

Family Group Conferencing in Child Welfare: Lessons from a Demonstration Project

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Abstract

A child-welfare family group conferencing (FGC) project that served families who were referred for child abuse, neglect, and/or abandonment issues is reported. The stages and mechanisms used to implement the family group conferences are described, and the conferencing processes and outcomes are presented. Findings indicate that FGC is inherently a resource-intensive process, but one that successfully achieves broad participation in child-welfare decisions. The resource demands of FGC, however, also raise questions regarding the use of highly educated professionals to coordinate many aspects of a family group conference. A service-team approach to FGC is offered as one way of making it a viable model for child-welfare service delivery on a larger scale.

FAMILY GROUP CONFERENCING (FGC) is an old idea with a new name. Family group conferencing originated in New Zealand in 1989, where, after many years of debate, The Child, Young Persons, and Their Families Act was enacted to establish new ways of working with families whose children have been abused or neglected or who have committed delinquent acts. The legislation, and particularly the emphasis placed on FGC, grew out of a number of political concerns, including: (a) the perceived disintegration of traditional family structures and the growing number of youths, particularly minorities, living in out-of-home care, the increased length of time in these care settings, and the multiple nature of these placements; (b) a shift toward reducing government intervention; (c) increased emphasis on community participation and accountability; and (d) decentralization of government services to encourage local solutions (Barbour, 1991).

The Act enables and empowers families to make and implement decisions in cases of abuse, neglect, and delinquency. The FGC model is central to the legislation and amounts to a family meeting with as many family members who will attend. Instead of families attending meetings dominated by professionals, FGC involves a meeting of the family to which the professionals are invited. The professionals' roles are

to provide information, identify the issues they think are important, and propose the resources their agencies might be able to provide. Three characteristics are central to family group conferences: (a) family is widely defined to include extended family members, as well as other people who are significant to the family; (b) the family is given the opportunity to prepare a plan, in private and without any professionals present; and (c) the professionals involved with the family must agree to the plan, unless it is thought to place the child at risk.

Family group conferences are being carried out in many different countries, both as pilot projects and within statutory changes. In Australia and in the United Kingdom, they have been considered consistent with the underlined values of the existing child-welfare laws (Marsh & Crow, 1998). Both Oregon (Graber, Keys, & White, 1996) and British Columbia (Metzger, 1997) have passed legislation for their use. Conferences are also being used elsewhere in Canada and the United States (Hardin, 1996; Immarigeon, 1996), as well as in Israel, Norway, Sweden, and South Africa (Marsh & Crow, 1998). Evaluations of these projects have reported good participation, clear agreements reached to the satisfaction of all parties, and high levels of satisfaction with the process (Marsh

& Crow, 1998). However, rigorous outcome data about FGC have yet to be provided. Family group conferences have also been carried out with families having youth in conflict with the law, as well as with families having child-protection issues. The purpose of this report is to describe the processes and outcomes of a FGC program that was designed for clients of child welfare.

Program and Data-Collection Instruments

The FGC program operated in Calgary, Alberta, between February and December 1997. Because it was a pilot program, data-collection instruments were designed to gather descriptive data about the conference processes and outcomes, as well as about participants' satisfaction with the conference.

Referrals to the program were made by child-welfare workers in all four district offices of the Calgary region of Alberta Family and Social Services. Referred families had presenting concerns related to child abuse, neglect, and/or abandonment and were in need of care and protection. Referral data were collected using the "FGC referral form," on which data were provided by the referring child-welfare worker and recorded by the FGC coordinator. The purpose of obtaining referral information was twofold: the information was used to decide program eligibility and to identify referral concerns and any agencies or professionals involved with the family.

After acceptance of a referral, the FGC coordinator initiated several preconference activities to prepare for the family group conference. Four major preconference activities were (a) informing parents that they had been referred to the program; (b) identifying potential conference meeting dates; (c) developing a list of invitees (family members, professionals, and others) to the conference; and (d) recruiting conference participants.

