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I. INTRODUCTION

The use of Family Group Conferences (FGC) to address difficulties facing children, young people and their families has widened considerably in the past decade. Family Group Conferencing, and its many elaborations, are increasingly used in a wide range of jurisdictions and communities as an approach to problem solving and decision-making. In 2003 and 2004 a World Wide Web (WWW) survey was conducted to take a ‘snapshot’ of information about developments in FGCs and patterns and trends around the globe.

The survey was organised into four main themes: implementation, practice, research, and future prospects. It aimed to describe existing policies, practices and evaluation efforts on the use of family group conferences and related practices internationally.

A word about language and spelling in the report is necessary. The reader will find that the grammar and spellings throughout the document are decidedly North Mid-Atlantic, that is, switches in convention are made back and forth. For example, the reader may find that a word like organisation might be spelled organization, centered might change to centred, or program might change to programme but hopefully, after these examples, not in the same sentence. The final outcome of a spelling was probably most often related to which author’s spell checker was used in the final instance on a particular section. Such could no doubt be said about sentence structure as well.

II. BACKGROUND AND RELEVANT LITERATURE

Despite the relatively recent formal appearance of conferencing and related practices, evidence supports their expansion and thoughtful development. A growing body of research and evaluation evidence demonstrates the importance of positive working relationships between families and professionals in producing good outcomes for children and young people. Studies in the UK support the notion that the quality of the relationship between the child’s family and the professionals is paramount to successful outcomes (Department of Health, 1991, 1995). In the USA family involvement is associated with positive outcomes in the 2001 and 2002 Child and Family Service Reviews and Outcome indicators (Milner, 2003), and family group conferencing is supported as a best practice by the Office of Juvenile Justice and Delinquency Prevention, as reported by Beyer (2003), and by the Child Welfare League of America (CWLA, 2003). Family group conferencing has considerable appeal internationally (Braithwaite, 2002; Burford & Hudson, 2000) and a growing evidential base (Braithwaite, 2002; Merkel-Holguin, Nixon, Burford, 2003a, 2003b).

At the same time, however, there is a sense that the practical attraction of the approach is outrunning the development of sound theory and evaluation. Since its first legislated appearance in New Zealand in 1989 in the Children and Young
Person’s Act, the approach has been gradually embraced in many countries and settings throughout the world. The idea for this study came about as a recommendation from one of the American Humane Association’s national conferences on family group decision-making. It was suggested from the floor at that conference that a survey be made of programs internationally to ascertain who is doing what and with what results? This question may sound simple but it is a complex undertaking. Advocates of conferencing practices hail from a wide variety of cultural and national settings, policy and legislative frameworks, and have introduced conferencing practices over the past 15 years with a wide variety of target audiences under varied, and varying, conditions of practice.

New Zealand ‘trail blazed’ this approach making FGC a legal construct within which rights, obligations and duties were conferred on families and professionals. The approach captured international interest galvanized much family-centered thinking and practice around the globe, and paved the way for the wider development of FGC practice since the early 1990’s. While other child care jurisdictions have taken on FGC with enthusiasm, practice and policy have largely been shaped within a context of local services and culture. In an official child care agency context, largely driven by risk averse and deficit models of practice, lawyers, managers and those removed from close proximity to children and families have increasingly taken over the decision-making functions, including, in many instances, where attempts have been made to bring the family front and center in shaping plans for children. Like other empowerment oriented practices, FGC practice appears vulnerable to legal and professional colonization especially in situations where it is grafted on to existing traditional practice.

Clearly, comparing conferencing practices in different locations is not always comparing like with like. A wide range of definitions of conferencing and its use and practice was evident from the outset.

III. METHODOLOGY AND SAMPLE

A letter of introduction and invitation (Appendix A) was sent out by E-mail to a list of contact persons known by the two principal investigators to be involved in some capacity with family group and/or restorative justice conferencing. Recipients were given a www link address and were asked to fill out an online survey (Appendix B). The questionnaire was created by the authors and finalized after inviting a small group of international researchers and consultants for their suggestions on its design and content. The on-line survey used Pegasus software which enabled the respondent to create a password thereby protecting their identity if they so desired, but also allowed them to retrieve the document prior to final submission if its completion required more than one on-line session. The software allows for aggregation of quantitative and qualitative data for statistical and content analysis respectively.
In all, 225 respondents from 17 countries completed the instrument in part or whole and submitted it electronically. A breakdown of the responses by country is included in the following table.

<table>
<thead>
<tr>
<th>Country of Respondent</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Australia</td>
<td>9</td>
</tr>
<tr>
<td>Belgium</td>
<td>1</td>
</tr>
<tr>
<td>Brazil</td>
<td>1</td>
</tr>
<tr>
<td>Canada</td>
<td>32</td>
</tr>
<tr>
<td>Denmark</td>
<td>1</td>
</tr>
<tr>
<td>Finland</td>
<td>1</td>
</tr>
<tr>
<td>Ireland</td>
<td>2</td>
</tr>
<tr>
<td>Israel</td>
<td>2</td>
</tr>
<tr>
<td>Netherlands</td>
<td>1</td>
</tr>
<tr>
<td>New Zealand</td>
<td>9</td>
</tr>
<tr>
<td>Norway</td>
<td>1</td>
</tr>
<tr>
<td>Puerto Rico</td>
<td>1</td>
</tr>
<tr>
<td>Saudi Arabia</td>
<td>1</td>
</tr>
<tr>
<td>South Africa</td>
<td>1</td>
</tr>
<tr>
<td>Sweden</td>
<td>1</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>18</td>
</tr>
<tr>
<td>United States</td>
<td>143</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>225</strong></td>
</tr>
</tbody>
</table>

While the table illustrates a wide range of countries using the FGC, and related practices, it is notable that most respondents were from USA, Canada and UK. This is certainly reflective of the way in which respondents were identified in the methodology. Obviously, the number of respondents from a particular county tells little about the state of or the extent of practice in that country. For example, New Zealand, where FGC practice is mandated by law had 9 respondents. While the survey was enormously constrained by a lack of time and resources, and is in no way representative of what is happening around the globe, it does provide a snapshot at one point in time of what was happening with FGC in a diverse range of services and projects.

A second letter of invitation which included an additional instrument (Appendix C) was sent out to a sub-group of 72 respondents who said in the first survey that they were using conferencing in situations of domestic or family violence. The principal investigators were so surprised by that number, that it prompted further investigation. Sixteen persons responded to that second invitation. The results of that supplemental survey are reported under the section heading Domestic/Family Violence in this report.

The first three questions aimed to establish how far along in practicing conferencing the respondents were, hence, they were asked to approximate how
many conferences had been conducted in total, how many in the past year, and in what year they started.

**B18. How many FGCs have been conducted overall?**

<table>
<thead>
<tr>
<th>Number of conferences</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 1 and 10</td>
<td>88</td>
</tr>
<tr>
<td>Between 11 and 20</td>
<td>32</td>
</tr>
<tr>
<td>Between 21 and 30</td>
<td>8</td>
</tr>
<tr>
<td>Between 31 and 40</td>
<td>12</td>
</tr>
<tr>
<td>More than 40</td>
<td>48</td>
</tr>
</tbody>
</table>

Clearly, New Zealand, where conferencing has been set into law, practice far outstrips all other projects. Respondents from NZ estimated the number of conferences to be in the “thousands”. Some projects or services have been running as long or nearly as long as New Zealand, but none come close to the extent of practice in that country.

Of note, is that 88 of the 196 respondents who gave a number had carried out less than ten conferences and 32 had carried out less than twenty.

Given the time and investment in the projects that reported, the number of conferences that have been held or are being held on an annual basis is really quite small, despite, as we see later, all the work that has gone into planning and implementing this approach. Clearly, the presence of the legislation in New Zealand, where the number of conferences ran into the thousands, drives the practice. Making the shift from the margins to the mainstream in FGC practice may well require a legislation to make them happen. Even those areas that have been running conferences for many years without the benefit of legislation, giving families a right to be present at decisions does not come near to the numbers, account taken of proportionality, that have been achieved in New Zealand. This has clear implications for policy makers and strategic planners.

While numbers of conferences held is not a measure of success in itself, it does indicate the financial and organisational commitment to the inclusion of families in decision making and the extent to which family involvement has been successfully implemented. It may also tell us something about the size of the challenge to organisations in introducing FGC and in changing orthodox practice.

**B19. How many FGCs have been conducted in the last calendar year?**

<table>
<thead>
<tr>
<th>Number of conferences</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between 1 and 10</td>
<td>112</td>
</tr>
<tr>
<td>Between 11 and 20</td>
<td>21</td>
</tr>
<tr>
<td>Between 21 and 30</td>
<td>10</td>
</tr>
<tr>
<td>Between 31 and 40</td>
<td>10</td>
</tr>
</tbody>
</table>
The responses to this question tell us the extent to which the service was developing at the time the survey was carried out. A great number of programs have carried out very few conferences.

**B20. In what year did you start conducting FGCs?**

<table>
<thead>
<tr>
<th>Year</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>2003</td>
<td>2</td>
</tr>
<tr>
<td>2002</td>
<td>36</td>
</tr>
<tr>
<td>2001</td>
<td>33</td>
</tr>
<tr>
<td>2000</td>
<td>42</td>
</tr>
<tr>
<td>1999</td>
<td>19</td>
</tr>
<tr>
<td>1998</td>
<td>24</td>
</tr>
<tr>
<td>1997</td>
<td>13</td>
</tr>
<tr>
<td>1996</td>
<td>12</td>
</tr>
<tr>
<td>1995</td>
<td>4</td>
</tr>
<tr>
<td>1994</td>
<td>2</td>
</tr>
<tr>
<td>1993</td>
<td>3</td>
</tr>
<tr>
<td>1991</td>
<td>1</td>
</tr>
<tr>
<td>1990</td>
<td>1</td>
</tr>
<tr>
<td>Pre 1990</td>
<td>8</td>
</tr>
<tr>
<td>No response</td>
<td>25</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>225</strong></td>
</tr>
</tbody>
</table>

The above table suggests that there has probably been a dramatic increase in the numbers of programs that want to try out conferences especially since 1998.

Respondents were asked to write in the title of their job. Responses ranged considerably. The following table summarizes the responses.

<table>
<thead>
<tr>
<th>Position</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference Coordinator/Facilitator</td>
<td>81</td>
</tr>
<tr>
<td>Administrator/Manager/Supervisor</td>
<td>72</td>
</tr>
<tr>
<td>Researcher/Evaluator</td>
<td>22</td>
</tr>
<tr>
<td>Combinations</td>
<td>15</td>
</tr>
<tr>
<td>Consultants</td>
<td>7</td>
</tr>
<tr>
<td>Other</td>
<td>15</td>
</tr>
<tr>
<td>Missing</td>
<td>13</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>225</strong></td>
</tr>
</tbody>
</table>

The following are examples of written-in responses that were classified as “Combinations”:
All of the above [meaning all 3 of the choices].

Community Partnership Project Director and Community Family Support Meeting Coordinator.

Coordinator/Facilitator.

Trainer/Facilitator and Trainer/Practitioner and Trainer/Coordinator.

Program Manager/Facilitator.

Clinician/Researcher.

The following are examples of responses that were classified as “Other”:

Guardian ad litem/Attorney (2).

Judiciary.

Judge.

Lecturer.

Victim Support Worker.

Independent Mediator.

We promote FGCs.

Prison Chaplain.

Probation Officer (3).

School Psychologist.

Community Volunteer.

One respondent identified him or herself as: Participant.

IV. FINDINGS

A. IMPLEMENTATION

A1. What prompted interest in your conferencing program?
The following table summarizes the respondent’s written answers to this question.

<table>
<thead>
<tr>
<th>What prompted your interest?</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Word of mouth about conferencing</td>
<td>57</td>
</tr>
<tr>
<td>Values, strengths-based approach</td>
<td>48</td>
</tr>
<tr>
<td>Frustration/no-confidence in current system and practices</td>
<td>46</td>
</tr>
<tr>
<td>Attended conference/lecture and got interested</td>
<td>43</td>
</tr>
<tr>
<td>Researching other options</td>
<td>28</td>
</tr>
<tr>
<td>Wanted better and lasting results</td>
<td>25</td>
</tr>
<tr>
<td>Seeking alternatives to current system</td>
<td>24</td>
</tr>
<tr>
<td>Top down directives</td>
<td>10</td>
</tr>
<tr>
<td>Legislation was enacted</td>
<td>9</td>
</tr>
</tbody>
</table>

One-hundred ninety-one respondents wrote in something on this question. Many, identified multiple reasons prompting their interests, hence, the codes reflected in the table do not add up to the number of respondents. In general, respondents embraced conferencing for a variety of reasons but mainly there is a view that existing practices in a variety of systems are not getting good outcomes, are costly, and reflect values that promote exclusion of affected parties from decision making, and over-emphasize the involvement of experts in solving family and community problems.

One respondent from New Zealand, where FGC is legislated, observed that:

*Underpinning The Children Act of 1989 was the concept of partnership, but in practice this was an extremely difficult objective. FGCs offered a mechanism that would support and encourage partnership practice in a way that existing decision making mechanisms failed to do.*

*There was a clear need in the community to develop a more meaningful and culturally-relevant mechanism for dealing with conflict. While there are many things about community conferencing which are also culturally problematic in this community and cultural setting, it is better than an adversarial criminal justice structure!*

Evidence that New Zealanders were being approached to share their experiences internationally through conferences and training opportunities were revealed in this rather typical response:

*Local authority Assistant Director attended international conference, commissioned service. I attended workshop led by Maoris talking about FGCs.*
Many named someone who had either been to New Zealand who had introduced the ideas locally or had attended trainings by New Zealander’s in their country as the catalyst.

Other typical responses included:

*We wanted to work with victims and youthful offenders outside the court system, in a quick and meaningful way, using a restorative justice philosophy.*

*My dissatisfaction with the interventions that child protection agencies make into the lives of children.*

*It seemed wise and rational, pragmatic and democratic. It was in line with my own thinking. It was in many ways just how I would like to have been treated.*

*I loved the process when I first heard about it; the fact that it is based on the principles of empowering families and building on their strengths.*

*The needs of the families that we service and a sense that they were not being respected and empowered by traditional approaches.*

*First of all that it’s a strength based model that brings the family into the decision making for their children. It feels like social work. Family’s walk away with a plan that is individually tailored to their needs, not just a cookie cutter approach to working with families.*

**A2. What did you hope to achieve through the use of FGC? What were the goals and objectives?**

Nearly every respondent offered something on this question. The themes are found in the following table. Again, many respondents identified multiple hopes and goals.

<table>
<thead>
<tr>
<th>What did you hope to achieve?</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empower families and all affected by crime/wrongdoing</td>
<td>56</td>
</tr>
<tr>
<td>Increased extended family/local social network involvement</td>
<td>35</td>
</tr>
<tr>
<td>Reduce state control/removing children/current harms</td>
<td>33</td>
</tr>
<tr>
<td>Repair harm to victims/keep children safe</td>
<td>31</td>
</tr>
<tr>
<td>Options to existing system</td>
<td>15</td>
</tr>
<tr>
<td>Keep families together</td>
<td>15</td>
</tr>
<tr>
<td>Hold offenders accountable</td>
<td>14</td>
</tr>
<tr>
<td>Build support networks</td>
<td>14</td>
</tr>
</tbody>
</table>
Examples of responses included:

A better way of working with families giving them back power to change things which they will benefit the lives of their children and themselves.

I hope to build confidence and support in each local community for a variety of restorative approaches to conflict and crime.

To provide an opportunity for parents/families to have more input into their services...to assist in placement of youth within their biological families rather than in stranger care.

The ultimate aim is to keep children safe and well protected and if possible connected to their kin group. To assist families to take positive control of their lives and to have significant parts to play in the planning for their children even when they cannot be placed with their kin group, and to mobilize families and their networks to support their vulnerable family members.

To reduce the rate of recidivism among the juvenile population and to prevent crime.

To achieve safety and permanency for kids.

A3. What were the significant milestones [events, barriers, boosts] in your implementation or start up?

One-hundred eighty-six respondents wrote in something on this question. The table below summarizes responses to the part of the question that addressed boosts and milestones:

<table>
<thead>
<tr>
<th>Significant milestones in your implementation/start-up</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Got funding and resources</td>
<td>71</td>
</tr>
<tr>
<td>Buy-in/support from top down</td>
<td>69</td>
</tr>
<tr>
<td>Pilot project stated/initial success with first meetings</td>
<td>34</td>
</tr>
<tr>
<td>Excitement, enthusiasm, perseverance about empowerment work</td>
<td>25</td>
</tr>
<tr>
<td>Partnership formed</td>
<td>25</td>
</tr>
<tr>
<td>Legislation enacted</td>
<td>8</td>
</tr>
<tr>
<td>Agency policy changed</td>
<td>7</td>
</tr>
</tbody>
</table>

[We got] active ‘buy-in’ of justice system players – probation administrators and officers, judges, legal aid lawyers, crown. They became advocates and champions...and cleared the systemic
roadblocks on our behalf – for us this support has been immeasurably important.

Having committed and passionate staff people and volunteers working together.

Having committed and supportive managers was seen as an important boost to making projects work.

Supportive and committed management….local mentors within FGC network

Local managers were either boosts or barriers. Major barrier was different managers having different ideas about how FGC should be used.

Having a person who was enthusiastic and became the face of the project and getting out and talking to anyone who would listen, giving feedback to the referring agents about the progress of cases.

The excitement of a first conference or getting key support from an individual or an organization registered with some respondents:

The first actual family group conference. . .the social worker’s notion of responsibility and control – vulnerability especially parents and children – the energy that most of the participants experienced.

Getting a couple of solid successes under my belt. The barriers still exist but the door is open.

