

Planning in partnership?

An assessment of process and outcome in UK Family Group Conferences

Summary

The proponents of the Family Group Conference (FGC) model argue that it is a radical new approach which provides the basis for a more effective partnership between families and professionals in child care decision-making. Considerable international interest is being shown in the model, yet assessment of its strengths and weaknesses relative to more traditional approaches, particularly in child protection, is relatively uninformative by good quality research-based evidence. This article reports on the findings of a three-year investigation of the model's operation in one UK case study, in the context of other available research evidence. It concludes that, while the research indicates that the FGC process is more enabling of family participation, the evidence on the outcomes of the FGC process is more ambiguous. More rigorous research is necessary on the longer-term consequences of the decisions made by FGCs for the welfare of the children concerned.

Introduction

Family Group Conferences (FGCs) were first developed in New Zealand during the 1980s in work with Maori and Pacific Islanders. Evidence that the children of these communities were over-represented in state institutions and on the case loads of predominantly white social workers prompted attempts to develop more culturally-sensitive forms of social work practice. The response was the *Children, Young People and their Families Act* of 1989. This legislation was broadly similar to the UK *Children Act* in its objective of reducing the role of the state in family life and stimulating and supporting greater family responsibility, as well as in its emphasis on families and professionals working together in partnership (Packman & Jordan, 1991). Unlike the UK Act, however, the New Zealand legislation is prescriptive about the means by

which this partnership is to be developed: in both child care and protection and youth justice, the statutory mechanism for decision-making in all cases is to be a Family Group Conference (FGC).

The Family Group Conference model

Detailed descriptions of the FGC model are provided elsewhere (Family Rights Group, 1994; Lupton, Barnard & Swall-Yarrington, 1995; Hudson, Morris, Maxwell & Galaway, 1996) and there is not enough space to repeat them here. Basically, their operation is underpinned by the central assumption that families not only have a right to be centrally involved in decisions about their child(ren), but that solutions found from within the family are likely to be better than those imposed by professionals from outside. As such, the FGC approach turns the traditional decision-making process on its head: rather than family members attending (or staying away from) meetings dominated physically and conceptually by professionals, the FGC is a family meeting, to which the professionals are invited to attend. Moreover, the role of the professionals within the FGC is very different: they are there to provide information about the problems as they see them and the support and resources their agencies may be able to provide, rather than to provide their opinions about the appropriate action to be taken. The family members themselves make the plan for the care and protection of the child in a private part of the meeting after the professional 'information-providers' have left. The professionals are charged with agreeing the family plan, however unconventional, unless they have strong reasons for believing it will place the child at risk. As Ryburn has argued, the FGC model thus significantly redefines the role of the professional: '(the Act) gives a fundamentally clearer and more important role to family groups in making their decision about care and protection and as a result the professional role is correspondingly redefined and circumscribed' (Ryburn, 1994, p. 7).

The FGC model is attracting considerable international interest in countries such as Australia, Canada, Israel and the United States, as well as elsewhere in Europe. In the UK the model has been actively promoted by a national pressure group - the Family Rights Group - and was developed initially via a number of pilot sites, funded by the UK Department of Health. In addition to work in family support, the FGC approach is also being used in child protection, largely as a supplement to, rather than a substitute for, traditional approaches. Further use, its proponents argue, could be made of the model as mainstream decision-making in longer-term planning for children and, as in New Zealand, in youth justice work. Although there have been adaptations to the original FGC model as it was transplanted into the UK national context, its basic three principles remain largely unchanged:

- the term 'family' is interpreted widely, to include extended family members, friends, neighbours and significant others;
- the family group must have an opportunity to make the child care plan in private, without the professionals being present;
- the family's plan is to be agreed by the professionals, unless it is seen to place the child at risk of significant harm.

The case study investigation

This paper draws on one of the most extensive in-depth investigations of the FGC model in one of the first of the UK pilot sites (Lupton, Barnard & Swall-Yarrington, 1995; Lupton & Stevens, 1997). Data on the evaluation of other pilot sites are available (Rosen, 1994; Thomas, 1994; Barker & Barker, 1995) and summary descriptive information on all the FGCs (80) held in the first year of each of the UK pilot sites is provided by Marsh and Crow (1997). Undertaken over three years, our case study examined the introduction of the model in its pilot phase (12 months) in one local social services area office and its subsequent development as mainstream practice across the whole of the local authority (two years).

The investigation employed a case study design (Yin, 1994), collecting qualitative and quantifiable data via the triangulation of both method and 'stakeholder perspectives' (Denzin & Lincoln, 1994). Standard baseline data were collected, in common with the other pilot sites, on the characteristics of all the 72 FGCs held over the three years of the study (107 children and young people were involved). These data included details of who requested the FGC and why, previous contact of the child and/or family with the social services department, those invited/attending, duration of different stages of the conference and whether an agreed plan was produced.