Preconference data were collected using the "FGC planning contact form," which was a record of each attempted and successful contact made by the FGC coordinator with potential conference participants. Details of each contact included the type of contact (telephone, in person, or letter), the length of contact (minutes), the purpose(s) of the contact and any results, and the need for subsequent follow-up (yes or no). These data were recorded immediately after each attempted and each successful contact to increase the likelihood of accurate recording.

At the FGC meeting, the "plan for FGC conference form" was used to record how many invitees actually attended the conference. The coordinator completed this attendance form at the conference.

A three-phase sequence was followed during each conference. Phase one had two distinct parts: the first was designed to make introductions, give statements of purpose, and discuss the conferencing process, and the second focused on information exchange among participants. Phase two allowed for decision making by family members, or with professionals if any were invited to participate by family members. Phase three was designed to record decisions and end the conference. A researcher who attended, but did not participate in, each conference observed this three-phase process. Observations were recorded using the "FGC observation form," which gave particular attention to the interactions among participants during the three phases of the conference.

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The product of a conference was an "FGC plan for care." It recorded the goals for each family, the person responsible for attending to each goal, the specific tasks to be done, the frequency of each task, how progress on each goal would be monitored, and the progress achieved. The FGC plan for care was developed by FGC participants and consolidated by the FGC coordinator. Accompanying the plan was a signature sheet, which asked those present at the FGC to sign their names, to identify their relationships with the child, and to indicate whether they were in agreement with the FGC plan for care. The purpose of the signature sheet was to formally acknowledge the "contractual agreement" as described in the FGC plan for care.

At the end of a conference, participants were asked to complete an evaluation form, the "participant feedback form." Family members and professionals alike were asked to give their opinions

about the best and worst features of the conference, as well as suggestions for any changes to improve FGC. The participant feedback form also asked participants to rate their satisfaction with the FGC using a 5-point Likert scale, with higher values indicating more satisfaction.

Sample

A single family group conference was conducted for each of 23 families with child-welfare issues. In all cases, the following criteria were met: (a) the family had at least one child who had legal child-welfare status, (b) the parents were willing to participate in the conference, and (c) each prospective participant signed a "release of information form." Eligibility criteria for the program were inclusive, allowing for considerable referral discretion by referring workers.

The referral problems identified for each of the 23 families varied but are captured by six broad categories: (a) parent-specific concerns (e.g., substance abuse, prostitution, illness, temper, unemployment, spousal conflict, marital separation, and child abandonment); (b) parent-child conflict; (c) living situation of children (e.g., permanency planning and visitation rights); (d) legal status of children; (e) children's well-being (e.g., physical abuse and neglect by parents and siblings); and (f) children's behavior (e.g., substance abuse, aggression, running away, and stealing).

In total, the conference focused on the needs of 51 children from 23 families. These children ranged in age from 3 months to 17 years. Nearly half (48%) of the conferences were concerned with a single child, while the remainder focused on groups of two to seven children. Children attended their own conferences in 13 (57%) cases, one child was present in 6 (26%) cases, and between two and five children were present in the remainder (17%) of cases.

A wide range of family members participated in the conferences, either in person or by telephone. Mothers had the highest representation at the conferences with 21 (91%) of the conferences having a mother in attendance, compared with 12 (52%) having a father present. Grandmothers and aunts were also well represented with 16 (70%) of the conferences having either one or two grandmothers present and 13 (57%) of the conferences having at least one aunt present. At one conference, seven aunts were in attendance, and in another three uncles were present. Eight (35%) of the conferences had a grandfather present.

In addition to family, a wide range of helping professionals were present at the conferences, including child-welfare workers, private adoption officials, clergy persons, social workers employed by Indian bands, private-therapist school counselors, workers from women's shelters, group-home workers, family-support workers, foster parents, and school teachers and administrators. Child-protection workers had the highest rate of attendance of all nonfamily participants, with 19 (83%) of the conferences having at least one child-protection worker present. Foster parents were present for 7 (30%) of the conferences.

Other people attending conferences included an aunt's boyfriend, a sibling's boyfriend, and a "target" youth's girlfriend. People were physically present at 22 (96%) conferences, while for 1 (4%) there were five people who participated via telephone conferencing. The number of people present at the conferences ranged from 3 to 26, with an average of 10 people per conference.