Having experiences or examples and stories of conferences had profound effects on participants:

Working with a family in which one cousin had murdered the other cousin while under the influence of alcohol at a party. The family was torn apart and the conferencing helped begin family and soon community healing from this tragedy.

Having community involvement and support was a boost for many projects and services

There is a great deal of enthusiasm in the community for the use of these meetings

Involvement of the entire community of service providers including the legal system
In New Zealand the introduction of new laws requiring the use of FGC as a culturally competent model of decision making

Gaining bi-partisan political support for the concept, support from Maori and Pacific Nations peoples…gaining endorsement that we had provided in the law as a mechanism the FGC as was as close as possible to indigenous methods of decision making and something they were comfortable with.

Change of legislation. Good training, education in this mode of working. Specialist role in convening and holding conferences. The time was right for it in NZ and there was energy, enthusiasm and money to resource decisions.

Training was the vehicle of change for some respondents:

Cross system training in the strengths perspective, balanced and restorative practices, wraparound, positive behavioral interventions and supports, and solution-focused practice has been critical. We keep offering these opportunities to learn with presenters from the various fields we want to engage.

Written responses to the question about barriers to start-up were classified. The following table summarizes the themes in these responses

<table>
<thead>
<tr>
<th>Barriers to start up</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Getting buy-in from workers &amp; agencies: resistance to change</td>
<td>61</td>
</tr>
<tr>
<td>Lack of funding and other resources</td>
<td>42</td>
</tr>
<tr>
<td>Lack of fit with existing court system</td>
<td>23</td>
</tr>
<tr>
<td>Unfamiliarity with FGC/confusion about definition/lack of awareness</td>
<td>14</td>
</tr>
<tr>
<td>Not enough time to do planning/no one available to take on role</td>
<td>9</td>
</tr>
</tbody>
</table>

Bringing social workers on board was mentioned as both a barrier and a boost but important in any event.

Getting social workers “in the habit” of using FDGMs as part of their normal casework. It took a while for the program to spread and go from an optional service to part of policy.

Overcoming social workers’ concepts of power and control vs. family self-determination.

Attitudes and values of the child welfare system were barriers.

Barriers: Lack of interest / buy-in from social workers.
Themes of obtaining and sustaining funding were pervasive:

*Funding and location the biggest barrier.*

*We continue to have funding problems.*

Fundamental philosophical issues about the nature of organisations and the courts being in conflict with conferencing philosophy was seen as barrier

*The barriers remain with the justice system itself*

*Our biggest barrier was to get professionals in the justice system to buy this as an effective way to solve cases. It has been difficult to get them to comprehend the power of the process…. For those who were able to observe a conference, this has made the difference.*

The range of conferencing models and practices made it difficult for some

*One barrier is that with all of the different conferencing labels it is rather confusing at first to know all of the different processes*

*Counties have been confused as to when to use FGC versus another family-involvement model.*

And a few respondents noted the expectations of families and pervious experience of FGC could act as a barrier to getting going with conferencing practice

*Cooperation and resistance from family’s that have experience poor systems of care*

The survey asked respondents to identify who sponsored their use of conferences.

**A4. Who sponsors the conferencing program(s) in your area [e.g., child welfare department, a private non-profit agency, a community coalition, local authority (UK), a local advisory group, or a “partnership”, etc.]*?

<table>
<thead>
<tr>
<th>Who sponsors the conferencing programme</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>State/Provinical/Home Office Sponsorship Only</td>
<td>72</td>
</tr>
<tr>
<td>Government with Non-Government Partners</td>
<td>70</td>
</tr>
<tr>
<td>Private Non-profit/Ministries/Charity/Trust</td>
<td>21</td>
</tr>
<tr>
<td>Criminal/Juvenile Justice Only</td>
<td>14</td>
</tr>
<tr>
<td>Courts/Judiciary and Non-government Partners</td>
<td>12</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>189</strong></td>
</tr>
</tbody>
</table>
Each response was coded only once. Of the one-hundred eighty-nine (n=189) respondents who identified a sponsor or sponsoring partnerships, 72 were coded as deriving their sponsorship from government only, including those that had partnerships between government agencies or divisions, while 70 appeared to describe arrangements that were better understood as involving government and non-government partners working closely together. Included in the numbers for state/provincial/home office sponsorship only were responses such as:

This is a collaborative between Child Protective Services and Family and Children’s Mental Health.

Federal Government and Saskatchewan Justice and Saskatchewan Social Services.

Local probation department with backing from courts.

Examples of partnerships included:

County collaboration: private not-for-profit does the program offices on site at child welfare public agency, funded by social services at the county level and state level some TANF funding currently, state dollars and local tax dollars [sic].

Private, faith groups, government.

It’s a collaboration of victim services agency, county attorney office, and university college of public health.

Multiple partners: Kenora-Patricia Child and Family Services, Creighton Youth Services (Private non-profit agency), Lake of the Woods Alternate Dispute Resolution Circle (Community Coalition).

Barnardos manages and runs the scheme in partnership with Southern Health and Social Services Board and the Southern Education and Library Board. Steering group is made up from middle managers from partner agencies. Multi agency referral panel. Established working relationships with Police Service Northern Ireland.

Twenty-one (n=21) appeared to operate solely out of non-government or private not-for-profit arrangements with no mention of government partners.

Respondents whose programs were clearly aimed only at offending behavior were nearly evenly split between those who operated solely out of courts or justice/corrections divisions of government (n=14) and those who teamed up with non-government partners (n=12). Others (n=36) were in a design phase and had
not yet settled on a sponsor or were from persons not affiliated with a particular operational program.

Most sponsoring agencies were governmental services either local or national sometimes in partnership with a range of non-governmental service providers or community groups.

A distinctive feature of a significant number of these services was that they emerged out of a multiplicity of partnerships sometimes with an extensive numbers of stakeholders involved.

*Private non-profit agency, police department and state offices for youth services*

*Due to slow grass roots efforts there are not clearly identified conferencing programs with directors but rather individual conferencing events that take place sporadically across the state*

*We established an umbrella body….it was financially supported by local industry and service clubs*

Some stated in the community and moved into state agencies while others started in state agencies and moved onto non-profit organizations

*This started as a community initiative and has now moved within the child welfare agency*

*Our program is run through a private non-profit agency but is funded by local social services funding*

Some respondents were not sure what we meant by ‘sponsor’:

*I don’t know what you mean by this – in this community the project is quite grassroots, but its most prominent supporter (and the support is NOT unqualified) comes from the local band government.*

Several responded by describing their funding arrangements:

*Private non-profit, $5K government start-up grant. $2,500/annual ongoing government funding.*

*I interpret “sponsor” as a funding source for program initiatives. Several agencies conduct family group conferences, but each agency has its individual funding resources.*

Several respondents identified tribal authorities as the sponsor:
Southern Ute Tribe.

Courts of the Navajo Nation.

Government and Tribal Council.

Aboriginal Justice Directorate.

GGA Wiidookaadmin Community and Family Services which is part of the Mnjikaning First Nation Government.

We are a private non-profit, with funding from the Mille Lacs Band of Ojibwe.

Even though respondents were generous in trying to answer this question, we concluded that it was not worded well. It is an important area for future research however, but the language of “sponsorship” does not cross legislative, cultural and national boundaries very well. We suggest that future research break down the various components of the working relationships, funding sources, and functions. We suspect that many of the programs coded as ‘government only’ do in fact work with multiple partners through contracting out and a variety of advisory groups and committees.

A5. Please describe any improvements to the FGC model you have made or any other features that you think are particular to your FGC practice?

One-hundred seventy-two respondents wrote something in on this question. Given the wide range of contexts in which conferencing practice and services are developing it is not surprising that many adaptations and modifications are being made to the process although in many responses it was not clear what changes or other improvements might mean. One of our favorite responses in the entire survey was found in response to this question:

Used book sales at department to support providing refreshments for meetings.

Many of the responses seemed to be locally determined based on local needs and imperatives or innovations lead by practitioners looking to improve their practice. While the full range of adaptations so major, some fairly minor, are too extensive to cover here, what follows is a flavor of the types of practice behaviors that could be seen:

Placing emphasis on involvement of wider community
Expanded the model slightly to include neighborhood/community members. Incorporated (sometimes) circle processes e.g. talking piece. Sometimes a second FGC near the end of the time covered by the agreement….a sort of welcome back’

The inclusion of community representative has been a major enhancement in this model, a person from the families community, often someone who represents a natural grassroots support in the neighborhood is invited with the family’s OK to every placement related meeting for that family. This has lead to terrific gains in the relationships between public agency and the neighborhoods they seek to partner with.

Growing confidence in practicing the process and less reliance or adherence to scripts and preset structures

While I still employ a script as a tool, I use it less rigidly than at first. I feel like this is a definite improvement. Rather than `trust the script’ it is really more like `trust yourself and your own judgment/ intuition’.

Adding a second facilitator into the role of coordinator so that one facilitates the preparation and the other chairs the conference

We separate the coordinator and facilitator role. We use solution focused approaches in interviewing and preparation phases. We work with the providers separately during family alone time

Working with a co-facilitator

Using the process or model in creative ways to make decisions about management and service development

Using the FGC model to hold supervisor and administrative meetings

We use FGC model to consult existing community Groups on service developments and used FGC principles and methods to train facilitators

The use of FGC in Administrative reviews and as a Quality Improvement Tool

A strong sense of people still learning about and developing the model and practice

At this point we are very flexible and learning from our experience and the experience of other countries
Developing ways for children and young people to participate (a theme we will return to later in depth)

Sometimes we smudge with sweet grass. Also it is useful for the younger people pass a feather or rock around to remind others whose turn it is to speak.

Engaged non-scripted facilitation process, private time for youth and supporters to prepare a proposal for the rest of the circle to consider...

Expanding the model in new areas and in new ways

We started with the practice of Circle sentencing and gradually want to provide a menu of restorative services from Elder panels to Family Group Decision making, Family Group Conferencing for the justice system, school and workplace and utilizing circles as well.

We have introduced a transformative component to challenge offending behavior patterns.

I experimented with family diagrams. I have discovered it to be a wonderful way to get good information about families in very informal and indirect way.

Planning to take family group photos at the conferences.

We have conference adult survivors of child sexual abuse family conferences.

Important to follow up the FGC with further meetings, finding ways to ensure plans are implemented and getting feedback from clients and families to improve practice.

Follow up carried out by a specialist social workers who ensures plans happen.

Sending out participant surveys to clients has been helpful in getting feedback about the benefits to the families.

B. CURRENT PRACTICE

This survey drew in a wide cross section of conferencing practice as respondents self selected based on their own definitions of ‘Family Group Conferences and related practices’ to take part in the survey. Therefore what is described here
reflects a wide and diverse range of practices under different definitions of conferencing.

A number of attempts have been made to help define or refine our understanding of the theoretical framework for conferences either at an academic level (see for example Hudson, Maxwell, Morris and Galaway 1996, Burford and Hudson 2001, Marsh and Crow 1998, McCold 1999, Lupton and Nixon 1999), or at an policy or developmental level (see for example Nordic FGC network, Family Rights Group UK, Morris 1995, American Humane Association USA).

The wide differences in definition for conferencing practices first come apparent in fact that the survey found in excess of 50 different names for 'conferencing' practices.

B1. Please type out the complete name you use for conferencing [e.g., family group conferences, family group decision making, community conferences, family team conferences, family unity meetings, etc.].

The following table summarizes the responses.

<table>
<thead>
<tr>
<th>Names for Conferencing</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Family group conferences/conferencing</td>
<td>89</td>
</tr>
<tr>
<td>Community conference/group conference</td>
<td>19</td>
</tr>
<tr>
<td>Family group decision-making</td>
<td>18</td>
</tr>
<tr>
<td>Restorative justice/Restorative conferencing/Restorative group conferencing</td>
<td>15</td>
</tr>
<tr>
<td>No response</td>
<td>34</td>
</tr>
<tr>
<td>Other</td>
<td>50</td>
</tr>
<tr>
<td>Total</td>
<td>225</td>
</tr>
</tbody>
</table>

Fifty other names for conferencing related practices were reported ranging from one to seven in the frequency of their use by this sample of respondents. Some of these of course are language translations such as familierådslangning although most respondents from programs operating languages other than English translated their title, at least for the purpose of this study, into English and that was most often Family Group Conferencing or Family Group Conferences. Many used names that contain the location in the title such as Calgary Community Conferences but we coded that as Community Conference. Indigenous tribes and groups embrace names that grow out of existing practices and other refinements like the following:

*Restorative orientation deliberation*...is our translation of family group conferences. Other people than family can be invited and conferences have the meaning of 'congress' in our language.*
Justice applications tend to favor circles like Circles of Justice, Community Gathering or Sentencing Circle, Community Justice Forum, Talking Circles, Healing Circles, Cooperative Justice Conferences, etc.

Innovations in naming child welfare and children’s mental health applications are found in such names as

*Family Team Meetings, Family Case Conference, Family Base Group Conferences, Community Mediation, Team Decision Meetings, Mediation for Permanency, Family Unity Meetings.*

The greatest proliferation of names for the work is found in the United States and in particular in non-government sponsored programs where most of the variations that could not easily be coded into one of the above are to be found. Some practitioners and programs have embraced a name that reflects an embellishment they, or the persons who trained them, have introduced, while others have chosen their name to avoid using names that they are concerned would stereotype their practice or alienate them from supporters who feel strongly about being aligned, or not, with other advocates or programs with whom they feel they are competitive.

Variations seem to often reflect a practice change at the level of facilitation that is held as important as in the program that reported using a separate facilitator for the actual conference because by the time the meeting occurs the coordinator is seen as “biased”. Another program emphasized having a coordinator employed by the state agency because they “don’t hand over” important decision making to families in the way another program or approach is perceived by them to do. Another example comes from a program that uses a “strengths round”, that is a procedure that involved everyone in the meeting saying at least one positive thing about the family early in the meeting. Another does not use the “private family time” owing to their concern that it is during that time that the family will inevitably intimidate weaker members of the family.

Examples of some issues involved in selecting a name were found in responses such as the following:

*Professionally and technically we use Family Group Conferences but we also refer to ‘talking circles’, ‘sentencing circles’, ‘pre-release circles’ etc*

*We are not consistent with this yet, family conferences is perhaps the most generic term we use although some meetings are clearly FGDM*

*Due to the informality of the organization surrounding conferencing it goes by several names…*

Some would like to change their practice if not their name:
Multi-disciplinary treatment team meetings. We attempt to incorporate the FGC into this but it does not work as well as if we could just follow the FGC.

As is seen in the next section, when conferencing is applied to a wide variety of problems and situations, programs and practitioners have tended to embrace more encompassing names for the work.

B2. Do your FGC’s focus on:

Respondents were asked to check all categories that applied to them.

<table>
<thead>
<tr>
<th>Focus</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare/Protection</td>
<td>135</td>
</tr>
<tr>
<td>Youth /Juvenile Justice/Corrections</td>
<td>131</td>
</tr>
<tr>
<td>Domestic/Family Violence</td>
<td>72</td>
</tr>
<tr>
<td>School Conferences</td>
<td>71</td>
</tr>
<tr>
<td>Child Mental Health</td>
<td>66</td>
</tr>
<tr>
<td>Other</td>
<td>54</td>
</tr>
</tbody>
</table>

Coded as “Other” includes such responses as:

- homelessness, general resources and support, relative support
- disability
- family crisis that could result in family separation, loss of housing, end of TANF support, etc
- parental agreements/divorce plans
- Emancipation
- any family in crisis
- intractable neighborhood and organizational conflicts
- personal accountability and understanding
- improved family functioning, working with families where one parent is incarcerated, working with blended families, and working with families involved with drugs and alcohol
- adult selected sexual offenses
adult livability/nuisance crimes

Maintenance Enforcement

any kind of dispute

Community wellness

community issues

minor crimes and neighborhood disputes

young Carers (parental illness physical or mental/ Teenage parents/ Child disability

The number of ‘yes’ responses was tallied by respondent in order to ascertain how many programs offer conferencing practices with multiple groups. The following table shows the number of programs that use conferencing with different groups and different types of situations from the same service, these categories are classified the previous table.

<table>
<thead>
<tr>
<th>How many types does the program focus on?</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conference only one type</td>
<td>69</td>
</tr>
<tr>
<td>Conference two types</td>
<td>54</td>
</tr>
<tr>
<td>Conference three types</td>
<td>45</td>
</tr>
<tr>
<td>Conference four types</td>
<td>22</td>
</tr>
<tr>
<td>Conference five types</td>
<td>17</td>
</tr>
<tr>
<td>Mission/Not applicable</td>
<td>18</td>
</tr>
<tr>
<td>Total</td>
<td>225</td>
</tr>
</tbody>
</table>

A cross-tabulation reveals that the longer a program has been around the more ‘types’ of situations they are involved with. This is also supported in the written responses suggesting that as programs mature, they take on greater variety in part related to the overlap, i.e., it is evidently common for programs to start out conferencing youth justice and develop into child protection, or vice-versa, with the understanding that many families are involved in multiple systems. This suggests that conferencing models are flexible sustaining the approach involves the spread of the philosophy and practice into other systems.

B3. Do you have specific or agreed criteria for referral?

Respondents were first asked to say ‘yes’ or ‘no’ to the question of whether they had agreed upon criteria for referral and if the response was ‘yes’ to spell out what criteria they used.
Around two-thirds of respondents reported that they had specific criteria for referral while just under a third did not. Most of the referral criteria were based around child welfare/protection services or Youth justice services. Proportionately half again of this amount were specific criteria to domestic violence or education and schools.

High numbers of projects or services using FGC had specific criteria in accepting or rejecting referrals involving Family/Domestic violence. In assessing the information it was unclear as to whether the specific criteria related exclusively to domestic violence work or whether it was seen as a component of their child protection services. In order to clarify this, a subsequent survey was sent out to gather more information specifically about FGC services to address domestic violence.