These quantifiable, descriptive data were combined with more in-depth investigation of 20 Conferences (13 in year one and a further 7 in year two, involving every other FGC held during the first 18 months of the research). The in-depth study comprised observation of FGCs, interviews with family members following the FGC, self-completion questionnaires to information-providers and coordinators as well as analysis of documentary and institutional data.

Outcome data were collected on the basis of follow-up interviews with families and social workers as well as via case file information. In addition, limited comparative data were collected on all traditional child protection meetings (19) held in the local site over the pilot year, primarily from recorded institutional data (case files and plans).

From the 20 FGCs studied in-depth, a total of 103 interviews were conducted with family members (81% response rate) immediately following the meeting. This respondent group comprised 18 children and young people (both the 'subjects' of the FGC and their friends) and 85 adults (over 18 years). Taking adults and children together, 58 of the family members responding were female (56%) and 45 were male (44%). Defined in terms of their familial closeness to the child, 30% came from the immediate family, 40% from the extended family, and 19% were classed as 'significant others' (friends, advocates, neighbours, etc.). Eleven of the family respondents were the young subjects of the FGCs. All of the independent FGC coordinators were interviewed, as were 36 of the professional information-providers (response rate 86%) attending the 20 FGCs studied in depth.

Follow-up interviews were attempted with each of the 103 family respondents at 3 and 18 months following the initial meeting. Perhaps inevitably the number agreeing to be interviewed declined as time elapsed, with 42 family members providing an interview at 3 months and only 18 at the final 18 month follow-up stage. The extent to which these respondents were

representative of the wider population of family members is likely to have suffered a concomitant decline. Comparisons with the characteristics of the initial group of respondents indicate that the two follow-up groups were proportionately more likely to contain close family members; adults rather than children and women rather than men. Although broadly similar in terms of the case profile (reasons for holding a FGC), it is likely that the two follow-up groups under-represent those who were least satisfied with the outcome of the FGCs.

Process issues

Participation and partnership

As we have seen, the proponents of the FGC model claim that it provides a much better basis than traditional meetings for embodying the spirit of partnership between professionals and families. In comparison with traditional approaches, the FGC process, it is argued, is more enabling of family participation and serves to shift the balance of power and control between the professionals and the families involved (Family Rights Group, 1994). Existing research indicates that parental participation in child care decision-making in the UK has been limited. Thoburn, Lewis and Shemmings (1995) for example, found that, within the child protection process, under half the child's parents/carers felt that they had been given adequate information about the initial meeting and just under one quarter had actually attended. One third felt that their views had not been listened to and just under half that their views had carried no weight at all. Overall, the researchers concluded that, while the majority of parents/carers were consulted and involved in the process to some extent, only a small proportion could be considered to be participating as partners and a minority were '... not involved, were manipulated or placated' (Thoburn, Lewis & Shemmings, 1995, p. 182).

Although not directly comparable, given that Thoburn *et al.* focused on child protection meetings and only 28 out of the 72 FGCs in our study (39%) fall into this category, our findings indicate that the extent of family participation in FGCs may be considerably more extensive. A large majority (81%) of the 103 family members (children and adults) interviewed felt positive about the idea of holding a family meeting and clearly felt able to participate actively within it. Most indicated that there was sufficient opportunity to speak (86%) and to ask all the questions they wanted (80%), and felt that they were generally listened to (80%) and their views were respected by others (72%). The opportunity to discuss the issues without the professionals being present was appreciated, with just under two thirds (65%) indicating that they found it easier to talk without the presence of professionals. The fact that the family members themselves were responsible for making the decisions about the care and/or protection of the child was also generally valued (by 70%) and particularly positive feelings were expressed about the fact that the FGCs were held on neutral ground rather than in agency locations (98% felt the venue was suitable).

Participation of children and young people

To the extent that any decision-making meeting involves adults (strangers as well as family) discussing their lives, relationships and behaviour, most children and young people are likely to experience it as an uncomfortable and possibly distressing process. Farnfield (1997) found that children attending traditional meetings disliked being talked about as if they were not there and felt as if they were in some way 'guilty' or 'on trial'. Shemmings' study (1996) indicated that few children felt that their views had been sufficiently taken into account and found it particularly uncomfortable when adults disagreed or became angry with each other. Thoburn *et al.* (1995) judged that only around one quarter of the children involved in traditional meetings could be seen to be participating or being 'partners' in a way appropriate to their age. All concluded that simply securing the presence of children is not enough: '... attendance on its own does not always achieve very much. In particular the children wanted to feel their presence was acknowledged by the conference and their views had been put over without interpretation or distortion by the professionals' (Farnfield, 1997, p. 4).