Results

The results of this study provide the necessary details for preparing, conducting, and monitoring the outcomes of FGC.

Preconference Activities

During the 10 months of the project, the coordinator attempted 950 preconference contacts by telephone, letter, or in person for the 23 conferences, an average of 41 attempted contacts for each conference. Of these 950 attempted contacts, 531 (55%) were successful; 419 (45%) were unsuccessful and a message was left. Of the 531 successful contacts made, 401 (76%) were by telephone, 57 (11%) were in person, and 73 (13%) were by letter.

An average of 17 (range, 6 to 28) telephone contacts were made for each of the 23 conferences, while an average of 2.4 (range, 1 to 7) in-person contacts were made for each conference. Finally, an average of three (range, 0 to 3) letter contacts were made for each conference. The coordinator also spent substantial time travelling to meet with prospective conference participants, averaging 1 hour and 12 minutes per conference. In summary, the total amount of time spent attempting contact with prospective participants for the 23 conferences was 165 hours, averaging 7 hours per conference.

Conference Activities

Sixteen (70%) of the 23 total conferences were held at the private family-service agency serving as project sponsor. Conferences were also held at private counseling agencies, local churches, and private family homes, while none were held at a government office. Conferences were held every day of the week and at all times of the day.

The average duration of a conference was 2 hours and 45 minutes, with the shortest running for 45 minutes and the longest for 4 hours. The amount of time spent on each of the three conference phases varied. For example, phase one, making introductions, giving statements of purpose, and identifying problems, took an average of 81 minutes (range, 40 minutes to 2 hours, 15 minutes). Phase two, the family meeting time, lasted an average of 42 minutes (range, 10 minutes to 2 hours, 50 minutes). Finally, phase three, discussing the plan and reaching and recording final agreement, took an average of 42 minutes (range, 15 minutes to 2 hours).

Phase One. The coordinator usually began each conference by having participants introduce themselves and explain their relationship to the young people whose care and protection was the focus of the meeting. The conference purpose was then explained, along with the process to be followed. Emphasis was placed on the family's responsibility for coming up with a plan for the care and protection of the young persons.

After introductions were made and the procedures of the conference explained, time was given to information sharing among participants. The aim was to ensure that participants had the information needed to make informed and responsible decisions in the best interests of the child(ren). The child-protection worker typically spoke first, giving information on the nature of the child maltreatment involved. Other resource persons involved with family members, such as schoolteachers, counselors, and therapists, then shared their views of the family, facts of the case, and resources available. All participants were encouraged to raise questions about the information given.

At the end of the information phase, the coordinator summarized with the participants the list of issues needing to be addressed in family deliberations. A range of issues about family background was identified during the first phase of conferencing. These included parent-related concerns (substance abuse, mother involved in prostitution, mother's illness,

mother's temper, unemployment, serious conflict between parents, and marital separation); concerns about parent-child interaction (parent-adolescent conflict, mother wanting to give up child, and mother not committed to full-time parenting); concerns regarding the living situation of the youth (appropriate foster care, living with relatives, living on a reserve, visitation rights, moving to long-term placement, and domestic violence); child-welfare status (permanent guardianship orders, child apprehension, and long-term planning); child well-being (physical abuse by parent, lack of supervision, child neglect, and physical abuse among siblings); and the child's behavior (substance abuse, aggression, running away, and stealing).

Below is an example of the information-sharing part of phase one, as recorded by a nonparticipant observer:

The investigating social worker noted that the birth mother and child were fighting a lot. She also stated that the young person's older sister had been apprehended and placed by Social Services. She also stated that while the birth mother and young person love each other very deeply, they argue and fight too much. According to the social worker, the birth mother is unassertive and the young person is very aggressive. She also informed the group that the birth mother along with her daughters had been involved in relationships with two physically and verbally abusive husbands. She shared her opinion that many of the conflicts between the mother and young person could be traced to these dysfunctional relationships. At this point, the birth mother's counselor from the women's shelter and her colleague stated that they shared the opinion that this mother/daughter relationship was typical for a family that had had abusive men in their lives. The social worker noted that there was noncompliance by the young person towards her mother's requests, there is a lack of respect towards the mother from the young person, and there had been a recent school suspension for the young person because of alcohol abuse. She also talked about how a cooperative effort between the women's shelter and Social Services was being made to raise the mother's self-esteem. They are attempting to achieve this goal through assertiveness exercises.