**B4. If yes, please describe:**

The following table summarizes the criteria that they used.

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>157</td>
</tr>
<tr>
<td>No</td>
<td>60</td>
</tr>
<tr>
<td>No response</td>
<td>8</td>
</tr>
<tr>
<td>Total</td>
<td>225</td>
</tr>
</tbody>
</table>

The specific criteria that are used for FGC referral is likely to be pre-determined by the sponsoring agency’s agenda and priorities. These priorities will shape the manner in which conferencing is targeted, managed and delivered. While many respondents to the survey had aspirations for introducing FGC to achieve goals of child, family or victim empowerment and to enhance family strengths, many of the agencies for which they worked had struggled to implement these principles in day-to-day practice. Therefore referral criteria may have been more profoundly influenced by organizational requirements than had first been envisaged.

While it was not a direct answer to the question asked about written referral criteria, an important sub-theme in the responses had to do with the willingness on the part of social workers and others in a position to make referrals to actually do so. While the agency may set criteria for referral, either prescriptive or
permissive, the judgment of whether a family is well-suited for a family meeting rests to a large extent with social workers.

Again, while we never asked specifically, noticeable in their absence was any mention of families being able to refer themselves to programs.

B5. Do you 'screen out' (i.e., refuse to accept) any types of referrals (e.g. sex abuse' cases)?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage of respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>128</td>
<td>60%</td>
</tr>
<tr>
<td>No</td>
<td>85</td>
<td>40%</td>
</tr>
<tr>
<td>No response</td>
<td>12</td>
<td>-</td>
</tr>
<tr>
<td>Total</td>
<td>225</td>
<td>-</td>
</tr>
</tbody>
</table>

B6. If yes, please identify all:

The survey showed that the majority of services (60%, n=128) did screen out certain types of referrals. However, it is significant that 40% did not. This is important in that most of conferences operate in areas of high conflict where managing risk is an integral part of the work.

About half of child welfare services and just over half of domestic violence FGC services did screen out certain types of referrals. By contrast a higher number – two-thirds - of youth justice and school conference services screened out referrals. This raised interesting questions about the basis for agencies controlling referrals to FGC, whether this was primarily a gate keeping function based on maximizing limited resources or whether some situations were being screened out for practice or safety reasons.

To make sense of how screening and gate keeping is established one would need to understand better the implementation process, which includes who is funding the service and who will deliver the conferences. Setting criteria for
inclusion or exclusion to projects will be determined by the context of the agency that implements the service.

We cannot deduce from this data why certain criteria was set on inclusion or exclusion to projects. They may reflect a deliberate attempt to exclude because of professional anxieties about this way of working or the need to manage potential risks in particular situations or it may be an ‘exclusion’ that is a based on the scope and parameters of agencies responsibilities.

Requirements for referral were only specified by a small number of respondents. The most common requirements for referral had to do with the voluntary participation of families, agreement to be involved or the acknowledgement of guilt or responsibility in the case of conferences for offenders. Particularly for those working in youth justice, admission of guilt was important to make the conference viable. A substantiation of child abuse or neglect and a removal of a child to an out-of-home placement were key agency criteria for working with child welfare.

**B6. Screening Continued:**

<table>
<thead>
<tr>
<th>Requirement for referral</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Voluntary Participation</td>
<td>18</td>
</tr>
<tr>
<td>Admission of guilt</td>
<td>17</td>
</tr>
<tr>
<td>Family agreement/involvement</td>
<td>11</td>
</tr>
<tr>
<td>At risk of out of home placement</td>
<td>10</td>
</tr>
<tr>
<td>Owning of responsibility</td>
<td>9</td>
</tr>
<tr>
<td>First time offenders only</td>
<td>8</td>
</tr>
<tr>
<td>Currently placed out of home</td>
<td>8</td>
</tr>
<tr>
<td>Low level crimes</td>
<td>7</td>
</tr>
</tbody>
</table>

The above table concerns agency requirements for referral and tell us what factors people are looking for to make a referral.

A strong theme in the responses had to do with voluntary participation. This fits with the philosophy of the FGC process as empowering and enabling. However, this seemed clearer in situations of youthful offending. The survey did not elicit who it was that had to agree to the conference to make it viable in most cases. It was not clear from the information whether the children or young people, family members, victims, practitioners or managers from whom the voluntary agreement is required. Anecdotal evidence suggests that in most projects a biological parent/s need to agree, but the extent to which the child or extended family have to agree is less clear. This also creates tension if the biological parents have the final say over whether a conference proceeds and may preempt the wishes of anyone else in the extended family. Concerns have been raised about practice in North America that “family” conferencing is being narrowed down to mean nuclear family conferencing. Concerns have been raised in particular about
practices in youth and adult justice in the USA that efforts to locate and include extended family have narrowed considerably (McCold, 2004).

The main criteria for acceptance of referral was built around some form of voluntary acceptance of the conference process or the problem. Voluntary participation (N=18), acceptance of guilt (N=17), family agreement / involvement (N=11) owning of responsibility (N=9) demonstrate that professionals or projects feel some type of ownership of problems and or early acceptance of the process is needed to mandate the conference to happen.

Low level crimes and first time offenders implies that the conferences are being used as a diversionary method to keep young people out of the criminal justice system.

The research evidence suggests that conferencing can work in a wide range of settings (Marsh and Crow 1998, Burford and Hudson 2000, Merkel Holguin, Nixon, Burford 2003) but there is no conclusive evidence that it works best in one particular area of practice. This survey supports the wider research by describing conferences working in a wide range of settings. However, a recurring theme in this survey was that in many cases, though not all, some form of voluntary agreement to the conference process was needed to proceed and in a justice context this would include an acceptance of guilt. In youth justice cases it also implied an earlier use of conferencing before problems got serious.

By contrast, research has shown that FGCs in child welfare have tended to be used at the more serious end of the spectrum of problems facing families and children (see for example Burford and Pennell 1997, Lupton 1995, Marsh and Crow 1997, Smith and Hennessey 1999). It may be that FGC works well when there is much at stake. So while paradoxically professionals may think this is a good early preventative model and should be used early unless the problems are serious enough it may be difficult to get people together in the first place. This may be hampered by the fact that in many communities without an explicit legal mandate for FGC there is no consensus among family or professionals on the legitimacy of involving the wider family in the decision making process (Nixon 1998).

At a more fundamental level narrow criteria for conferencing may reflect that this process is in most places still seen as primarily a professional practice method, or intervention rather than a fundamental right to all families to be involved in decision that effect the lives of children in their family.

B7. Please describe WHEN you hold conferences [daytime weekdays, evenings, weekends, etc.] and WHERE you hold them [family homes, church, community center, etc]:

<table>
<thead>
<tr>
<th>Organisations who hold conferences</th>
<th>Count</th>
</tr>
</thead>
</table>

27
A guiding principle of conferencing practice is that the family participants will have a key influence over the process of the conference. This includes planning where and when the conference will be. The survey shows that many of the conferences are held in the evening or at weekends and so this could indicate that practice is following this guiding principle assuming that evenings and weekends suit families best in a number of cases.

A central practice issue here is balancing the needs and wishes of different groups –families and professionals - while maximizing everyone’s participation.

A significant minority of conferences are being held at weekends (n=53), this suggests that conferences are being organized to maximize the involvement of family members who may be working during the week.

A number of respondents described that they organized conferences ‘Whenever suits’ and that this would be dictated by the needs of the participants rather than organizational protocol or procedures.

*Whenever suits, wherever suits; earliest start this year 7.00 am, latest finish after midnight; most exotic location, Republic of the Marshall Islands.*

*Conferences are held at anytime of the day that is agreeable with the family including weekends. We have them in hotels, leisure centers, church halls, community centers. The family choose.*

*Whenever it is convenient for the family, with the emphasis on ‘whenever’. Our value which we uphold is that this is the family’s meeting, not a meeting to convenience us.*

Arrangements for conferences were described as very flexible with some held during working hours but mainly week day evenings. Weekends were used often though not most of the time. While others, a smaller minority set parameters e.g. not Sundays, Mon-Thurs evenings only etc.).

**B7. Where do you hold conferences?**

<table>
<thead>
<tr>
<th>Organisations who hold FGCs in …</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community centers/halls</td>
<td>58</td>
</tr>
<tr>
<td>Churches</td>
<td>49</td>
</tr>
<tr>
<td>Social Services buildings</td>
<td>44</td>
</tr>
<tr>
<td>Schools</td>
<td>32</td>
</tr>
<tr>
<td>Homes</td>
<td>25</td>
</tr>
</tbody>
</table>
Most conferences were held in neutral venues - community centers and halls were the most popular venues for these meetings. A place that is both accessible and neutral was seen as idea for this type of meeting. Churches scored high on this rating \((n=49)\) the second largest group, it was assumed that for some of these conferences this must mean church buildings and annexes rather than in the church itself.

A significant minority (the third largest group) of these meetings were held in social services offices.

*Most are held at government offices.*

*They are held primarily in child welfare offices and at all times of the weekday, not weekends.*

This raises questions about family influence over the conference process. The reasons for holding conferences in social services offices may have been at the request of the participants but it is probably more likely to be driven by the need for cost saving, expediency or even the desire for professional control. Holding conferences in social services offices could be perceived as a subtle way of keeping power and authority in the agencies hands.

A significant minority of respondents also said ‘not in the home’ meaning that if a conference is held in a family members home, it would not be neutral, may not be large enough to accommodate all the participants, it may give that family member greater authority than other participants in the process, or simply place too many hosting responsibilities on them so they cannot fully participate in the conference.

*Any time that is best for the family. The family’s home and the child welfare agency are excluded locations.*

**B8. Are family members given any tangible support for attending [e.g. travel, accommodation costs, etc.]*?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>123</td>
</tr>
<tr>
<td>No</td>
<td>89</td>
</tr>
<tr>
<td>No response</td>
<td>13</td>
</tr>
<tr>
<td>Total</td>
<td>225</td>
</tr>
</tbody>
</table>
Outside New Zealand, considerable differences are found between child welfare conferences and youth justice conferences with respect to support given to family members to attend and for follow-up.

A slight majority of respondents said that tangible supports—travel, accommodation costs etc—are given to family members to take part in the conference. However this number was just over half which means that many families are not given assistance.

Travel costs, loss of earnings, child minding is reimbursed where necessary to secure attendance.

We provide food. The meetings are typically 2 hours and we do not bring family in from out of state.

We have been able to reimburse the costs for participants that would not otherwise be able to participate (gas, food, lodging etc). However this funding is limited and discretionary.

All that is necessary to bring them to the table.

We will assist with transportation only as a last resort.

This is our biggest barrier to our program because a lot of the participants can’t afford to come….

Demographic information on families in a number of developed countries suggest that families are now more geographically dispersed than ever before (ONS 1997) This would suggest that family members are likely to have further to travel to attend a conference. Moreover, research also shows that that most families coming into contact with child protection and youth justice agencies live in poverty (Clever and Freeman 1995, DH 1991, Gulbenkian Foundation 1996). Therefore not providing support to attend conferences will inevitably disadvantage certain groups and minimize the number of family members who can participate in the conference.

**B8. Continued**

<table>
<thead>
<tr>
<th>Are family members given any tangible support to enable them to attend?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisations who run FGCs that focus on …</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Welfare</td>
<td>101</td>
<td>31</td>
</tr>
<tr>
<td>Youth/Adult Justice/Corrections</td>
<td>60</td>
<td>68</td>
</tr>
<tr>
<td>Domestic/Family Violence</td>
<td>48</td>
<td>21</td>
</tr>
<tr>
<td>School Conferences</td>
<td>38</td>
<td>41</td>
</tr>
<tr>
<td>Children’s Mental Health</td>
<td>47</td>
<td>17</td>
</tr>
</tbody>
</table>
Child welfare and domestic violence agencies were twice as likely as not to provide support to families to attend these meetings. By contrast youth justice and school conferences provided tangible supports in only a minority of these conferencing services. Clearly projects see children and families in which there has been abuse, neglect or domestic violence as being in need of greater wider family participation in the conference. It may be that this is the agency expectation from the outset or that families are more willing to take part in these conferences than in youth justice or school situations. So perhaps a more important question is why child welfare and family violence practitioners appear to be succeeding in getting greater numbers of extended family members and family supporters to the meetings.

B9. If yes, please describe briefly?

<table>
<thead>
<tr>
<th>If yes, what tangible supports are offered?</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Travel</td>
<td>90</td>
</tr>
<tr>
<td>Lodgings</td>
<td>40</td>
</tr>
<tr>
<td>Child Care</td>
<td>35</td>
</tr>
<tr>
<td>Food</td>
<td>28</td>
</tr>
<tr>
<td>Loss of earnings</td>
<td>6</td>
</tr>
<tr>
<td>Other</td>
<td>10</td>
</tr>
</tbody>
</table>

Just under half of the respondents identified that they provided tangible support for travel to the meeting, so this was clearly seen as important perhaps reflecting that practice is `going wide' to bring together families who are dispersed and this is reinforced by the statistic that 18% provided lodgings and accommodation for family to attend the FGC. Again, this appeared to be a greater priority for practitioners dealing with child abuse and neglect and family violence matters.

Family Group Conference Coordinators – Who Are They?

The role of the conference coordinator has attracted much interest as a distinctly different element of conference practices when compared to orthodox models of decision-making.

The coordinator role is designed to facilitate child / family / community involvement in the process. A key feature of the coordinator is the notion that they should be independent from the person who makes the referral. Conceptually, therefore, the coordinator has no vested interest in steering the outcome of the conference, thereby ensuring the referrer does not preset the outcome and by being separate and more impartial, yet fair, would work to ensure the integrity of practice to the principles of the model.
There appears to be little consensus on whether the coordinator has to be independent to facilitate these meetings and indeed the practice arrangements described here have been shaped a wide variety of professional and agency contexts. This diverse range of coordinator provision is symptomatic of how the FGC model has developed in new locations with new and diverse goals and practices. In New Zealand, where conferences are prescribed in law the coordinator is appointed to oversee the implementation of a legal process that coined the name Family Group Conference. The coordinator has legal responsibilities and powers for convening the conference.

Some projects have chosen to use a wide and diverse range of community members and non-social work coordinators to facilitate these meetings, while others have established models that locate coordinators within and from social work agencies. Clearly who convenes the conference will have a great bearing on how the conference is run.

B10. Please describe who coordinates the conferences and what relationship they have to the sponsoring group [e.g., volunteer coordinators, coordinator employed by sponsoring group, etc.]:

<table>
<thead>
<tr>
<th>Who co-ordinates the conferences?</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paid employee of the sponsoring agency</td>
<td>145</td>
</tr>
<tr>
<td>Paid contractor</td>
<td>46</td>
</tr>
<tr>
<td>Unpaid volunteer</td>
<td>22</td>
</tr>
<tr>
<td>Paid volunteer</td>
<td>12</td>
</tr>
</tbody>
</table>

This study shows that the vast majority of coordinators, close to two-thirds of coordinators, are employed by the sponsoring agency. Much fewer coordinators, less than 25% (n=46) act as paid contractors, while unpaid volunteers are much less common, less than 10% of all coordinators described in the survey, and paid volunteers were less than 5% of coordinators.

Most coordinators being paid employees of sponsoring agency may reflect a practical response to undertaking conferences within existing resource constraints or it may reflect a strategic decision to provide this service within the agency ensuring control over the standards of practice and terms of employment for coordinators. Locating coordinators close to referrers may improve the quality and speed of referrals for FGC but also runs the risk of the coordinator being perceived as less neutral in the process.

In New Zealand the process is a legal one and there are distinct legal parameters around who runs the conferences.

*The coordinators in New Zealand are employed by the Child Youth and Family Services. No others are employed. The only way another person can*
run a conference is by way of cultural consideration or a minister. The coordinator would still be present, and the FGC process would still have to be adhered to.

Outside of New Zealand other state agencies have used existing social work staff to act as coordinators, ensuring the social worker convening the conference has no role in assessment or service provision for the family getting the conference but is used as a neutral facilitator for the conference.

Two social workers have been designated as the FGC coordinators. They are employed by our department, but are neutral parties and simply facilitate, or arrange a facilitator for, the conference.

The survey revealed that often a mix of permanent agency staff and community volunteers are used.

If a call comes to our non-profit, we coordinate the conference (volunteer). If the referral comes from the department of human services, they coordinate the conference (paid).

Coordinators are hired for one FGC at a time and get paid from the local authorities. They are not fulltime coordinators.

A wide variation in the training and experience of coordinators was reported. Some projects required professional qualifications, others used unqualified volunteers, while others stipulated the need for post graduate qualifications or senior practitioner experience.

[Coordinators are] Employed by the independent agency who facilitates the conferences social workers and psychologists all with post-graduate qualifications.

Many of the services had built on existing arrangements and services and found a way `make do' rather than be able to organize new resources or put new structures in place to deliver this service.

Because of funding restrictions we, the researchers, facilitated CGCs.

B11. Does the same person who prepares for the conference also coordinate the conference itself?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
<th>Percentage of those who responded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>166</td>
<td>80%</td>
</tr>
<tr>
<td>No</td>
<td>42</td>
<td>20%</td>
</tr>
</tbody>
</table>
While the most common model of coordinator provision was for a single coordinator to take responsibility for preparation and chairing of the meeting, a significant minority of projects had split this role having a different coordinator to chair the meeting, to the one who had prepared the family and professionals for the conference. This arrangement was said to ensure the facilitator who chaired the meeting was seen to be completely neutral to the outcome and participants. This is a particular innovation in conferences that has gained some momentum and it is a departure from the earlier models of practice.

Logistics are coordinated by employed coordinator/co-facilitator and the family is ‘prepped’ by another employed coordinator and facilitator.