In contrast, the children and young people involved in the FGCs we studied not only attended in greater numbers but also appeared to participate more extensively. 47 Children, i.e. 44% of the children for whom the FGC was called were invited to attend the meeting. As we might expect the invitation to attend was predominately determined by the age of the child, with less than one out of ten children under the age of 6, and just under three out of ten between the ages of 6 and 11, being invited. Overall, more than nine out of every ten of the children invited attended the meeting (44 or 94%).

Compared with the adults, they were somewhat less positive initially about the idea of participating in the meeting (73% felt positive initially, compared with 83% of the adults) but were not markedly less likely than the adults to feel that the information provided in advance of the FGC was clear (71% children; 74% adults) or sufficient (63% children, 69% adults), and that the venue and timing were suitable (90% and 94% respectively of the children, compared with 85% and 98% of the adults).

Once at the FGC, the young family members' experience of the different stages of the process were mixed. As we might expect, they were markedly more likely than the adults to find the information-giving session difficult (50% of children indicated that this part of the meeting made them uncomfortable some or all of the time, compared with 39% of adults). While children were more likely than adults (90% to 85%) to feel that they had the opportunity to speak, they appeared less able to ask all the questions they wanted (67% to 80%). In respect of the private family-only discussion, the children were slightly less clear about what they had to do (83% were clear compared with 87% of the adults) but were just as positive (80%) as the adults (79%) about the idea of the family making a decision on its own. Although slightly less so than the adult participants, the children generally felt that their opinion was important and that others listened to what they had to say: 89% of the children felt that their opinion was important 'some' or 'all of the time', compared with 86% of the adults, and 95% felt they were listened to 'some' or 'all of the time' against 93% of the adults. Markedly more than any other group, they indicated that they had found the discussion easier without the pres-

ence of professionals: 90% of those who were the subject of the FGC felt that it was easier to talk in private without the professionals being there, compared with 58% of all participants taken together. All of those children and young people who replied to the question concerned (16) felt that their part in the Conference had been appreciated and only two felt that their views had not been respected by those present.

Professional manipulation

A central issue emerging from the international research literature concerns the extent to which the FGC process, despite the appearance of active family participation, is nevertheless heavily influenced by the professionals involved. The Ministerial Review of the operation of FGCs in New Zealand, for example, found evidence of professional manipulation of the process; of professionals using the family meeting to 'rubber stamp' their own decisions (Hassall & Maxwell, 1991; Paterson & Harvey, 1991).

The case study investigation provided some confirming evidence of this in so far as, despite assuring us that they were clear about the distinction between the role of involved professional and information-provider, some 4 out of every 10 professionals interviewed also indicated that they had communicated to the family group what they felt would be the best decision to make.

For their part, under half of all family members interviewed (44 or 43%) felt that they had been given the right kind, or the right amount, of information on which to base their decision. There was also a minority family view that, whatever they decided, the social services department would have the last word about the content of the plan.

Findings from our research do not appear to substantiate this latter concern: only 7 of the 71 plans produced by the 72 FGCs (one family group had to meet twice before producing a plan) were not finally agreed and in almost all cases this was due to their rejection by other family members (mainly the child concerned). Only 2 plans were not supported by the social services department; in both the child was involved in care proceedings. Although, as we shall discuss below, there are issues surrounding the process of agreeing the plans, generally there appeared to be considerable professional commitment to the FGC approach and to the principle of the family-only decision-making stage. Plans were agreed by professionals even where they expressed reservations about their viability. Although there were 2 cases where the coordinator had stayed with the family to facilitate the discussion, there was no evidence of the situation in some FGCs in New Zealand where the professionals had remained during the family discussion time (Renouf, Robb & Wells, 1990; Paterson & Harvey, 1991).

On the other hand, precisely because of their professional status, it is possible that the opinions and comments of the information-providers may disproportionately influence the families' discussions. The coordinators in our study indicated that, in some cases, they felt families were too ready to accept the professionals' assessments of the situation. In addition, the process of agreeing plans subsequent to the FGC is not clear cut and may involve a period of negotiation between the families' decisions and the agencies involved in which the latter may exert considerable influence over the eventual content of the plans. Moreover, it must be not-

ed that, whatever the quality of family participation, the FGC is still initiated by the social services department and remains essentially a form of state intervention. As we have argued elsewhere: 'Families can refuse to be involved ... and a few have done so, but many will appreciate the consequences of this action, either in terms of the likelihood of less 'empowering' forms of intervention being substituted and/or the possible loss of much needed help and support' (Lupton, 1998). More information is clearly needed on the process of agreeing family plans before we can judge how extensively the FGC approach has served to shift the balance of power and control between the professionals and the families concerned.