The grandparents then shared the fact that they were concerned about the young person's seeming jealousy of any friends her mother has. They shared their opinion that the problems between the mother and young person were rooted in the fact that the mother has very little money and she works from 2:00 to 9:30 p.m., 4 or 5 days a week. The grandparents shared the fact that they have been coming over virtually every night to visit the young person while her mother is at work.

At this point, the maternal aunt explained that when the mother and young person were fighting, the young person would stay at the aunt's house. The aunt felt that she was acting in the family's best interests at the time, however, in retrospect, she was afraid that her interventions may have worsened the situation. She extended her sincere apologies if that was the case and said that she honestly felt she was helping both the mother and young person at the time.

The aunt agreed with her parents in that she felt the mother's job was a large part of the problem. She noted that she feels the mother needs to obtain a job that would allow her to be at home with her daughter. She admitted that while it would be a difficult task, she felt it was a crucial component of solving this situation.

The young person's older sister then stated that she feels like she is abandoning her family by making plans to move to British Columbia. She feels that she was forced into a parental role in the family and that her mother had taken the role of the child. She noted that she was the protector of the young person when the last father was physically abusive. This was confirmed by the other family members.

The coordinator then summarized the discussion and asked additional questions of some of the participants in the interest of clarity. The coordinator asked the participants what items they felt should be placed on the agenda. The participants came up with the following key items:

1. A long-term care plan for the young person, hopefully with the mother;
2. If the care plan is not with the mother, a

- different long-term care plan for the child;
3. A self-esteem enhancing plan for the mother;
4. Safety concerns for the young person and mother;
5. Possibly eliminating some of the professionals involved with the family; and
6. The young person's older sister asking for permission to leave the family and move to British Columbia.

At this point, the grandparents and aunt interjected and told the mother that she has to let her older daughter make her move to British Columbia and leave on a positive note. They admitted that this would be a difficult step for the mother; however, they felt that it was only right for the mother to give her permission to leave.

The coordinator then asked if all participants were clear on the issues that were about to be discussed. After some questions and answers, all participants appeared to be satisfied with the agenda.

Phase Two. In the second phase, nonfamily participants, including the FGC coordinator, withdrew from the meeting. The only nonfamily members remaining were support persons invited by family members, along with the nonparticipant observer. Family discussions often became highly charged and emotional, and, to ensure that order was maintained and progress achieved, the coordinator often checked in with the family, encouraging them to take breaks to relieve tension. An example of the conference process that took place in the family meeting time follows:

The aunt began by asking the mother what she wanted from herself and the grandmother in terms of providing assistance for safety of the children. The mother, in turn, asked the young girls what they expected in terms of support. A primary focus of the discussion that ensued had to do with providing supervision to the young boy when the mother was away at her group meetings or playing cards and socializing with friends. The concern was, who would be responsible for supervising the little boy. The aunt and grandmother expressed their willingness to be of assistance, but, clearly,

were reluctant to get involved to the point of spending a great deal of time with the family. Apparently, this had happened in the past when the mother had gotten involved with drugs, and the aunt and grandmother were clearly concerned about taking on responsibilities for the children in addition to their own family responsibilities. They noted that they were prepared to help on a limited basis, but the primary responsibility must lie with the mother. The aunt encouraged the young girls to attend Al-A-Teen, to provide them with some insight into the thinking of people with drug problems. A lot of time was spent trying to work out the supervision of the young boy on the Monday and Thursday evenings when the mother goes to her group meetings, as well as all day Sunday when she did community-service work. Much conversation took place about who would handle what supervision responsibilities and when this would be done. Inevitably, the discussion shifted into assigning blame to one or another of the children because of their irresponsibility of supervising the young boy. Throughout the conversation, the young boy was a major distraction by talking, interrupting, walking around the room, and making a lot of noise.