<table>
<thead>
<tr>
<th>Does the same person who prepares for the conference facilitate the conference?</th>
<th>YES</th>
<th>NO</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisations who run FGCs that focus on …</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Welfare</td>
<td>101</td>
<td>29</td>
<td>130</td>
</tr>
<tr>
<td>Youth/Adult Justice/Corrections</td>
<td>105</td>
<td>21</td>
<td>126</td>
</tr>
<tr>
<td>Domestic/Family Violence</td>
<td>58</td>
<td>11</td>
<td>69</td>
</tr>
<tr>
<td>School Conferences</td>
<td>68</td>
<td>10</td>
<td>78</td>
</tr>
<tr>
<td>Children’s Mental Health</td>
<td>53</td>
<td>11</td>
<td>64</td>
</tr>
</tbody>
</table>

Interestingly the use of a different coordinator to chair the meeting appeared to be happening across all the different areas of practice and in each of those areas, in about 20% of services in any one group, though it was slightly more popular in child welfare services.

Children’s participation

Conferencing is predicated on principles of participation and empowerment and therefore, conceptually at least, FGCs present a real opportunity for children and young people to voice their perspectives. Typically in meetings largely controlled by adults, children’s perspectives and contributions can be easily overlooked, so this section of the survey set out to explore if and how children were being involved.

A number of studies have shown that children attend and participate more in FGCs than orthodox professionally dominated models of decision making (Lupton & Stevens, 1997; Crow, 2000) so the question may be not ‘whether to involve children?’ but ‘how to do so effectively?’ There are, however, other research studies that have cast some doubt saying children find their participation difficult (Rasmussen, 2003).
The extent of children’s participation in FGC will be shaped by a range of legal, historical, cultural, organizational, professional factors as well as the child’s wishes and characteristics and families expectations. It appears that children’s participation varies but also that where there is careful preparation, good planning and sometimes the use of a support person or advocate, children’s can experience good levels of participation in conferences.

B12. Please estimate how often children or young people attend the conferences?

<table>
<thead>
<tr>
<th>Number</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>More than 75% of conferences</td>
<td>90</td>
</tr>
<tr>
<td>Between 50% and 74% of conferences</td>
<td>34</td>
</tr>
<tr>
<td>Between 25% and 49% of conferences</td>
<td>35</td>
</tr>
<tr>
<td>Less than 25% of conferences</td>
<td>32</td>
</tr>
<tr>
<td>No response</td>
<td>34</td>
</tr>
</tbody>
</table>

Most projects and services had children attending conferences most of the time with 65% of projects having children attending at least half or more of their conferences. Indeed nearly half (47%) of all respondents said that children attended more than 75% of their conferences.

However on a more cautious note more than a third (35%) of respondents said that children attended less than half of their conferences and just under 2 in 10 respondents said that children had been in conferences less than 25% of the time.

What percentage of conferences are attended by children or young people?

<table>
<thead>
<tr>
<th>Organisations who run FGCs that focus on:</th>
<th>&gt;75%</th>
<th>50-74%</th>
<th>25-49%</th>
<th>&lt;25%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Welfare</td>
<td>45</td>
<td>23</td>
<td>28</td>
<td>24</td>
</tr>
<tr>
<td>Youth/Adult Justice/Corrections</td>
<td>64</td>
<td>20</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>Domestic/Family Violence</td>
<td>25</td>
<td>18</td>
<td>11</td>
<td>8</td>
</tr>
<tr>
<td>School Conferences</td>
<td>42</td>
<td>17</td>
<td>5</td>
<td>7</td>
</tr>
<tr>
<td>Children’s Mental Health</td>
<td>30</td>
<td>17</td>
<td>8</td>
<td>5</td>
</tr>
</tbody>
</table>

B13. If you have any restrictions on children's attendance please describe them

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>No restrictions</td>
<td>47</td>
</tr>
<tr>
<td>Specific to the situation</td>
<td>38</td>
</tr>
<tr>
<td>Specific age restriction</td>
<td>28</td>
</tr>
<tr>
<td>Age/developmental status</td>
<td>27</td>
</tr>
</tbody>
</table>
Two thirds of respondents (66%) said that there were restrictions on children’s attendance at conferences. These restrictions fell broadly into two main areas, either the child’s age and understanding or concerns about the nature of the discussion and situation that was being dealt with.

It was notable that there were widely varying practices and assumptions on how or indeed whether children should attend these meetings. Moreover, the tendency was for the agencies or professionals to lead the decision about whether or not children should attend as opposed to asking the child themselves or their family to make that decision.

Don’t know if there are restrictions but there is at least an assumption that they will not attend.

We do not usually have children under 10 in attendance, but we have made exceptions and younger children and even infants have attended meetings. It just makes it hard for folks to focus on the meeting if they are attending to little ones.

We don’t allow children under the age of 12 to attend the meetings…

A New Zealander said:

The `Act is clear that all children and young people are `entitled `members of the FGC. However, it also states that the coordinator can `exclude` a person if it is not in the best interests of the child which includes the child itself.

Concerns about child safety were a primary reason for limiting children’s involvement.

Each situation is unique and assessed by the coordinator after gathering in information regarding the family and their own set of personal circumstances it is important that the children are safe and feel safe.

If subject matter discussed could be problematic for the child to hear. If the behaviour of the child becomes a distraction. Child may need to leave for certain sensitive parts of the discussion.

Where there were no formal restrictions much was left to professional judgment that would be guided by any concerns in the situation itself. Professionals were looking at ways of getting the child’s view in the process if they were not able to attend.
No restrictions. Judgment is used appropriate to each situation (e.g. protecting child victims from re-victimization) If a decision is taken that child will not attend, coordinator is required in law to ensure the child's views are made known to the conference.

The child’s age and understanding was a very common theme in determining whether or not they should participate, nearly 40% identified this as the key factor about participation. Based on the commentary from respondents, generally children and young people of 12 years of age and above were encouraged to attend if they had sufficient ‘understanding’.

Age….not hard and fast but general rule is 12 and over.

We usually limit it to children mature enough to understand the discussion, generally over the age 11...

Some indicted that if they did attend that there was an expectation about how they might behave!

Age of the child and the child’s ability to safely or quietly sit through the conference.

In a number of cases families were asked to decide if the children should participate which seems closer to the sprit of the FGC philosophy, but it was also notable that very few respondents reported that children themselves were deciding or even being asked about their participation.

We require that the larger family agree to the children's presence as we have found that extended family will appropriately gauge what children should/should not be exposed to.

In one case family said that they did not want the children in the room because the family were going to shout too much, so the kids stayed in the playroom.

If children are participants in a conference, families need to designate a family member who can keep an eye on very young children.

It was clear in the narrative from respondents that policy and procedure relating to children’s participation in conferencing was mostly ‘invisible’ and much of the decision making lay in the hands of the professionals who were organising the meeting or to a lesser extent the child’s family members who could be consulted on this matter.

B14. Do families have 'private time', i.e, time at the conference to talk on their own without the professionals present?
Private family time is one of the defining features of the New Zealand Family Group Conference approach. This refers to the part of the meeting during which the professionals and coordinator withdraw and leave the family on their own, with as much time as they need, to come up with a plan for the child. Private time is thought to be significant by its proponents because it embodies the principles of FGC in practice – empowering the family to take control of the decision-making.

Responses to this question reflect the diverse nature of the sample. The range and type of conferencing projects were very rich involving a wide variety of practices. In our survey two thirds (of those who offered a response) used private time in their conferencing model. The highest relative user of private time was Child welfare services with over 90% using private time in their model of Family Group Conferencing. By contrast just over half of youth/adult justice conferencing services in this survey used private family time.

<table>
<thead>
<tr>
<th>Do families have private time?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisations who run FGCs that focus on …</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Welfare</td>
<td>115</td>
<td>16</td>
</tr>
<tr>
<td>Youth/Adult Justice/Corrections</td>
<td>82</td>
<td>40</td>
</tr>
<tr>
<td>Domestic/Family Violence</td>
<td>60</td>
<td>10</td>
</tr>
<tr>
<td>School Conferences</td>
<td>48</td>
<td>31</td>
</tr>
<tr>
<td>Children’s Mental Health</td>
<td>52</td>
<td>14</td>
</tr>
</tbody>
</table>

B15. Is there any post-conference follow-up with the members of the family?

Post conference follow-up was reported to occur in the vast majority of cases, so conferences were not seen simply as a ‘one-off’ event.

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>182</td>
</tr>
<tr>
<td>No</td>
<td>25</td>
</tr>
<tr>
<td>No response</td>
<td>18</td>
</tr>
</tbody>
</table>
Conference follow up appears to be accepted practice with a range of different agencies operating in different contexts and this appeared to be a very consistent message despite the wide range of practices and organisations involved in the survey. However the nature of follow up was less clear.

<table>
<thead>
<tr>
<th>Is there post-conference follow-up?</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organisations who run FGCs that focus on …</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child Welfare</td>
<td>117</td>
<td>12</td>
</tr>
<tr>
<td>Youth/Adult Justice/Corrections</td>
<td>109</td>
<td>15</td>
</tr>
<tr>
<td>Domestic/Family Violence</td>
<td>66</td>
<td>3</td>
</tr>
<tr>
<td>School Conferences</td>
<td>72</td>
<td>7</td>
</tr>
<tr>
<td>Children’s Mental Health</td>
<td>64</td>
<td>2</td>
</tr>
</tbody>
</table>

B16. If yes, please describe briefly?

Despite the common occurrence of follow-up the nature and type of follow up varied significantly with different agencies and practices. A number of research studies in child welfare revealed the importance of follow up with FGCs (see for example Thornton, 1993; Lupton, Barnard & Swall-Yarrington, 1995; Jackson, 1998; Sundell, 2001) and research and practice suggest that the Family Conferences should not be seen as a ‘one-off’ event but as a ongoing process, in many cases allowing the family to come back together to review their progress.

Most respondents said that if the family and/or professionals want follow-up it would be organized and that this was often something that could be agreed at first the conference.

*Maybe follow up if that is what the participants agree to at the conference.*

*Follow-up always offered, at time suitable to the family after the initial meeting e.g. 1 month/3months/next term, and occasionally there are 2nd follow-ups too.*

Other respondents said follow up would depend on the family asking for it after the conference;

*Not unless they call us…*

*Only if they request a follow-up meeting later on.*

Some practitioners, particularly those using conferencing approaches with young offenders feel that follow up is unnecessary particularly in cases of extra-family offending and express concerns about transforming the model into a ‘welfare’ approach if it is assumed that all conferencing approaches should conform to careful preparation and follow up. Again, practitioners who use these approaches in situations of child abuse and neglect and family violence express the greatest
concern about not providing these additional supports for safety and well-being of abused children and adults.

In some areas reviews were mostly expected or encouraged as this was seen as good practice or agency protocol. A degree of flexibility seemed important to arrange reviews and monitoring appropriate to the situation it concerned.

A summary of the FGC is sent to everyone who attended and there's also a 3, 6, 9 and 12 month follow-up.

Every family is given the option (and often encouraged) to schedule a follow-up meeting as part of their initial plan.

Part of my job duties is to do intensive follow up with families and other participants following FGCs. I generally build into the meeting discussion and agreement on the "who, what, when and how's" of follow. Follow up is considered an integral and essential part of the conference and is built into our model.

Monitor appointed at initial FGC to liaise with coordinator or referrer if any difficulties in implementation of plan arise. At initial conference, option for review is made available and date set if agreed.

Follow-up by Coordinator is restricted to typing up and sending out the plan & contact in preparation for the Review meeting.

All families offered review FGC within 3 months. Co-coordinators also check that any family decisions not agreed by agencies at initial conference obtain a response. Co-coordinators may also act as advocate with agencies for family plans at family's request.

Monitoring arrangements and review conferences were seen as one way of ensuring the plan from the conference had every opportunity of working. Monitoring was done in a variety of different ways, sometimes by the family or by coordinators or by managers and practitioners.

The 'act' requires the coordinator to 'review' the 'outcomes' of the FGC at least one time over the duration of the 'plan'.

Social worker / case manager mostly monitors. Less often coordinator or family members monitor.

Coordinator maintains contact to insure that any agreement reached at the forum is fulfilled.
The family has a family advocate assigned to them for one year to help them implement their family plan.

A three-month follow is done to assess the family and how they are adhering to the service plan.

Evaluation and feedback was seen as one way of following up the conference and this could be used as a quality control process and/or an evaluation process. Respondents described follow up through phone calls or questionnaires.

B17. How long (on average) does it take to prepare and convene a conference [please answer in hours, for example: “about 12 hours spent over 3 weeks”]:

Considerable variation was cited in both the length of time taken to prepare for a conference and the duration over which this preparation took place. However, average number of hours across all responses was 16. The average lead-in time was 3 weeks. Respondents said that time taken to prepare was dependent upon both the number of people involved and the nature of conference itself.

Coordinators reported the time spent preparing for the FGC. Out of 32 conferences the average number of hours spent was approximately 31 hours. The range was from 3 hours to 112.

Varies incredibly! Quickest conference 9 days after referral, longest 120 days later.

Large conferences 6 hours over 3 weeks. Small conference 1 hour over a couple of days – or can be done on spur of the moment.

This really depends on the number of people and the type of case.

Some conferences we have only an hour to prepare and then the conferences last usually 90-120 minutes.

The information in the survey about the average time taken for conferencing may be misleading as it represents an aggregation of the wide range of different conferences and different practices. A number of conference approaches can be used to tackle one-off incidences or events and may require only a brief amount of preparation time and work. Indeed the very fact they are organized quickly means they can respond to a specific incident or event that has just happened. Anything more would miss the opportunity and wasting time and resources. By contrast conferences for more in trenched or serious problems may take weeks
of planning and work to get all the right people together and to manage any risks that need to be considered in the process.

**B21. How does the practice fit, or not, with existing systems?**

This question aimed to understand how conferencing projects and services were finding the legal, professional and organizational context in which they were working helpful or a hindrance in practicing conferences.

A significant majority reported that in principle conferencing was seen to `fit-well' with their agency philosophy and goals. FGC were seen to provide a practical representation of those aims. In particular strengths based family centered work and family empowerment were explicit stated agency goals and frequently mentioned. In youth /adult justice and schools work diversion from court systems or conflict resolution approaches were also mentioned often and seen to be achieved by using conferencing.

*Fits quite well with juvenile diversion, already operating as an alternative the court process.*

*Our Departments preference is a family centered, strengths based practice which fits quite well with the FGC.*

*It is integral to out policing and is recognized as the way we `do business’ by both prosecutors, courts and the community.*

*County focus on providing services in a strength based model. FGDM by its very nature fits well with this philosophy. We believe that families are their own experts.*

*It is consistent with our move toward family empowerment and self-determination.*

In New Zealand the legal assumption about FGC is that it is a central part of practice and services where serious decisions about children are to be made and this is enshrined in law.

*It is central to the child welfare system in New Zealand.*

*A social worker in New Zealand cannot make any long terms plans (beyond 6 months with the child at home) unless it has been an outcome of an FGC. The current practice in NZ is that of a 'Strengths based practice' and FGCs fit into that very well.*

*It is an integral part of our system - we don't really know any other way.*
Sometimes the ‘fit’ with existing systems was based on expectations that FGC would help assist the agency outcome goals that were shaped by the need to locate family resources and make financial savings, FGCs being seen a route to achieve this. FGC appeared to some to fulfill the dual function of empowering families to make decisions and expecting families to provide resources and identified some of the conflicts that can exist between these concepts.

*Department of social services is interested in empowering families and reducing costs of out of home placement.*

*Tension between principles of partnership and empowerment of the project and the authority’s wish to ‘pull family together to see what they can offer’ and to be confident they will resource plan.*

On closer examination of responses however it seems that while some practice appears to have truly integrated and become part of best practice others have had to co-exist and work alongside or as an alternative to existing practice than become a part of mainstream day-to-day practice.

*It has been difficult to get ‘buy in’ from existing systems, FGC fits in well with the child welfare system, but therapists, lawyers and many case managers do not support it as a tool to use.*

*The practice fits as an additional service to clients within child protective and juvenile probation systems. It provides family a choice in going through mediation or FGC in resolving issues or setting family plans.*

*(How does it fit?) with difficulty. It feels like an add on rather than an integral part of the local child care system.*

*I believe it fits well with existing systems IF ‘the systems’ goals is to repair the harm done. School systems and law enforcement have difficult re-thinking what’s effective other than punishment.*

*The practice fits nicely with the States shift to Family Centered, Strength Based practices. It does not interfere with current practices, but rather works in conjunction with them.*

A minority felt that the process ‘doesn’t fit at all’ with existing systems and here were some polarized views about this.

*Many argue it fits with the philosophy. Me I don’t think so. Workers are not prepared generally to trust families. Their workloads and other organizational issues militate against the use of conferencing…shifting*
conferences to the week may help to get workers to refer but may mean that families will not participate or will participate in 'diluted' fashion.’

Except for human services, existing systems are not open to using facilitators from an independent community non-profit organization. They want to control the training and use of facilitators who are community members.

FGC does not fit well with the state's interpretation of timelines for permanency established by federal legislation. FGC is not a mandatory service and therefore is a low priority for funding.

Interestingly it was described as clashing with other agencies philosophy and practice

Not well with outside agencies.

A reported problem was the attitudes of professionals in working in different ways that were a challenge to the mainstream ways of thinking and working. It was reported that there was significant resistance amongst certain professionals - social workers, lawyers etc. to use this approach most of this involved a loss of power or status on the part of the professionals.

There is [sic] only "mental" problems.

Child welfare workers and administrators are still skeptical to FGDM, but slowly are coming around.

Family meetings fit in well with our existing child welfare systems. The problem is getting administrators, supervisors and line workers to see how the meetings/conferences can help.

