhanced, more comprehensive network to keep children safe. A number of studies report reductions in re-abuse rates for FGC children in comparison to non-FGC children.

*For children who require out-of-home placement, a high percentage remain with extended family*

If families are offered the opportunity to create solutions to child maltreatment concerns, it is believed that they will demonstrate a preference for caring for their family's children, if needed. This outcome is documented in studies in all countries where FGC studies have been performed. While FGC maximizes family participation in creating safety and permanency for children, it is not synonymous with kinship care. Cautions should be heeded in advancing FGC as a way to decrease foster care costs. The studies show that families come up with what they think is best for children, even when that means recommending temporary or permanent non-family placement. The studies also show an increase in relative care, but they show that relative care should not be presumed or prescribed. Families should be given all the critical information to construct safe, permanent plans that may or may not include kinship care.

*FGC plans create stability for children*

Child welfare systems worldwide strive, but continually struggle, to create stable placements for children in out-of-home care. Children's placements, as a result of FGC reported in this volume, are stable over time with children experiencing minimal or a decrease in moves, when compared to traditional samples. Since placement stability correlates to children's overall well-being, this finding is particularly promising as a way to decrease placement disruptions. Various studies also show that FGC results in children being reunified with their parents.

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**FGC is seen to reduce the time children spend awaiting permanency.**

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*FGC provides timely decisions and results*

Around the globe, child welfare systems have been criticized for their inability to quickly achieve permanency of placement for children. Even

with major policy reforms, children linger in foster care for unacceptable periods. In the few studies that have sufficiently focused on this issue, FGC is seen to reduce the time children spend awaiting permanency.

*FGC increases family supports and helps family functioning*

During FGC, family capabilities, strengths, and resources are harnessed during a deliberative decision-making process. This has resulted in families providing greater support and enhancing their social support networks. Many studies report that a welcome byproduct of FGC is that families report increased connection, unity, and problem-solving capacities post-FGC. Families rally around a collective cause, hold family members accountable, and improve their communication.



### *FGC safeguards other family members*

Domestic violence and child protection response systems frequently function independently and in conflict with each other. Family group conferencing provides both systems with a cohesive, integrated approach that involves the range of victims' social networks, including extended family and community in keeping vulnerable populations safe. Because some FGC projects screen out cases that involve domestic violence and because FGC research is in embryonic stages, the family violence indicator has been minimally studied. One study presented here provides evidence that, for families participating in FGC, indicators of family violence decreased. This outcome, coupled with other well-being indicators, needs further study.

### **Conclusion**

Collectively, the results of the studies in this volume reinforce and realize many of the hopes held for FGC in child welfare. They undermine myths that have persisted to exclude families from planning processes. Families can and do participate, develop sound plans, and follow through with offers of support especially in caring for their young relatives. And families' views of what needs to be done typically agree with those of professionals who participate in FGC. This finding alone should raise the universal interest of child welfare administrators and social workers.

Treating families respectfully and involving them in this way can reduce social worker burnout and turnover in child protective services. Yet the views that families are pathological sources of damage to their children and cannot be trusted to work as partners persist and serve to maintain existing expert and bureaucratically driven approaches to reporting, investigating, and responding to abuse and neglect. The evidence in this volume offers

considerable support for the advancement of FGC and good reasons to further mainstream its practice. While there is only emerging proof that children are well-served in the long run, the early results compare favorably to those of existing practices.

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