Phase Three. The final phase of the family group conference involved reviewing and recording family decisions. The coordinator reconvened with the family, and they explained the decisions they had made. These family decisions were thoroughly discussed, with the coordinator probing to determine specific information about who was to do what, and when. The plan was then written and signed by all participants, and copies were distributed. After the meeting, a copy of the plan was provided to the child-protection worker who had the discretion to endorse, change, or cancel its provisions. An example of phase three of a family conference follows:

At 12:48 p.m., the final phase of the meeting began. The coordinator worked through the agenda items one by one as they were recorded on the flip chart. He covered each point in depth, had people record the points in question, and had people record who was responsible for each task. In essence, the

coordinator was clarifying all the points and ensuring that all participants had a clear understanding of the agenda items and what their responsibilities were. Once the coordinator was certain that all participants understood their roles and responsibilities, he would move on to the next agenda item. When all agenda items were covered, the coordinator asked the family if they would like to set up a second FGC. They discussed it and agreed that it was important for follow-up purposes. The participants set a tentative date, and the researcher passed out evaluation forms for participants to fill out.

Conference Results

A care plan was produced for each of the 23 families at their family group conference. The average number of goals established for each plan was four (range, three to six). The goals can be grouped into common themes and concrete examples as shown in Table 1.

Monitoring the Plan

Of 23 families who participated in a conference, 9 families also participated in a follow-up meeting with the coordinator. The other 14 families had no follow-up meetings, primarily because the child-protection workers saw no need for them. The purpose of these follow-up meetings was to review the family's progress in relation to the plan developed at the conference. On average, the follow-up meeting occurred 11 weeks (range, 5 to 26 weeks) after the family group conference was held. The average duration of follow-up meetings was almost 2 hours, with the shortest being 1 hour and 20 minutes and the longest being 3 hours; this is similar to the time used in conducting the original meetings.

An average of five family members and three professionals attended the follow-up meetings. The number of family members attending ranged from three to eight, while the number of professionals attending ranged from two to four. The FGC coordinator attended all nine follow-up meetings.

Of the 34 goals identified by the nine families in their initial meetings, 17 goals were completed, 9 goals were partially completed, and 8 goals were not at all completed by the time of the follow-up meeting. All nine families had completed at least 1 of their goals by the time of the follow-up meeting. In

addition, eight out of the nine families also had at least 1 partially completed goal on which they were still working. Seven out of the nine families had at least 1 goal that was not at all completed. Family members offered a range of explanations for not completing all the goals set at the family group conference, such as disagreement between family members, work and school schedules, an absent father returning and beginning legal proceedings, and a lack of follow-through by mother and father.

One family developed a completely new plan for care in the follow-up meeting, while the others revised their original plans. Revisions and changes were made to the following goals (the number in parentheses indicates the number of families revising or changing the goal): plan for child's living placement (7); amount of contact with family members (8); plan for safety of children (3); improving youth's school performance (1); changing primary caregiver (3); mediation (1); drug assessment for a parent (3); and family counseling (3).

Participants' Evaluations

At the end of each conference, participants were asked to appraise the conference by anonymously completing an evaluation form. A total of 143 completed evaluation forms were received from participants in 23 conferences, for a mean average of 5 evaluations per conference. The results suggest that participants were highly satisfied with the family group conferences. More than three quarters (80%) of respondents reported being highly satisfied with the conference location. Two thirds (70%) were highly satisfied with both conference preparation and having the right people at the conference to make decisions.