FGCs are difficult to `fit' within the existing structure...the culture of service providers which encourages being `in charge’ and authoritarian attitudes is in direct conflict with FGC practice...many child welfare workers are overworked and overwhelmed.

It was reported that changes were occurring but this was slow progress and there was still some residual resistance from workers and managers.

FGC are tolerated in child welfare and youth justice but the existing systems now make allowances for FGC.

I believe that it is beginning to "fit" with the existing system. There are still some workers who are reluctant to make referrals to FGDM because they hold to the belief that "the apple doesn't fall far from the tree."
There is still a tendency with state and private agencies to `take over' and not leave the decision making up to the families.

Systems are shifting to make FGC part of Local Authority procedures.

It's a long-term education process-slow to be implemented but well received when done.

This practice is a whole new way of thinking for the existing systems within our county.

**B22. Please describe the mandate for practice [e.g., is there legislation, procedural or policy directives, good or best practice mandate]?**

The significant majority of respondents reported that the main authority for using FGC came through their organizations supporting the use of conferencing as best practice. Some of this had been led by their own agencies, while others had developed their practice in partnership with a range of agencies, communities and stakeholders. Overwhelmingly in most sites the mandate for FGC was described as a `best practice' one, driven by enthusiastic professionals wanting to change the way things were done in their organization.

*There is no legislation re FGC in child welfare. There are no procedural or policy directives in child welfare suggesting use of FGC.*

*Good/best practice is the "mandate". A few judges have ordered FGC, but this is not recommended practice.*

A key problem was that is the mandate was vague or general other process would easily dominate. Furthermore, practitioners or managers might overlook the opportunity use of FGC so at best it meant implementation was patchy with families being vulnerable to the attitude and bias of individual practitioners.

*There is a legislative mandate to explore restorative approaches to conflict and crime, but it is quite general and doesn’t specifically identify conferencing or call for its use.*

*Legislation that mandates FGC be available to families if they request them but I am not sure how well this is applied.*

*The FGC service remains a voluntary service.*

*We are struggling to get FGC into any formal training.*
Nothing right now and which is a big part of the problem.

The department does not endorse any one specific version of family conferencing, i.e. the New Zealand model, as long as the case managers are living up to the spirit of respecting families, being non-judgmental and inviting children and families into the process of writing plans.

The legislation in many sites was seen as `permissive’ so it didn’t explicitly promote the use of FGC nor did it prohibit it. Many practitioners could see the opportunities that the law provided in principle to this way of working. The situation in New Zealand is exceptional in that it requires the use of FGC in all key decisions about children welfare.

Legislation allows for family to request a FGC as one of the options, policy also includes FGC as an option, culture of agency includes FGC as a best practice method.

A New Zealand respondent notes that:

We have mandate for practice from iwi/hapu/whanau, policy & legislation.

Increasing number of policy initiatives were developing and promoting the use of FGC in organizations. This procedural mandate at least held workers accountable and raised the profile of FGC in the organizations concerned. Procedures ensured FGCs were at least seriously considered in specific situations.

Policy is in place. All cases must be referred for a FGDM within 90 days of out-of-home placement. It is considered best practice and is supported by our administration and the legislature & seen favorably in federal audits.

A policy direction for all children in out of home placement to complete a FGDM conference forced Social Workers to have to utilize the tool of FGDM.

The local police have some procedure in place but this is not country wide-this is being drafted now. Procedure has been developed through discussions with other communities, reviewing our own practices, reviewing current literature etc.

There is now a policy directive….Despite this referral still seems more dependent on individual practice of s/w’s than on policy guidance. At least I can now hold local practice accountable to the policy.

A number of respondents implied their hope for a legislative framework to explicitly support the use of conferencing or suggested that legislation may come
in the future. The concern was that the prevailing good practice mandate was vulnerable to a lack of commitment from practitioners or concerns over changes in management or cuts in funding.

C. EVALUATION AND RESEARCH

C1. In your view what has been achieved so far by implementing FGC?

<table>
<thead>
<tr>
<th>What has been achieved</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Empowerment of family/victim</td>
<td>48</td>
</tr>
<tr>
<td>Development of relationships</td>
<td>22</td>
</tr>
<tr>
<td>Participant/Victim satisfaction</td>
<td>17</td>
</tr>
<tr>
<td>More kinship placements</td>
<td>16</td>
</tr>
<tr>
<td>Reduced recidivism</td>
<td>16</td>
</tr>
<tr>
<td>Greater community strength</td>
<td>13</td>
</tr>
<tr>
<td>Alternative justice system</td>
<td>11</td>
</tr>
</tbody>
</table>

Responses ranged from the shortest of answers “Too early to tell” to quite lengthy ones. Our selection attempts to capture this range and to identify themes.

The themes of victim awareness and offender accountability ran through the responses of those using conferences in situations of offending behavior.

Our judges are much more ‘victim-aware’. . .many victims describe feeling more safe having participated . . .feeling far more engaged and involved with youth on probation - one said, “I just gained relationships with the kid and his family in one night that would usually take a year to develop”

Many young people have been held accountable and offending has reduced without them having a criminal record. Many children are now being cared for safely within their own families - (extended).

The satisfaction of all who participate in conferences involving offending behavior was a concern for respondents:

A forum has been provided for the community including professionals, which is providing participants in the criminal justice system with a high degree of satisfaction with outcomes. It is too soon for us in our region to judge the impact on recidivism, although it is hoped this will be positively affected. Victims are happy with the process.

For most respondents, themes of getting people together who were previously working on their own were strong:
According to the participating counties and in my own view: "The Project helped to promote strengths-based and family-centered practice across their agencies and solidified collaborations with other community organizations." The conferences benefited the children for whom they were held by decreasing child maltreatment and expanding placement possibilities." Conferences were held at minimal cost to Social Services." The training built understanding of the model and motivated Social Services and community agencies to support the effort.

Reduced conflict and contentiousness was reported by most:

Those families that have experienced it have been very positive about it and work that has had to continue with them has been made less fraught for all concerned including the social worker. Movement has occurred at a greater speed and therefore families move through the system quicker. Relationships between the professionals and the families appear to be better. Overall there is nothing to lose.

The reduction in conflict between child protection staff and families and in changing the view of child welfare was a strong theme:

The greatest achievement the practice of FGC contributed to is changing the image of the child welfare service somewhat; the second greatest achievement was changing the relationship between the child welfare staff and the family to more of a partnership; locally one brief outcome study showed it had a positive effect on achievement of permanency.

Themes of bringing family voice to the forefront were evident:

I believe that there is more of a tendency to involve families in decisions than before these models existed. Recent research by the UW indicates that families do feel heard through this model.

And that often, but not in all cases, meant the voice of the extended family:

The biggest change to me is working with families and realizing that extended family can be part of the solution and a resource for the family. Also, seeing a change in some workers in the way they view the family and seeing a “team” effort develop between the workers and family members. I also have seen workers take the extra effort to get more family involved earlier in the case in order to assist with kinship placement.

The jury was still out for respondents who were in the planning phase and had not yet held conferences:
Too early to assess.

The question seemed to set off many important issues for those responding:

How much time do you have? Qualitatively, we have been able to create opportunities for families to reconnect with support systems they had not previously recognized. Quantitatively, we have increasingly worked in conjunction with Continuing Workers to decrease the length of dependency.

Increased awareness on the part of county social service workers to the cultural and ICWA issues for American Indian families; provision of a forum for service providers to see the strengths and "positives" of Indian families within a cultural framework; increased ability of families to communicate about difficult issues; empowerment of some of the most marginalized urban Indian families to connect to extended family and tribal resources.

There was considerable consensus that the use of conferencing in child welfare results in more kin placements as is evident in the following three respondent’s comments:

More children being maintained within family system. Families having greater involvement in case planning. More supportive relationships between family and agency staff.

The FGC process has assisted families in crisis to reach agreements which enabled the child(ren) to either remain in the care of their parents, be reunified with parents, be placed in permanent family care or resulting in the settlement of a custody issue.

More kids are actually going home, more kids are staying with kinship, and families are taking more responsibility for each other. Three years ago I was a supervisor over foster care caseworkers and I had to hire 2 people to transport kids to appointments, visits, and other. I now have one transporter and have a hard time keeping her busy because families have taken over the responsibility of getting kids to appointments.

And those with evaluation studies reported their successes:

A recent comparison study conducted showed that families that participated in a FGC had fewer subsequent referrals and less children placed in the foster care systems than families that were not offered (or refused) a FGC.

Key themes about constraining the control of the state were evident:
Change of social work culture; big changes in the way child welfare issues are addressed; legal construct provides for rights and entitlements - therefore professionals are not able to adapt, modify or ignore the provisions. They do not control the gate to the process.

As were themes of human rights and social justice:

Families are more aware of their rights. Extended family members are more a part of the planning process. CPS workers feel like they have better support with the family. Other family members often can be very direct with family members and let them know what they will and will not tolerate. There is a richer appreciation of the services being provided in CPS and Mental Health by both sides. There has begun to become a breakdown in the stereotypes of the two areas of service.

Lowering of Court lists due to fewer appearances. Families take responsibility for their problems. Lower tariff solutions. Family based solutions.

Themes of shifting perspectives at fundamental levels were reported:

Reconnecting children with family members that they have not seen for years, finding permanent relative homes for children (some with birth parents), bridge the gap between the case manager and family, give children a place where they can be heard by both family, CPS and service providers, allows CPS worker to view relatives differently, resource people help families understand children’s special needs.

The impact of experience on future referrals, or not, was evident in this respondent’s views:

I think for families the benefits have been enormous- and you know all of those. I understand from our research that most workers who have referred have found the process useful and we have a small group who have become multiple referrers- the process fits with their values and working with families. Same has happened for some supervisors. In one case however a “multiple referrer” referred two cases to me and then she unexpectedly changed jobs: her supervisor who was never particularly supportive scotched both referrals.. so it depends on worker/supervisor’s individual outlook. We have had relatively few cases so not really made a dent. In the last year though many more people are asking about the program and wanting to learn from us.

Respondents emphasized the theme of respect, strength, cooperation and partnership:
The implementation of FGC has offered families involved with DFS and the Courts a rare experience of being treated respectfully, supported/strengthened and fully informed of the needs of the children. It is a non-adversarial experience which promotes cooperation and fairness. It would seem that the meetings themselves have been highly satisfying/satisfying to the vast majority of participants. Workers and families seem to benefit from the meetings and to recognize strengths in each other. In addition when teens have participated they have reported the value of seeing family come together to help them and feel supported by this.

Themes of healing in families were apparent:

More family satisfaction with case closure. Consensus among family members re: children’s plans. There has also been many cases where a kind of healing of old wounds has started. Foster parents and family members get to know each other and become resources instead of adversaries. Parents admit to their problems in front of everyone and this seems to really clear the air for the next step- they get to see how their actions have affected everyone.

And excitement of trying out new things with new outcomes:

The youth who have had an intake and exit conference at a local residential treatment center are staying a shorter amount of time. We are seeing guardianships and adoptions supported by the family as a result of the process. In one case three children went into a permanent guardianship with a non kinship family WITHOUT entering the ‘system’ as a result of a FGDM!

Many respondents urged for patience in realizing outcomes:

I see a slow process toward accepting the philosophy, systemically. Again, it SLOW, but we’re coming along in this school system and in this city.

The concept is slowly being accepted by communities, and Justice. The actual full value has not been experienced due to the slowness and lack of resources in implementing the program. The fact that Justice has not fully embraced the concept poses a problem as well.

And others urged taking the long view in considering results:

Some conflicts are less intense than they once were -- I don’t know whether the conferences can really resolve them in the sense that they go
away completely, but things are better in some relationships. It may be more important, in some ways, that the community feels quite empowered by the presence of the program. It is not a small accomplishment, and it makes people proud to, in their own words, "take responsibility" for their people and their problems. In other words, it may be that we are having a larger social justice impact as opposed to a piecemeal criminal justice impact - although I think we are having some of that, too.

In situations of offending, the opportunity for the offender to take responsibility resonated:

Crime victims have experienced greater respect, understanding, and support from community members and justice system participants, as well as an empowering opportunity to have greater influence in the outcome of their cases. They have, in most cases, found some reduction in their levels of anxiety about the offender and his or her motives; and have found some satisfaction in knowing that an offender may more clearly understand what happened. Offenders have had greater opportunity to understand the full impact of what they've done, offer more genuine apologies, and take more direct personal responsibility for their actions. Traditional Probation Supervision practices have begun to include greater attention to victim reparation--recognizing the violations of laws involve personal harm to people who deserve to be made as whole as possible.

The benefits of building capital in the community though collaboration drew attention:

We have put together a community collaboration, brought in stakeholders, heightened community awareness, and successfully raised money.

Some faulted the facilitation of the conferences as being too professionally dominated to get positive results:

This is difficult to evaluate due to the restrictive nature of the meetings. They generally are held to develop a service plan and rarely do they allow families the opportunity to develop their own plans. In my opinion, these family meetings do not put families in control and do not empower them.

Many were quite specific about the positive outcomes:

We were able to place two children with a great aunt about 500 miles away which made it possible with a relative placement to not have to terminate the mother's parental rights to the children. (as they were placed with relatives) Oh if we could only do this more often and more structured/officially.
Suspension rates and incidents of violence / wrongdoing in schools reduced by 50% in first 6 – 12 months of whole school implementation of restorative practices.

Youth criminal justice cost savings of about $153,000 between March 2001 and June 2002.

85%+ victim satisfaction with the process lives have been changed for the better some entrenched recidivists have achieved good results.

Of the 50 youth who caused the harm only two have committed another infraction.

A greater degree of accountability for livability offenses, a higher level of community participation in the justice process, 99% participant satisfaction (both community members and offenders), hundreds of offender service hours given directly to neighborhoods affected by crime, connecting offenders with the community and with support services, if needed, connecting community members with each other, documented sense of personal and community efficacy among participating community members, new leadership roles for community members (e. g, facilitator, Advisory Team member, service coordinator) to be able to pro-actively address local crime concerns; etc etc.

We have reduced costs, reduced delays in hearings, increased family placements, increased compliance with dispositional orders and reduced fact findings. We have also exampled for the children a way of resolving conflict and issues by maintaining respect for their parents and families.

We have reduced recidivism, gained a very high satisfaction rate from all participants, increased compliance with offender requirements from 98% restitution payments to 89% total agreement completions. It has helped us gain community involvement beyond the conferences and has led to a more consistent partnership between police and community.

Many stressed the improved quality of the decisions through conferencing practices:

TDM [Team Decision Making] has led to better decisions about child removal, reunification and change of placement. It has brought the community to the public child welfare table and created healthy new relationships. It has provided a forum to treat foster and kin caregivers with the respect they deserve. Outcomes vary depending on the site -- one clear one has been a reduction in the number of placement moves experienced by kids in care in many sites.
Most urged keeping expectations realistic:

There are many stories of revelations that occur during family meetings, magic moments that stay with you forever. As a result of this process, families write good plans. The plans don't always work out, but it is our best shot at achieving success. And even when it fails, we know we did our level best to provide families with the opportunity to actively participate in the treatment process and achieve reunification or whatever else the goal might be.

It is a start. The winning over of popular support is a difficult and long process. The quality of interventions is sometimes affected by poor practice, often forced upon us by those above who have no real idea what RJ is about. (I am writing a bit of theory which may help). I am concerned about your continued use of the description FGC. The underlying principles for all these interventions (FGC’s, Restorative Conferences, Sentencing Circles, Victim Offender Mediation, Peer Mediation, Community Conferences) is RJ, or what has become commonly known as RJ. FGC is one of the ways of using the principles, and is defined as the model which allows for private family time for the offender. As I run meetings which do not include this private time, (for the reasons I have said), I would usually call our interventions restorative meetings, or restorative conferences. I am assuming you know the difference.

C2. Have any evaluations been carried out, or any being carried out on your FGC practice?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
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</thead>
<tbody>
<tr>
<td>Yes</td>
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<tr>
<td>No</td>
<td>67</td>
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<tr>
<td>No response</td>
<td>23</td>
</tr>
<tr>
<td>Total</td>
<td>225</td>
</tr>
</tbody>
</table>

C3. If yes, please describe the nature of the evaluation. Please identify any written evaluation studies or reprints that have been produced about your practice, and identify a contact person for information containing them.

One hundred thirty (n=130) respondents wrote in a response to this question ranging from one response from a program still in the start up phase that said simply 'n/a' to several researchers who listed multiple pages of publications. The most common response from practitioners was to identify the name and email or phone number of an evaluator or university-based researcher with whom they were working. We were encouraged by how many respondents reported either having carried out or were involved in carrying out some level of evaluation. As would be expected most of these are aimed at getting feedback from family and
others who attend the meetings or are implementation studies. Also of no surprise is that very few programs are in a position to undertake studies of outcomes particularly using experimental designs.

Most programs are at a minimum getting written feedback from those who attend conferences such as:

We send out evaluations to our families and our referring workers. These evaluations are unique to our program - we created them. We did this just to find out if our services were being helpful and if people thought there was any way to improve our services.

And

A written evaluation filled out by parents post-conference and again 6 months after the conference.

And some are going to more elaborate measures to gain this valuable feedback:

We have developed a one page scannable questionnaire that we have parents, identified youth and referral source fill out after the meeting which gives us information on how they feel about the meeting itself. We also track the number of residential placements for the families we work with.

While we were aware of most of the studies reported, there were some new ones under way and some that had been carried out but reported only locally.

Sorry, I know I answered no, but I want to elaborate - we will evaluate systematically when the program is a little older and more established. All I can say at this point is I think that there is generally a pretty positive feeling in the community about the program, and parties who have participated seem to be left in a better place than they were in before the conference. Is that a lasting place? I hope so, but we won't really know until we have had a few more resolutions in place for a little longer.

Many of the completed studies identified in the responses have been either disseminated or are included in summary articles and books that have looked across studies at implementation and outcome findings (e.g., Bazemore & Umbreit, 2001; Braithwaite, 2002; Burford & Hudson, 2000; McCold & Wachtel, 2000; Merkel-Holguin, Nixon, Burford, 2003a, 2003b).

The answers of all respondents to the survey who listed a specific study or contact person for a study are shown in Appendix C. If the respondent described findings but did not give the specifics of a report or other publication or if they did not list a contact person, then their response is not included in Appendix C.
Several respondents said things like: “Gale I think you have our earlier reports” or “We are sure you have our evaluation”. We did not try to locate these studies and list them in Appendix C.

D. Future

This section was designed to find out more about what projects were planning to do in their future use of FGC.

D1. What is the likely future of your use of FGC?

<table>
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<th>Likely future of FGC?</th>
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<tr>
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</tr>
<tr>
<td>Use FGC to guide policy</td>
<td>58</td>
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<tr>
<td>Expand/increase % of cases</td>
<td>57</td>
</tr>
<tr>
<td>Unsure</td>
<td>54</td>
</tr>
<tr>
<td>Status quo</td>
<td>53</td>
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</table>

Many respondents said that the future use of FGCS within their agency was uncertain and dependent upon availability of financial resources. It is clear that many of the projects currently underway are grand-funded and mainstream resources will need to be identified in order that the work may continue.

For those organisations with more certainty over future funding, it was expected that the use of FGCs would continue to grow. In some cases, this expansion was in to specific new areas: adult conferencing, domestic violence, mental health programmes etc. For others, the expansion was one of scale and the desire to integrate FGCs in to mainstream child welfare work:

We hope to increase the use of conferences by moving them to front line office procedures. In other words, asking the worker to attempt to have a conference on every case within the first 30 days.

Several respondents said that it was their intention to develop the use of FGCs within community and/or school settings.

A few organisations said their goal was to implement research and evaluation programmes. Evidencing the effectiveness of current FGC work was felt to be important before expanding their use within the service. Having evidence of good outcomes might also be important in securing future funding.

D2. What impact, if any, do you think the practice of FGC has had or will have on organisational or practice culture within your area?
A significant minority of respondents described their efforts to introduce FGCs as an uphill struggle. For these organisations, the impact has been very low because the number of staff involved is so small. The FGC as a process had not yet been embraced by the organisation as a whole.

The vast majority however were positive about the impact to date, speaking of significant culture changes and “paradigm shifts” within the organisation.

Profound. The process represents a major cultural shift from governments doing things to subjects to government supporting citizens to govern themselves.

The process itself was described as being highly person-centred. It promotes shared ownership of problems and their resolution and, for this reason, was felt to remove some of the burden of decision-making from individual workers. The inclusive nature of the process was improving relationships between workers and families, and therefore had a positive impact upon job satisfaction.

There were many comments about the positive impact of the FGC process in assisting staff to find creative solutions to problems.

I believe that the implementation of FGCs has forced workers to look ‘outside the box’ and to begin to focus on the family to provide the solutions.

More community involvement.

The Family Conference process has altered opinions amongst judges and other judicial members.

A move towards the greater inclusion of children.

I have noticed Local Authority staff being more creative around resources.

It has and an impact on those families and a few caseworkers involved, but I don’t think it will have a broad impact.

I have absolutely no hope for FGC as it is implemented in our county departments of social services. There it has become oppressive and depersonalized ‘court ordered’ intervention.

I think it has started to change the culture of our organization to one that gives the families a voice in what happens to them.

Reconnects us with our humanity and makes us better workers.
From New Zealand

In the last 10-15 years there has been a huge shift from social welfare based practice and state intervention and control to a more family whanau orientated system where decisions making is given back to the family.

Others said:

Impact generally very little. We still have to remind Local authorities to include FGC.

Shift in think-valuing and respecting the expertise in families.

So far the impact has been limited to the people who have participate in the circles.

People are learning to do the revolutionary act of talking to each other when there is conflict.

By being misused as a management subterfuge it will result in higher recidivism rate. Fr the time spent `pulling together’ one conference, 20 contacts with higher risk offenders will be lost.

I think we are far from effecting and systemic change, but there’s always hope.

Its already changing the community norms around addressing conflict in a healthy way

Too early to tell…

It is recognized however that the FGC model is a time-consuming one, and that some workers have found this difficult to manage. The resource involved in the co-ordination and preparation of conferences is seen to be one of the major challenges in attempts to extend the model more widely.

D3. What do you see as the key blocks to sustaining the use of conferencing or moving conferencing in to mainstream practice?

<table>
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<tr>
<th>Blocks to sustaining</th>
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</tr>
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<tr>
<td>Budget constraint</td>
<td>42</td>
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<tr>
<td>Lack of resources</td>
<td>38</td>
</tr>
<tr>
<td>Lack of feedback/awareness</td>
<td>22</td>
</tr>
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</table>
One hundred seventy-nine respondents wrote in a response to this question.

*Money to sustain. Some in my department see it as ‘just one more service not as a change in the way we do business*

*Lack of political backing for supporting family as key decision makers and appropriate resourcing of family solutions and kinship care as opposed to child protection procedures/ statutory intervention, formal care systems and resources to these areas of intervention.*

Budgetary constraints were cited by many as being one of the most significant blocks to the sustained use of family group conferences. However, in a climate of fierce competition for resources, the issue is as much about getting the commitment of those with funding power. FGC projects are often competing for resources against a large number of local initiatives, and this in itself was felt to be a misunderstanding of the process. The future of FGCs depends upon the ability of those with funding power to recognize that this is not just “another initiative” but a fundamental shift in the way business is undertaken.

Obtaining commitment and resources for FGCs was felt to be particularly difficult because of the very time-consuming and resource-intensive nature of the process. The need to prove the value and positive outcomes associated with FGCs becomes increasingly important in this context.

*It is difficult to rapidly quantify a complex, sustained and humane process but with funders’ focus on measurable outcomes, our survival depends upon it. Successful evaluation measures are critical.*

*Ongoing funds are necessary to sustain the use of conferencing as well as educating, exploring and identifying additional stakeholders*

Some respondents felt that the difficulty in getting ‘buy in’ was also linked to fear of the process itself, and the potential loss of control for workers of putting decision-making in to the hands of families themselves.

*The continued problem we have is to overcome the resistance posed by those case managers and social workers who remain autocratic in their approach to social work. They do not believe that FGDM does not in practice reduce their power, authority or control. Rather it channels their authority to more constructive applications. The fear of change and the resistance to the sharing of power are the key blocks. I believe in part that a third barrier also exists for some. Some social workers, I believe see poverty or issues of abuse and neglect as indicators of one’s lack of abilities and/or intelligence. Such individuals, they believe cannot*
overcome their plight without the continued pressure of an authoritative source.

Ignorance in high places! It is virtually impossible to grasp the essence of conferencing, without participating in the process, since it is the power of the emotional participation which brings about change in attitude. The second stumbling block is the unwillingness of professionals to concede power—this is a process which restores the power to disempowered people—which means those who are wielding it, have to let some go—not always easy for people who are accustomed to being decision makers for others. Also, difficult to expect people in mainstream practice to be able to apply restorative practice if they are working in a non-restorative environment!

Although many respondents were looking to expand their use of FGCS, and to incorporate them in to mainstream practice, the dangers associated with expansion were also one of the most commonly cited blocks to the sustained use of conferencing.

Moving too far in to mainstream practice can result in institutionalization and this strips away the original spirit.

Courts are exerting more and more control over the process to the point where the original philosophy is in danger.

The time it takes to get people to understand RJ and want to embrace it. Senior managers who think they know but don't, and perhaps what will transpire to be the most difficult block of all—The Legal Profession. If you make money out of argument, and disagreement, RJ is a huge threat to your livelihood. Why would you want your clients to admit what they had done. If your role gave you the power to judge others, and decide what should be done to a transgressor, it will not be easy to relinquish that power to those who really should have the right to decide. (A very long road)

Communication, public relations, understanding, as much as I don't like to think it, and especially 'hate to say it. . .,there is a whole segment of the dominant (white) society that makes a good living off the justice related problems of the minority (aboriginal). The jails, the courts, the police, the lawyers, the probation officers, etc etc. it's in the best interests of these people to make sure that they have 'clients' that is their job, if we were to cut down the 'crime' rate. . .we would have to downsize the jails, the police forces, etc etc... I know this sounds like a very stupid argument, but if a prison guard, has a family to support, a home to pay for, kids to put through school, how badly do you think he wants to keep people out of jail
maybe somewhere there exists a program for helping prison guards find different careers and get retraining etc etc... but I've never heard of it, I have heard of all kinds of training programs to be a guard, but not how to not be a guard!!! so in my humble opinion all of society has to change, we have to take a whole other look at how we deal with justice issues, and begin the dialogue process using the conferencing model and talk about how we can begin helping our communities and people/families to start taking responsibility and control, of their lives and communities, 

Maintaining momentum - avoiding model drift - is one obstacle in sustaining FGC. The willingness to be educated and open to FGC is an ongoing challenge for some. It requires a depth of self-reflection and thoroughness that practitioners may not be ready to tackle. FGC is extremely time consuming (extensive training, the coordinating phase, creating partnerships and memorandums of understanding to share information, etc.).

A lack of legislative support for the process

The fact that it is still only an option and not mandatory-giving skeptics the option to avoid the use of FGCs

An observation from New Zealand:

It is mainstream practice. However, I would add that there appears to be a more or less constant subtle attack on the process. In Youth Justice, for example, courts are exerting more and more control over the process to the point where the original philosophy is in danger. In care and protection, there is the ever-present danger of colonisation of the method by professionals.

D4. What advice would you give to someone newly starting up a FGC project?

There was a wide and diverse range of responses (N=176) to this question with some excellent suggestions about what works in getting going with FGC.

- Trust the process
- Don’t `re-invent the wheel`
- Build wide-ranging partnerships
- Good training
- Use research
- Careful planning
- Get management support
- Be flexible
• Stay with it, give it time

Invite skeptics to conferences as observers to see the power of the group process.

Ensure that the integrity of conferencing practice is maintained.

Make certain to include as many staff and community partners in the planning process involved.

Skilled coordinators critical to its success.

Make the model work for you, because it will then work for the family. Do not be so concerned with rigidity, time and rules.

Be clear about what you want to achieve and what the principles are to drive the initiative’

Develop from the ground up not the top down, Create and maintain community coalitions.

You will need to be prepared to stand up to social workers and their team managers. Keep focused and think family first.

Treat each other with the same respect that is shown at the conference. Engage with all the key players in your community from day one. Aim for a high professional standard of service. Build in support, data collection and evaluation process from the day one. Realize that even an imperfect conference is sure to be better than the alternative.

Go slow. Stick to your beliefs.

Practice what you preach. This philosophy is not something that we do to other people. It is something that we become and do with other people.

Grassroots initiatives make the most difference.

Virtually all the responses to this question emphasized the need for collaboration and partnerships.

Collaborate. Collaborate. Collaborate. There are many community agencies who have been doing this work for years and they ought not to be steamrolled because the various departments have developed an interest in this (for a variety of reasons including fiscal).
Really get to know the stakeholders who will participate and/or be served; work hard to understand stakeholder’s interests include these stakeholders in the planning and decision-making throughout the start-up and throughout program operation. Make sure adequate training opportunities are available for facilitators in your area, and plan for continuing education that includes, at a minimum, victim sensitivity, offender sensitivity, cultural diversity and sensitivity, and the role of facilitator as neutral. Make sure facilitators have the skills needed to do an effective job. Make sure that system partners really buy in to the project from the beginning and work out ways to address referrals before project begins.

Take your time in achieving “buy-in” with all of the stakeholders. This process can easily be sabotaged and lose the integrity of the process that is central to making it successful and honorable for the families.

A final question was asked in the survey inviting respondents to “Add anything that you think is left out or to comment on this survey”. Seventy people wrote in a response.

Most of the responses commented on how they would welcome information on what is happening elsewhere with FGC. Several commented on the ease of filling the instrument out online. Some had password problems and found it frustrating. One person suggested that we might have invited respondents to give their definition of “best practice” and suggested that further research might ask whether there should be a “minimum of components, steps, procedures, etc. for the process to be classified as a family group conference”. Another person restated, rightfully we think, some confusion in the instrument about multiple meanings of certain questions, e.g., b11 and the difference between coordination and facilitation.

Several people asked for more about tools for evaluation and hoped there would be further work to disseminate these. One person observed, again rightfully we think, that the survey was challenging for anyone who is affiliated with multiple programs to fill out. This person was affiliated with 74 First Nations communities each of which has its own unique approach that fits with and has grown out of their experience and culture. Several people commented on the complementarities between various approaches in the continuum of family meetings and inclusion between systems. And we agree with the following person in wanting to find inclusive language that bridges the various discourses involved, especially in the connections between family involvement and restorative justice, but we are not yet sure what umbrella characterization would best serve when the harm has occurred between members of the same family and when the harm is between non family members.
Wording the survey as “About FGC’s” seems a little odd. Many of the questions seem to indicate the much wider context of Restorative Justice. I am not a lover of semantics, and I do not care what it is called, but what are now commonly known as restorative justice principles are far too important to be adversely affected by argument over names. I would have thought that there are many practitioners doing excellent work out there who did not realise that this survey should include them.

E. SUPPLEMENTAL SURVEY OF DOMESTIC/FAMILY VIOLENCE

Following the initial survey, it was noted that nearly a third (n=72) of the respondents answered ‘yes’ to the question “Do you conference cases of domestic/family violence?” A second survey was developed, also with the input from colleagues and consultants knowledgeable about domestic violence, to further clarify practices in this area. It was unclear from the initial responses if people were saying that domestic violence comes up in many of their conferences and/or if they knowingly take referrals of these situations.

Two reminders were sent inviting respondents from the first study to complete the supplemental instrument. Only twenty (n=20) responses were received.

We first asked all respondents to give us their definitions of the terms.

**DV1. Will you give us a brief definition of what you mean by the terms ‘domestic violence’ and ‘family violence’?**

**Domestic violence**
- Between spouse/intimate partner
- Living in the same home
- Physical, sexual, psychological
- Economically coercive
- Any abuse of power

*DV is a pattern of assultive and coercive behavior that adults or adolescents use against their intimate partner. This pattern of purposeful behavior can be physical, sexual, psychological as well as economic coercion.*

*It is about the unlawful and or destructive use of power over another. It often includes such things as the imposition of isolation and financial control and verbal abuse and threats of harm.*

*It often includes such things as the imposition of isolation and financial control and verbal abuse and threats of harm.*

**Family violence**
• Among members of a household not just intimate partners
• Child abuse by parent
• Between siblings
• Physical, sexual, psychological

Violence in relationships, violence between parents and grown-up children or grown-up children vs. parents, violence from parents to children.

Family violence involves violence that directly or indirectly involves all family members in the home.

Family violence could include the wider family or kin group.

DV2. Do you conference cases of domestic or family violence (choose all that apply)?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes (domestic violence)</td>
<td>18</td>
</tr>
<tr>
<td>Yes (family violence)</td>
<td>15</td>
</tr>
<tr>
<td>No we do not conference either</td>
<td>2</td>
</tr>
</tbody>
</table>

DV2a. If not, what happens in situations when violence in the family (apart from child maltreatment) is ‘discovered’ after you have accepted the referral?

• Assess and determine safety of participants
• Offer victim the choice of having perpetrator not participate
• Bring domestic violence professionals in for support

We would assess the situation and determine if we feel we can create safety during the meeting for all participants, or after the meeting for the victim of the violence. We ask parents (or the victim) if they wish to have the FGC, or if they wish to attend, or if they prefer to have the alleged perpetrator not attend or attend via speaker-phone.

Only those who answered “yes” were invited to complete the remainder of the survey. One person gave definitions of domestic and family violence and added only the following:

The case must be a CPS case involving child abuse with family violence as a high risk factor. We do not conference family violence cases alone unless there is a CPS case first.

All other questions were unanswered. Hence, 17 valid responses are included in the following.
DV3. About how many conferences have you done to date that have involved domestic violence (apart from the abuse of children)?

Seventeen respondents answered this question.

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Under 10</td>
<td>4</td>
</tr>
<tr>
<td>10 – 50</td>
<td>6</td>
</tr>
<tr>
<td>51+</td>
<td>7</td>
</tr>
</tbody>
</table>

One respondent reported “no clue, a lot”. Another said “unknown”.

DV4. In what year did you first conference domestic violence or family violence cases?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>1990 – 1999</td>
<td>7</td>
</tr>
<tr>
<td>2000 – 2003</td>
<td>9</td>
</tr>
</tbody>
</table>

One program answered only “traditional”. Two programs did not respond.

DV5. Do you get referrals directly for domestic or family violence (or do they just turn up in the conferences or situations you already deal with)?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, we take direct referrals</td>
<td>13</td>
</tr>
<tr>
<td>No, we don’t accept direct referrals</td>
<td>4</td>
</tr>
</tbody>
</table>

DV6. Do you put into place additional safety measures for adults who are being abused in these situations?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, (if yes answer 6a)</td>
<td>17</td>
</tr>
<tr>
<td>No</td>
<td>0</td>
</tr>
</tbody>
</table>

DV6a. If yes, please briefly describe the additional steps you take in the cases involving FV/DV, and say who approves the plans?

Additional steps
- Consideration of seating positions
- Pre-conference agreements around violence
- Participation of a DV advocate/support person
- Safety planning for after conference
- Meet with perpetrator and discuss need for safety
• Law enforcement presence
• Exclusion of threatening individuals
• Use of phones or other media to allow participation without physical presence
• Development of ‘conference kit’ with guidelines to particular areas of violence
• Develop escape plans with victim
• Make all attendees aware of violence
• Postponement of conference

We meet with the victim of the DV to discover what the DV is like for her/him, what methods the alleged perp uses to control, intimidate, coerce, pressure, etc. others; what cues she/he uses to know when the perp is going to start in on her/him, etc.