In terms of the actual conferences, more than four fifths (85%) of respondents expressed a high degree of freedom in being able to speak out, and three quarters (76%) expressed a strong sense of being involved in the decision-making process. Finally, approximately 65% of respondents expressed a high degree of satisfaction with conference decisions, while 72% of respondents

Table 1. Common Family Group Conference Goals

Theme	Examples of Goals Related to Theme
Contact among family members	Increase child's visits with mother and/or father. Maintain improved relations with parents. Children to have access to each other. Child to have increased contact with family. More communication in the family. More contact between all family members.
Parent follow through with tasks	Mother to complete drug assessment. Mother/parents to complete parent assessment class. Parents to comply with family violence prevention. Parents to work at improving their marriage. Parents ensure greater financial stability. Extended family and parental support for guardian.
Children's living placements	Child to go live with extended family. Long-term placement for child. Child to maintain present foster-home placement. Return to mother's care on specified date. Make smooth transition for children who are moving.
Children's safety	Safety for mother and child. Avoid exposing children to verbal spousal abuse. Children are not hit again. Plan B in the event of aggression. Supervision of children when they are at home.
Children's physical, mental, and emotional health	Minimizing emotional impact of children being in care. Children to attend three Al-A-Teen sessions. Ensure child receives his prescriptions. Family/group counseling.
Child-welfare status and regulations	Child-welfare worker to apply for temporary guardianship of the child. Sign a custody agreement. Child-welfare worker to apply for permanent guardianship order.
Cultural awareness/responsiveness	Determine treaty status for mother and child. Expose child to culture.

expressed a high degree of satisfaction with the plan determined during the conference.

Discussion

What were the major lessons of this FGC project? Some of them are not surprises. First and foremost, FGC is inherently a resource-intensive process. This is true on a number of fronts: the coordinator's labor in setting up and facilitating conferences, the time required to create an effective conference, and the finances required to develop and implement an inclusive process.

In terms of resource utilization, the results from this pilot project are generally consistent with those suggested by Marsh and Crow (1998), Ban (1996), and Burford and Pennell (1995). The project coordinator in this case attempted an average of 41 contacts (17 by telephone, 3 by letter, and 2.4 in person), suggesting that preconference preparation is a major function for coordinators. When compared with an average of 2.75 hours of actual conference time, and combined with the ongoing need for follow-up to track plans developed within the conference, it is apparent that the conference coordinator spends considerable time involved in instrumental activities.

In this regard, the Calgary project is not unique. Ban (1996) suggests that preparing for conferences takes approximately four times as long as actually having them. The average preparation time of 7 hours per conference in the Calgary project is approximately two and a half times as much as the time spent in the conferences (in comparison, a relatively attractive ratio). The results do fall closer, however, to those offered by Renouf, Robb, and Wells (1990) and Patterson and Harvey (1991), suggesting that FGC coordinators can reasonably expect to spend about 3 hours per case in actual conference time.

This project was also typical with regard to the wide range of participants who became involved in the conferencing process. The average number of participants (10) was slightly higher than reported in other studies (e.g., six by Boffa [1995] and seven by Marsh and Crow [1998]). Included in our average of 10 participants was widespread participation of mothers and fathers, with extended family members also well represented in the proceedings. When the active participation of a variety of professionals is considered, the intensity of FGC becomes evident.

One critical question that emerges from such a realization is that resource utilization of highly

trained, relatively expensive conference coordinators may become an issue if this model of intervention continues to grow. Are highly educated professionals required to make initial contact with the wide range of family members and professionals? The major goal of preconference activities is to maximize family involvement by having as many people as possible who have a vested interest in the child's well-being participate. As such, it is worth investigating what qualifications and skills are most effective for increasing the number of participants at a conference. The same question could be asked for follow-up activities. There are reasonable grounds for arguing that a caring and well-trained paraprofessional would suffice. In fact, there may be efficiencies built into FGC if professional conference coordinators are given the task of recruiting and training these other individuals to carry out many FGC tasks.

The role of conference coordinator as "expert" is also called into question by the very nature of FGC. As in other FGC projects, the Calgary project demonstrates that teamwork should be considered a core feature of working with challenging young persons and their families. In fact, it is our position that FGC is not a unique or singular innovation in child welfare. Instead, an effective family group conference may simply be one variation of an effective service team in action. Similarly, an ineffectual family group conference may be evidence of an ineffective service team in action.