Safety is the FIRST priority for the family.

Facilitator assesses current and previous levels of violence.

Sometimes exclusion from fgc of potentially violent family member.

Plans approved by
• Supervisor of FGC programs
• Referral sources
• Statutory authority
• Social worker
• FGC coordinators

The referral source always approves the plan.

I am the supervisor of our FGC program and I approve the plan for the FGC if the parent wishes to go forward with a planful meeting.

DV7. Was domestic violence the main reason for the referral?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>11</td>
</tr>
<tr>
<td>No</td>
<td>6</td>
</tr>
</tbody>
</table>

DV7a. Or did it come up while you were planning/carrying out the conference?

<table>
<thead>
<tr>
<th>Response</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>6</td>
</tr>
</tbody>
</table>
DV8. Approximately what percentage of these conferences involved:

<table>
<thead>
<tr>
<th>Type of Violence</th>
<th>Number of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0 – 25%</td>
</tr>
<tr>
<td>injury requiring medical attention</td>
<td>8</td>
</tr>
<tr>
<td>violence resulting in injuries that did not</td>
<td>7</td>
</tr>
<tr>
<td>require medical attention</td>
<td></td>
</tr>
<tr>
<td>sexual assault</td>
<td>8</td>
</tr>
<tr>
<td>sexual assault without overt physical violence (e.g.,</td>
<td>7</td>
</tr>
<tr>
<td>pressure, exploitation)</td>
<td></td>
</tr>
<tr>
<td>threats of violence, emotional abuse, psychological</td>
<td>2</td>
</tr>
<tr>
<td>abuse</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>4</td>
</tr>
</tbody>
</table>

DV8a. If you chose a percent for other, please describe the situation

Referral must involve children to be accepted for services.

In 14 of the 56 cases, child endangerment was also indicated, meaning the victim placed the children at risk.

DV9. Please add anything that would help us understand the extent to which conferences are being used to deal with these very challenging matters of violence in families: Include practice innovations you employ or research findings you hold as vital to your work.

**Reasons for conferencing**
- Conferences are self-driven
- Safety always comes first
- Used for permanency planning
- Helps bring in extended family
- Creates support for victims to pursue legal action
- Ensures the comfort of victims
- Creates greater awareness of violence
- Protects children

Conferencing is traditional Navajo peacemaking, and one of its strengths is that individuals can self-select the remedy.
Abuser/Offender must be in a position to participate without threat or emotional/physical harm to those attending conference.

Our conferences are nearly always referred due to the need for planning for permanence,

We use the FGC to allow the extended family to know what the extent of the problem is as it affects the kids.

Main job here is to protect the children.

Practice innovations and research findings

- Meetings facilitated by two individuals in public places only
- Families more likely to take criminal action against perpetrator due to increased support in family
- Monthly one hour information sessions for workers
- Family Group ‘Debriefings’ after FGC
- Police share information about the violence at beginning of FGC
- Use Family Group Decision Making model developed by Jim Nice
- Checklist to assess severity of violence

We are in the process of devising a handbook for social workers to use in helping to prepare for FGC’s for clients involved with domestic violence.

Often the police is in the first part of the conference, giving information about their task.

Important is that both partners and the children have a support partner.

We discuss a plan for safety before the conference to be used during and after the conference.

E. SUMMARY

This survey was undertaken largely at the behest of AHA conference participants who urged “someone” to gather information about what is “out there” in the way of developing practice, policy and research related to family group decision making. It was our own belief that FGC proponents and practitioners share enough with other family- and “service-user”-centered models and practitioners that we should invite those “others” to have a look at the survey and decide for themselves whether their practice and interests fit with what we were attempting to do, that is, describe the landscape. And we were well-rewarded. The fact that 225 respondents from 17 countries took up the task of responding to this rather long survey is an important “finding” in and of itself. And judging from the number
of respondents whose programs were of more recent vintage we would risk saying that interest in these practices is continuing to expand and develop.

**Implementation**

The exponential growth of the use of Family Group Conferences is happening at a time when child welfare and protection and youth and adult corrections services appear to be in a constant state of change and re-organization. New initiatives are happening all the time and practice is continually evolving and developing. In most cases it is practice that leads innovation and has a consequent effect on policy and law, rather than the other way around.

The sample is no doubt biased by people who are enthusiastic about the practice to the extent that they believe affected parties can be safely and meaningfully brought together in a wide variety of situations and are able to work together in a climate of respect. We were pleased to see the uniformity of safety measures reported by those who use conferencing practices in situations of domestic or family violence. While the efforts of the respondents span the boundaries of education, mental health, justice, health, child and family welfare, communities and the workplace, the programs they represent are, to a very large extent, ones that operate on the margins of mainstream practice. With the exception of those programs supported by legislation that gives families and other affected parties a right to be involved, the respondents represented programs operating on the margins and very few families get through to these services. These respondents raise many concerns about the sustainability of their efforts and we would concur by observing that marginalized programs typically end up at the mercy of “gate keeping” processes that privilege some groups and deny services to others.

What was striking in reviewing the 225 responses we received from 17 different countries was how adaptable conferencing is. This approach and its many variants operate in a wide range of contexts, locations, organizations and different areas of practice.

Conferencing has clearly grabbed the imagination of a wide range of practitioners and policy makers many of whom attribute their inspiration to learning about the radical vision from New Zealand. The ever-growing practice and policy developments in conferencing appear to be creating new insights and innovations in this approach to decision-making and problem solving. The survey suggests that the practice of bringing groups of children, families, extended families, friendship networks, and communities together in often serious or complex and risky situations has considerable currency.

This survey underlined how much local context invariably shapes practice. The interplay of politics, economics, demography, history, culture, organizations, local procedures, laws and practice knowledge all impact on how approaches to
conferencing are conceptualized and delivered. This is reminiscent of Hokenstad’s (1992) observation that “Social workers all over the world share common values yet operate within a specific context. All social work practice like politics, is local” (p.191).

As expected, there appears to be enormous variation in the ways conferencing is being organized. Some areas have located conferencing in law, notably New Zealand. A few have established and well supported services operating in the mainstream of their practice supported by policy mandates but most of the respondents were still building their project or service or had reported on a time-limited effort that had concluded. Most of these latter groups operate or had operated at the margins of service provision, sometimes developing from ‘grass roots’ projects relying on support from local partners or even inspired individual practitioners, sometimes working with little support, making efforts to introduce the conferencing often against the odds.

Some projects only complete but a small handful of conferences a year. This underscores the tension so aptly noted by Braithwaite (2000). He points out that in the USA in particular, that the very marginalization of these programs accounts for the many and varied exciting developments with the resulting insecurity as compared to places where practices once enshrined in law must fight against the tendency for practice to organize around mediocrity. Similarly, Schorr (Schorr, 1997; Schorr & Schorr, 1998) points to the tension between the need for both great flexibility at the practice level and the need for regulation to sustain the practice. A challenge then of mainstreaming this approach is to ensure conferencing adheres to the key principles of the model when delivered in large numbers without becoming to routine or standardized.

One of the key and recurring themes in the survey was how services are struggling to get conferencing into mainstream practice. While a number had been very successful at this, most were experiencing difficulty getting conferencing embedded in mainstream services. A significant commitment in funding, management support and policy or law was needed to underpin this practice. While conferencing remained at the margins of practice there was concern that only a small number of families would receive the service or were vulnerable to the attitudes of individual practitioners and there willingness to use this approach.

The survey showed how a key implementation issue of deciding who coordinates conferences varied significantly. While most were employed by the sponsoring agency for the FGC service, many projects used a mix of permanent staff and community volunteers. Respondent’s comments raised questions about why coordinator services were set up in a particular way. For many, having an independent (or at least neutral) coordinator had some currency, but this was not the case for all. There was a wide gap in ideas services about whether professional qualifications were needed for coordinators; in practice this ranged
from volunteers to post graduate or senior practitioners. There was clearly no consensus on who the coordinator should be and in addition there were concerns expressed about agency perceptions of coordinators credibility, alongside issues about power and status of coordinators. The reality in many cases was that FGC projects were building on coordinators from existing services due to a lack of resources and were having to `make do'.

Overall respondents felt that the conferencing approach fitted well with the stated mission and goals of their agency. However the complexity was in the detail of turning this rhetoric on empowerment into reality. Respondents reported that making these conferences work within the context of existing practice where systems were built on different sets of assumptions about the relationships between families and professionals, was harder than first thought. Without explicit legislative backing some projects felt they were swimming against the tide. If agencies historically have worked from the assumption that professionals `know best' and should be in control of decision making and resources then this would be in conflict with an approach that puts the family or community participants at the centre of the decision making process.

Respondents felt the FGC practice clashed more often with other agencies’ philosophies and practices and noted the continued and significant resistance amongst certain professionals, despite conferencing being established for long periods. It was felt that change was occurring but that progress was slow and a significant minority felt that the practice `doesn't fit at all’ – there were some fairly polarized views on this.

Establishing an effective mandate to embed FGC in mainstream services appears to be one of the most significant challenges to FGC projects and services. Many of these projects are small scale and rely almost wholly on the determination and enthusiasm of small numbers of managers or practitioners and operate under either time limits as pilot projects or are vulnerable to budget cuts. Even managers who are enthusiastic about the work feel they are under pressure to justify the effort for such small numbers of families in some projects. Doolan (2002) proposes the following 3 levels of mandate for FGCs and associates each with different levels of support for implementation:

1. **Good practice mandate** –where FGC practice relies on individual practitioners or manager promoting the approach and using it I their practice

2. **Procedural mandate** –where the agency sets out clear standards and expectations on where the FGC shall be used in relation to families

3. **Legal mandate** – where the law confers rights obligations and duties on families and professionals ensuring that this approach is used.
He argues that that without a strong *legal* mandate FGC practice will always be vulnerable to elimination through budget cuts or changes in management and this is certainly borne out in this survey. It is also notable that in places outside of New Zealand where conferencing was often struggling against the mainstream, there was significant conflict with existing systems, procedures, organizational protocols. Most practice appeared to either struggle in the mainstream of orthodox approaches, or to work as an alternative to, rather than transform the mainstream.

The consequences of this are, as Doolan (2002) argues, the need for agencies and leaders to start to deconstruct and question dominant ideologies that reinforce ‘top-down’ professional expert models of decision making. This dominant ideology is most evident in child protection systems, where professional control is at its highest. Therefore changing systems to genuinely promote FGC will involve reconstructing ways of doing things to more family inclusive practice. These processes will be underpinned by a wider consensus on the importance of family involvement in matters effecting children.

Legislation in many cases described by respondents in the report, was seen as supportive or ‘permissive’ to `allow the use’ of conferencing rather than prescriptive as in New Zealand. An increasing number of policy initiatives were occurring and many hoped that this would strengthen the mandate for the practice. Ultimately many reported their hopes for legislation as the best practice mandate was seen as vulnerable.

**Practice**

This section of the survey highlighted a diverse range of practices and assumptions that operated around the use of conferencing. Given this survey did not seek to explicitly define or limit definitions of conferencing, the interpretation and evaluation of different services were left in the hands of the respondents. The effect was perhaps a widening of the numbers of people who responded and as a consequence gave us an overview of diverse practice. This was highlighted even in the names people used for conferencing.

It is in the proliferation of practices that a tension between the development of conferencing practices as a rational-technical procedure mainly fitted to local requirements and those who seek to articulate the underlying values and principles and search for ways to express those values and principles in local practice. This is apparent in the many ways that conferencing is adapted to pressures, particularly in child welfare practice in the United States, to give the appearance of family involvement in decision making but at the same time to meet quick deadlines for court hearings and to increase kin care placements. For example, several adaptations have reduced the time and effort of preparing family members and professionals to a minimum, or eliminated that activity altogether, and eliminated the emphasis on giving the family time to caucus their
views on the own on the day of the conference. On the surface, it would seem that these efforts have organized their practice largely around pragmatic local concerns but we wonder at what sacrifice of the principles of sound participatory decision making and what attention is given to the rights of affected persons to be involved in decisions that affect them. This latter issue of particular concern, again in the United States, who is still not a signatory to the UN Convention on the Rights of the Child, where the rights of parents to raise their child they way they want to trumps the rights of a child to have access to family members beyond their parents such as grandparents, aunties and uncles. This places a great deal of power in the hands of referring social workers in the USA because unlike the law in New Zealand that gives these relatives an entitlement to be present at a meeting when there has been serious child maltreatment, these relatives can only be invited if the social worker allows it. While many local programs have succeeded in widening the circle of family members at the meeting, many others appear to stop short in the application of this principle and end up with many more professionals at the meetings than family and “like family” members.

These practice embellishments appear to confound the process of gaining consensus about what is best practice particularly in child welfare practice but also in youth and adult justice/corrections and schools. Judging from the small sample of respondents who use conferencing practices in situations of domestic and/or family violence, there is greater consensus about how to proceed, at least from these respondents who appear to think it is possible to do so, and their efforts appear to be informed by strong partnerships with their local domestic violence community or on-site domestic violence specialist.

On the other hand, some key patterns pertaining to practice did appear, among those respondents who aspire or subscribe to a broadly common set of values and principles. Interestingly, established projects, meaning those that had been around the longest, reported taking conferencing into new areas of practice. In some instances, like Navajo Peacemaking, this was related to the application of the approach to a wide range of problems, issues and conflicts but in other areas the consensus appears to be evolving out of a convergence of practices and related philosophical and value-driven practices. The reports of practice involving wraparound, restorative justice, and other models and theories that begin with family- and community-centered analysis appear to support a convergence of work in mental health, justice, education, health and child protection aimed at engaging family and individual strengths and building on their capacities for involvement.

Some of the key conference processes, for example holding conferences at a time and place dictated by the needs of the participants, using neutral or independent coordinators, involving a wide circle of participants and supporting their participation were occurring in many cases. In these instances, conference
practice appeared flexible in keeping with the ethos of giving families, and “like family members” a voice.

In this latter conceptualization, conferencing is clearly flexible and as the approach is client/family centered, rather than predominantly organizationally centered, it has a wider applicability or it may be that the core principles – family and community involvement, citizen empowerment, accountability of and partnership with professionals – have political currency at present. Many respondents pointed out how, in this way, conferencing appears to straddle the political spectrum appealing to both left and right for different reasons. The conceptualization of notions of ‘empowerment’ and ‘family decision making’ can be cast then either in terms of self sufficiency and freedom from professional/state interference or they can be cast as families having greater control over state and agency resources.

The survey reveals many new ideas and innovations occurring in both statutory and voluntary organizations pushing the boundaries and ideas about how this approach can be delivered. As could be expected there are simultaneous concerns about the maintenance of program or model “integrity” and drift, and the consequent loss of ethos, as well as the previously mentioned concerns that the flexibility of the approach will be overly dominated by attempts to organize family involvement around legal, administrative or other self-serving procedures that perpetuate the problems so well known in child welfare (Parton, Thorpe & Wattam, 1997; Waldfogel, 1998) and expectations that reproduce the frustrations and limitations of current legally-driven and administratively dominated practices. Developing a common understanding about standards for best practice may become increasing difficult as approaches either merging with existing ways of doing agency business or diversifying. As previously mentioned, this was particularly evident in the responses from the USA that revealed a wide and growing range of practices, many very exciting and innovative, where by contrast in northern Europe there appeared to be more consistency and an identifiable approach.

The concerns raised about conferences being distorted or misused included the worry that restrictive criteria (e.g., referral criteria) are often designed, deliberately or not, that end up with many who are in need of limited resources don’t get them while others who do not need particular resources or services get pushed into way more services than they need. Particular concerns included that conferences get misused as:

- mechanism to squeeze resources out of families
- an assessment tool for professionals
- a “rubber stamp” for professional plans
- a way to pressure people into admitting to offenses or behaviors without due process rights
These concerns reminded us of Braye and Preston-Shoot’s (1995) observation that:

*Emerging professional principles for partnership practice promote user choice without clarifying how professional led consumerism empowers users, and argues that statutory mandates can form the basis of partnership without addressing the criticism that this is not partnership but participation in a preset agenda (p. 102).*

If, or when, this is the case, then partnership and empowerment get transformed into using FGCs to meet the professional agenda. As such FGC can have as much to do with the needs of professionals as families.

What is shown in the survey is that practice may fit with the stated philosophy of some state organizations but not with, on the whole, their day-to-day services. Agencies then, struggle with the approach to fit it within existing professional and organization requirements rather than being transformative and based on reflective and family-centered decision making practice.

**Research**

Judging from the responses to the research questions there is a high level of interest in exposing conferencing practices to the light of day and as could be expected, very little in the way of support for carrying out extensive, well-designed studies. Despite high levels of interest in research and evaluation, much of the work done to date has been shaped around local needs and done on demonstration programs that no longer exist.

Most respondents have obtained some kind of feedback from conference participants and there is considerable across-effort attention to common themes including whether people felt the process served the goals (e.g., safety and well being of children, repair to victim, holding offender accountable), the extent to which participants found the process fair and respectful, etc.). Unsurprisingly, respondents reported that in their experience people who attend conferences are generally highly satisfied with the process and this fits with the overall picture of published evaluation results (Braithwaite, 2000; Merkel-Holguin, Nixon, Burford, 2003a).

Other evaluations were clearly targeted to local adaptations. For example, getting the process over within a specified period of time figured centrally as an evaluation concern for some. Making sure a family member was identified who could take the children into care, or keeping a child out of care, was a priority for others. Ensuring that an offender issued an apology was a concern for some programs dealing with young people in conflict with the law. More elaborate studies were concentrating on re-offending, re-referral for services, subsequent
reports of abuse, changes in placement for children. What came through clearly is a need for more international exchange of ideas practice, policy initiatives, shared research models and comparative research. What it means for a family to have a “re-referral” for services can be understood completely differently in one country or policy context than in another. Research and evaluation findings are not easily understood across these settings and require much in the way of understanding what is meant by access to services, how needs and risks are defined and even what the notion of “services” or service provision means.

**Future**

While the enthusiasm for involving affected persons in having a say in decisions that affect them appears to be continuing to grow, it appears tempered, particularly in the light of respondents who have been doing this work longer, by understanding of the challenges that working in partnership and partnerships entails. Respondents pointed to larger social processes that privilege certain groups over others as the ongoing project that will not be solved by simply engaging families in having a say in the immediate matters that have brought their families before the formal authorities. Some express caution about the long-term implications of governments sponsoring programs that aim to empower families, and point to the need for non-government organizations or tribal authorities to play more central roles, at least as counter-balances, if not as alternatives, to the influence that professional and political interests wield through government sponsorship. These respondents view these sponsorships as privileging the application of formal solutions to problems (e.g., expensive therapeutic solutions) and diminishing the empowerment and the shift of resources to informal sources. Concerns about downloading responsibilities onto families and communities without offering access to resources were raised.

On the other hand, some respondents raised concerns about special interests dominating practice without being inclusive. As mentioned, these concerns are reminiscent of those that plagued the family preservation movement, particularly in the United States (Adams, 1994) as marketing of social change and product branding that took priority over the larger goals.

The internet has speeded up lives in good way. Helped us speed up collection but that need for speed is evident in social work and emphasis on measurable outputs in quickest and efficient time. Like the internet that can help us get things done quickly but not done well necessarily. Restorative and family conferencing is fundamentally not based on technology but based on relationships. This survey depended on this same technology and holds both its advantages and its disadvantages. Unlike a dialogue, or conversation through which we might deepen our shared understandings, a survey skims along the surface. In no way do we present these findings as a final statement on conferencing and related practices. Quite the opposite. In the spirit of the relational world view
underwrites conferencing, we hope this study contributes something to our ongoing conversations.

*In the mind of the expert there are few possibilities. In the mind of the beginner there are many….*

Suzuki
F. REFERENCES


G. APPENDICES

A. SURVEY QUESTIONNAIRE

B. DOMESTIC/FAMILY VIOLENCE SUPPLEMENTAL QUESTIONNAIRE

C. RESEARCH AND EVALUATION REFERENCES & CONTACT PERSONS
APPENDIX A

Survey On Family/Community Conferences

To help understand and organize the surveys, please identify the country you work in:

What is your position?

☐ Conference Coordinator
☐ Administrator
☐ Researcher
☐ Other

A. Local Implementation

a1. What prompted interest in your conferencing program?

a2. What did you hope to achieve through the use of FGC? What were your goals and objectives?

a3. What were the significant milestones [events, barriers, boosts] in your implementation or start up?

a4. Who sponsors the conferencing program(s) in your area [e.g., child welfare department, a private non-profit agency, a community coalition, local authority (UK), a local advisory group, or a "partnership", etc.]

a5. Please describe any improvements to the FGC model you have made or any other features that you think are particular to your FGC practice
B. Current Practice

b1. Please type out the complete name you use for conferencing [e.g., family group conferences, family group decision making, community conferences, family team conferences, family unity meetings, etc.]

b2. Do your FGCs focus on [check all that apply]
- child welfare/protection
- youth/juvenile justice/corrections
- domestic/family violence
- school conferences
- child mental health
- other

b3. Do you have specific or agreed criteria for referral?
- yes
- no

b4. If yes, please describe:

b5. Do you "screen out" (i.e., refuse to accept) any types of referrals (e.g., sex abuse' cases)?
- yes
- no

b6. If yes, please identify all:
b7. Please describe WHEN you hold conferences [daytime weekdays, evenings, weekends, etc.] and WHERE you hold them [family homes, church, community center, etc]:


b8. Are family members given any tangible supports for attending [e.g., travel, accommodation costs, etc.]?
☐ yes
☐ no

b9. If yes, please describe briefly.


b10. Please describe who coordinates the conferences and what relationship they have to the sponsoring group [e.g., volunteer coordinators, coordinator employed by sponsoring group, etc.]:


b11. Does the same person who prepares for the conference also coordinate the conference itself?
☐ yes
☐ no

b12. Please estimate how often children or young people attend the conferences
☐ More than 75% of the conferences
☐ 50% to 74% of the conferences
☐ 25% to 49% of the conferences
☐ Less than 25% of the conferences

b13. If you have any restrictions on children's attendance please describe them


b14. Do families have "private time", i.e., time at the conference to talk on their own without the professionals present?
b15. Is there any post-conference follow-up with the members of the family?

☐ yes
☐ no

b16. If yes, please describe briefly.

b17. How long (on average) does it take to prepare and convene a conference [please answer in hours, for example: "about 12 hours spent over 3 weeks"]

b18. How many FGCs have been conducted overall?

b19. How many FGCs have been conducted in the last calendar year?

b20. In what year did you start conducting FGCs?

b21. How does the practice fit, or not, with existing systems?

b22. Please describe the mandate for practice [e.g., is there legislation, procedural or policy directives, good or best practice mandate]?

C. Evaluation and Research

c1. In your view what has been achieved so far by implementing FGC?
c2. Have any evaluations been carried out, or are any being carried out on your FGC practice?
☐ yes
☐ no

C3. If yes, please describe the nature of the evaluation. Please identify any written evaluation studies or reprints that have been produced about your practice, and identify a contact person for information containing them.

D. Future

d1. What is the likely future of your use of FGC?

d2. What impact, if any, do you think the practice of FGC has had or will have on organizational or practice culture in your area?

d3. What do you see as the key blocks to sustaining the use of conferencing or moving conferencing into mainstream practice?

d4. What advice would you give to someone newly starting up a FGC project?

Please use the space below to add anything that you think is left out or to comment on this survey.
Thank you for taking the time to fill out this online survey. If you want to receive a report on the results of this study, please fill in your name and email address. All reports will keep the identity of the person who filled in the survey anonymous.

Name

Email Address

Submit Survey

Powered by Perseus SurveySolutions.
APPENDIX B
SUPPLEMENTAL SURVEY ON FAMILY/DOMESTIC VIOLENCE

FGC Follow-Up

To the 70 of you who receive this email:

Thank you for filling out and submitting the WWW Survey on the use of conferencing that Paul Nixon and I put together. Of the over 200 people who submitted the survey, the 70 of you had one very interesting thing in common: you all said yes to the question "Do you conference cases of domestic/family violence?"

We are interested to learn more about what kinds of things you are doing.

So, will you please have a look at the following link and consider filling out this additional [short] survey? Thank you so much for participating.

Gale Burford & Paul Nixon

Please provide us with your e-mail address. This will be for tracking purposes only. All e-mail addresses will be kept confidential

1) Will you give us a brief definition of what you mean by the terms 'domestic violence' and 'family violence'?

2) Do you conference cases of domestic or family violence (choose all that apply)?
   - yes (domestic violence)
   - yes (family violence)
   - no we do not conference either

2a) If not, what happens in situations when violence in the family (apart from child maltreatment) is 'discovered' after you have accepted the referral?
If you answered NO to the first question you do not need to answer the following questions. Please scroll to the bottom of this page and click on the submit button. However, if you answered YES, please continue to fill out the survey. Thank You.

3) About how many conferences have you done to date that have involved domestic violence [apart from the abuse of children]?

4) In what year did you first conference domestic violence or family violence cases?

5) Do you get referrals directly for domestic or family violence [or do they just turn up in the conferences or situations you already deal with]?
   - Yes, we take direct referrals
   - No, we don't accept direct referrals

6) Do you put into place additional safety measures for adults who are being abused in these situations?
   - yes (if yes answer 6a)
   - no

6a) If yes, please briefly describe the additional steps you take in the cases involving FV/DV, and say who approves the plans?

7) Was domestic violence the main reason for the referral?
   - yes
   - no

7a) Or did it come up while you were planning/carrying out the conference?
   - yes
   - no

8) Approximately what percentage of these conferences involved:
a) injury requiring medical attention
b) violence resulting in injuries that did not require medical attention
c) sexual assault involving physical violence
d) sexual assault without overt physical violence [e.g., pressure, exploitation]
e) threats of violence, emotional abuse, psychological abuse
f) other

8a) If you choose a percent for other, please describe the situation:

9) Please add anything that would help us understand the extent to which conferences are being used to deal with these very challenging matters of violence in families: Include practice innovations you employ or research findings you hold as vital to your work.

 Powered by SurveySolutions XP: Conduct your own customer satisfaction surveys
APPENDIX C
RESEARCH AND EVALUATION REFERENCES AND CONTACT PERSONS

1) Q.c3 If yes, please describe the nature of the evaluation. Please identify any written evaluation studies or reprints that have been produced about your practice, and identify a contact person for information containing them.

- see www.calgarycommunityconferencing.com we are half way into a 2 year qualitative look at the experience of youth and victims having participated in a CC, funded by the Alberta Law Foundation
- randomised controlled trials. See website - www.crim.upenn.edu/jrc

Heather Strang
- Gill Crow - Sheffield university - 1999 - implementation " " " " 2000 - process and early outcomes" " " " 2001 - outcomes

• A national evaluation and research programme covering the 8 local authorities "kommuner" in the period of 3 years, with both quantitative and qualitative data. The name of the first publication is "En Beslutningsmodel med meget mere " En undersøgelse af det danske forsøg med familierådsslægning. Bo Morthorst Rasmussen and Thomas Haldbo Hansen UFC-Børn og Familier, Haderslevvej 1, 6200 Aabenraa, Denmark

• An evaluation was carried out on the Pilot by an independent person. The evaluation is available contact Linda Crozier

• Evaluation of Pilot - Dr Sally Holland (Cardiff University) Evaluation of Long Term Outcomes - as above Internal Evaluation of Long Term Outcomes

• There is a research study in progress being lead by Susan Kemp at the University of Washington. It involves interviews with attendees and reviews of client records. The sample size is currently too small but we hope that in a year we will have more families who agree to participate.

• We developed an evaluation sheet that is handed out after the conference. We have emailed that to other coordinators in other states. If you would like to see a hard copy you may contact me at 406 232 1385

• An on-going evaluation is being conducted on FGDM in our state. The evaluation process includes demographic information supplied by each facilitator (these are done on completed conferences as well as ones that are cancelled), all participants are asked to complete a confidential survey following the conference itself. The evaluation associate if Allison Titcomb, Ph.D, 520 326-5154. Members of the evaluation team are also attending meetings as observers.

• The MN study we are conducting is in process and won't be completed until January 2003. We studied program implementation in the summer of 2001 and are conducting interviews with 100 conference facilitators, 100 parents who participated in conferences, and 100 referral worker/case workers who work with the 100 parents. Furthermore, we have collected post-conference satisfaction results from these 100 conferences and documenting the costs associated with conducting the conferences. Finally, we will look at some more long-range results for the children six months after the conference has been completed. You can call me (Christa Treichel) at 651-642-9067 or email me at treic004@tc.umn.edu for more information.

• Currently UC Berkley is conducting a 5 year research study on FGC. For more information you can contact Caine Christensen at 559-453-6664.

• Department of Child Youth and Family Services, Wellington, NZ

• Every participant in a FGC is asked to complete an evaluation form and they send them back to me anonymously or to my mentor in the agency. Her name is Judith Wirth and her # is 360 651-6953

• Satisfaction surveys (distributed and collected immediately after the FGC), and qualitative follow-up interviews in 3 and 6 month increments have been completed. The analysis of this information is in progress. Contact person: Kilolo Brodie (202) 518-6737

• Many evaluations by different sectors and countries
• in process of evaluating experience of using FGC’s by children, young people, family members and professionals, primarily to get a sense of how our implementation helps or hinders the process. Evaluation done by questionnaire to all attending FGC
• Questionnaires for families, young people, referrers and service providers. 1st year report completed Feb 2002, available from Deanna Edwards
Deanna.Edwards@stockport.gov.uk
• No formal research at on these meetings but some of our data was used in a University of Washington research project along with data from other offices. I keep and evaluate office statistics on an annual basis and report to office management. Our Community Family Partnership Project which includes CFSMs is being evaluated by the University of Washington under Susan Kemp.
• Evaluation will be undertaken by the Children's Society Research team at Gallery House, 125 The Headrow, Leeds LS1 5RD.Telephone 01132 465131.
• You would need to contact the Office of the Commissioner for Children, Eve Fone could provide details eve.fone001@cypf.govt.nz or our website
• The state department of Human Services hired cooperative ventures to conduct evaluation of FGDM from 3 perspectives: the facilitator, the social worker, and the family. The evaluation is to be complete by Dec. 2002, after surveying 100 families. Locally we complete quarterly evaluations on the effects of FGDM on out of home placement of children and the quality of customer service satisfaction.
• Minnesota DHS has contracted with Cooperative Ventures to evaluate FGC, as related to TLRS grants that were distributed throughout the state. Jerry Lindskog, at DHS is the contact for the grant.
• ERHA O'Brien NWHB Gallagher et al MWHB O'Brien
• The Evaluation was carried out by Linda Cameron, Project Co-coordinator. It focused on Quantitative and Qualitative data, collected from referrers, and families. It is a small evaluation, statistically insignificant. However, you are welcome to a copy.
• The Northwest Institute produced a report at the end of the statewide pilot project in 1998 that looked at 133 conferences. The report asked: who was being served? What effect did the FGC program have on child welfare outcomes? Does Washington's program engage families in the delivery of services? The second study looked at long term and immediate outcomes of FGC. Contact Judith Wirth at wirj300@dshs.wa.gov for more information regarding this study. The second study asked of 70 conferences: what were the immediate outcomes of FGC? Were there any substantiated CPS re-referrals post conference? Did the children remain safe and in stable placements over the long-term? Did the FGC impact case closure rates? Just this July, I did a small outcome study for my small program. I looked at 2 year outcome data and found that: Family meetings reduce re-referrals to CPS. Family meetings increase parental reunification rates. Family meetings reduce foster care placement rates. Family meetings reduce child welfare court activity, and the number of actual "dependencies".
The evaluation model developed by The International Institute for Restorative Practices is being applied, and will be available for evaluation in due course. (It is a series of questionnaires -different for each category of participant, which is sent to them post conference for their input. We are having around an 85% return.

It is an action research which entails practitioners and researcher working together. A report has been written in Dutch, the final report will appear in November 2003. Articles have been written in English for conferences were the project was presented. More information can be found with Inge Vanfraechem.

Descriptive analyses of conferences and case studies Articles have been written on 1) implementing this program, and 2) the psychology of Community conferencing For info contact: Lauren Abramson, Ph.D. Director Community Conferencing Center2031 Maryland Ave Baltimore, MD 21218410-625-8845labramso@jhmi.edu

a brief outcome study by Kathy Schlather, DSS planner 607-274-5297

Surveys designed after Mark Umbreit's are given to victims, offenders, their supporters, and other observers. The results have been collated on an ongoing basis by Paul Woodward, who is responsible for analyzing program results. He has produced one report, so far. He can be reached at paul.woodward@dupageco.org.

Again, I'm not associated with a local family conferencing program. I have designed and implemented a number of evaluations of family conference (e.g., The Miami Model Court Family Decision-Making Conference Program: Evaluation Results. Technical Assistance Bulletin, Volume V, Number 3, November 2001. National Council of Juvenile and Family Court Judges. For a copy please contact: Kim Taitano (taitano@pppncjfcj.org). Currently underway are evaluations of Hawaii's O'hana conferencing program and Indianapolis, Indiana's family group conferencing program.

Mapping the Healing Journey. The Aboriginal People's Collection, Solicitor General Canada, 2002

Formal independent evaluation conducted in 1999 (contact person: Gena Gerard at CCNP RJ Program, 612-871-8100). Annual recidivism checks. Ongoing evaluation: conference satisfaction surveys, staff debriefing with facilitators, staff observing and coaching in conferences, annual planning retreat to examine mission and progress in accomplishing goals.

contact James W. Zion. There have been several studies. [Navajo Peacemaking]

Program Coordinator, Vickie Shoap. (703) 792-4073

at the RCMP Headquarters Ottawa Research and Evaluation Section

We have an early study of our program by Mark Umbreit, University of Minnesota. We were part of a later study on conferencing programs by the u of Minnesota. We have been part of a BARJ study out of Florida Atlantic University (Bazemore) and we have a self study on recidivism over five years which may be available from Minnesota DOC RJ initiative.
• Comprehensive process evaluation and outcome evaluations are underway. I am contact. Vicky Weisz (vweisz1@unl.edu)
• Portland State University Diane Yatchmenoff 503 725 3000
• The project will be evaluated by an independent researcher hired by Justice Canada. The researcher responsible for administering the evaluation studies is Dr. Jharna Chatterjeejharna.chatterjee@justice.gc.ca (613-954-3591
• Process and Impact Evaluations Progress Report: Diane C. McCoy, PO Box 206, Westminster MD 21158Final Report: John Bellassai JD, 4007 Garrison St. NW, Washington DC 20016
• Data is now being collected in a major way in all F2F sites as they implement TDM. Please contact me for further information. [no contact name was provided].
• In 1999 a client satisfaction survey was used to evaluate clients'/families' feelings about the FGC. LeeAnn Stocks is the contact person. My research project (2001) was a comparative study of one hundred percent of the FGC participants from 1998 to 2001. I examined the foster care placements, recidivism and the results of any subsequent referral. I used a comparison group of the same number of subjects that were referred to CPS during the same time frame, but did not have a conference. I found that families that had the FGC had fewer incidents of children placed in foster care placements and lower recidivism rates that the families in the comparison group. An added bonus is that savings to our agency during the two year time frame was estimated at over one million dollars. You can contact me, Wanda Burrow, at: wburrow@fresno.ca.gov evaluator