This position may be understood in relation to the characteristics of teams. Katzenbach and Smith (1993) suggest that a team is a "small number of people with complementary skills who are committed to a common purpose, performance goals, and approach for which they hold themselves mutually accountable" (p. 45). In this way, family group conferences share a number of key characteristics with service teams:

- Small numbers. Like a family group conference, most service teams are composed of 10 or fewer persons. The main reason for keeping a service team relatively small is to facilitate team interaction and reach agreement. Quite simply, larger groups are far less likely to prepare and carry out a plan in a reasonable amount of time. This is at least partially due to the fact that larger numbers of people usually have difficulty developing the common purpose, goals, and approach of a real service team.

- Complementary skills. Family group conferences, like teams, need a mixture of skills. These skills are of three types: (a) technical or functional expertise in areas such as child welfare and policy; (b) problem-solving and decision-making skills to identify problems and suggest alternatives; and (c) interpersonal skills to facilitate listening, mutual support, and negotiation.
- Knowledge of the family. Members of effective service teams have a thorough understanding of the persons who are the focus of service delivery. In child welfare, this means an understanding of the young persons, the family, and the situation they are facing. Such is also the case for family group conferences.
- Commitment to a common purpose and performance goal. The primary function of a service team working with challenging youth is to develop and monitor an action plan for service delivery. This plan outlines the performance goals to be achieved, the services necessary to achieve these goals, and the mechanisms for monitoring service provision. These functions are shared by family group conferences, the tasks of which are to determine the conference plan and the goals to be achieved and to monitor plan implementation.

There are a number of central operating principles that can be used when approaching family group conferences as a form of effective service teams. These include:

- Mutual recognition of the validity of different kinds of knowledge and expertise. To be effective, family group conference/service teams need a range of complementary knowledge and skills in helping challenging young persons and their families. This implies that the knowledge and skills of every participant are honored (including the youth), and that no persons are assumed to have special or superior knowledge. In this sense formal authority, status, and professional credentials are no more critical to success than the status and role of other conference members.
- All team members should encourage participation. A critical aspect of effective conferencing is for participants to feel that they are welcome and their contribution is valued. Active efforts

need to be made to ensure that all members of the conference/service team are included in the deliberations.

- Openness to different points of view, being comfortable with conflict, and willingness to enter negotiations. These principles are essential for resolving the differences that are inherent in the conferencing process. The notion that absolute agreement is possible should be abandoned. In its place, the value of looking critically at one's own behavior and of self-reflection should be encouraged.
- A focus on the purpose and results of the service team. Effective conferences/service teams will use the broad expertise of team members to problem-solve and develop effective service plans. This forms a common goal that should bind the team members together in a respectful, trusting, and accepting process of discussion and deliberation.
- The team, not individuals, is accountable. A collective approach to accountability is desired, such that conference participants/team members are jointly responsible for both the successes and failures of service plans. This means that when plans fall through, the assumption must be that the team has made an error, not individuals within that team. This represents a major paradigm shift in thinking about success in child welfare.

The future of FGC in child welfare will depend on how well the limitations and benefits of the model are balanced. As evident from the Calgary project, the extensive use of the coordinator's labor and time poses a pivotal challenge in making FGC a viable, large-scale model for child-welfare service delivery; so too does the challenge of implementing long-term follow-up procedures to ensure effective plan implementation. At the same time, the teamwork in FGC offers advantages over models that are more professionally focused. These advantages include the potential to have a greater helping impact than would be achieved by individual helping efforts, the conscious inclusion of the youth and family in service planning, the possibility of creative and practical solutions generated by diverse participants, and a broadly based network of support for the youth and family. These advantages alone make FGC a valuable enterprise to develop further in child welfare.

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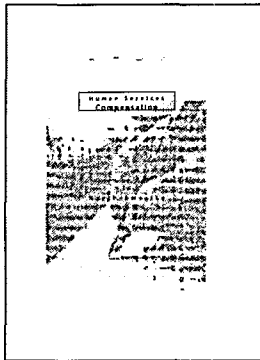
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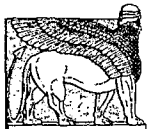


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