Outcome issues

Evidence on outcome

The available evidence on the process of the FGCs is considerably more extensive, and less ambiguous, than that on their outcomes. As Connolly (1994) argues in her review of the evidence from New Zealand on the operation of FGCs, there is little good quality data on the impact of the decisions being made: 'Although the early findings are encouraging, as yet there has been no research evidence to test the quality of Family Group Conference decisions. The quality and measure of success have hitherto been based largely on anecdotal information from workers involved in the process research into the long term experiences of children exposed to the decision-making process will be particularly important if children's permanency needs are to be safeguarded' (Connolly, 1994, p. 94).

In particular, if the aim of providing an alternative to state care is being achieved there is, as Hassall and Maxwell (1991, p. 7) argue, a need to consider carefully the quality of care so provided: 'Research is needed on the consequences of ensuring that children are more likely to remain with their families'.

Assessment of 'outcome' in child care decision-making is problematic. Hudson *et al.* (1996) provide a flow chart of the FGC process from inputs and resources, through activity components and tasks, to *immediate* results/outputs, *intermediate* results/outcomes and *ultimate* results/outcomes. This however must be regarded as an ideal-typical process, with the reality being much more complex and indeterminate than the model suggests. In particular it is likely to exaggerate the impact of the FGC (or any) 'intervention' on the lives of the families involved. Talking with family members, even within a week of the FGC, reveals that the meeting, and social services input more generally, is only a very small and peripheral part of their lives. As a result, the link between *inputs and activities* and the desired *ultimate outcomes* - 'children protected from abuse and neglect' and a 'communal sense of responsibility for children and families' (Hudson *et al.*, 1996, p. 15) - cannot typically be established in a simple and straightforward way: '... outcomes cannot be regarded as free-standing states waiting to be discovered and evaluated; they are products of complex processes of selection, shaped by the interplay of different interests, assumptions and aspirations' (UK Department of Health, 1995, p. 41). Nevertheless, it is clear that the issue of outcomes must be addressed in this as in other areas of child welfare. No matter how enabling the process, and accepting that this may itself be viewed as an 'immediate output' (Hudson *et al.*, 1996, p. 15), the FGC will not serve to

empower family members, as its proponents claim, if the plans they make are not successful. To examine the question of outcome we employed several different, but related, 'indicators of success'. The ideal-typical model developed by Hudson *et al.*, (1996) provides a useful heuristic means of organizing our main findings.

Immediate results/outputs

Hudson *et al.* (1996) argue that, following the various activities and tasks comprising the FGC itself, the first subsequent stage of the meeting is that of its *immediate results/outputs*, among which they list the production of an 'adequate and sustainable plan' and the 'satisfaction of the participants' with both process and outcome.

As we have already indicated the satisfaction of all participants with the FGC process appears to be fairly high, and those who were in a position to do so compared the process very favourably with that of traditional meetings. Almost all of the FGCs (92%) produced an agreed plan about which the majority of both professionals and family members were initially positive: 33% of family members were 'very happy' and 38% 'quite happy' with the plan produced. While the children concerned were generally less pleased with the plan than the adults, just under two thirds (64%) nevertheless indicated that they too were 'quite' or 'very' happy with the final decisions made. Overall, the professionals were slightly less satisfied than the family members with the plan produced, with a large minority indicating they had mixed feelings (9 or 38%) or were actively 'unhappy' (2 or 8%) with the plan produced. Nevertheless, the fact that the majority of plans were ultimately approved by the agencies involved suggests that they were broadly viewed as adequate in the sense that they were not seen to place the child at risk of significant harm.

Another immediate result/output identified by Hudson *et al.* (1996) is that 'monitoring and review reports' are completed covering plan completion and actions taken. This is an area where current practice may need to be improved. While the majority of plans (79%) were to be monitored, in well over one quarter of cases (28%) this was to be done by the family itself. Although family members may be well placed to identify any problems with the plan at an early stage, they may be less able than the professionals to do anything about them, particularly if they are due to the non-delivery of plan components by agency staff. The difficulty of negotiating the plan through changing family circumstances may be compounded by the fact that - in the majority of cases - there was no formal review process built into the initial family plan. Such an arrangement would provide an opportunity to revisit the plan and assess its ongoing sustainability at an early stage. As importantly, the fact that both family members and professionals are aware that progress is to be reviewed may encourage them to deliver the promised resources/changed behaviour.

One key factor affecting the sustainability of the plans produced, and an important 'immediate result/outcome', is the extent to which the plans produced by the families were implemented as agreed. As Robertson (1996, p. 57) rather tartly observes: 'Plans count for nothing if they are not carried out'. In those FGCs which we studied in depth, we found that under half (42%) of the component items in the FGC plans were implemented fully as agreed. One

explanation for this may be that these elements of the plan were unrealistic. In examining this question, our data indicate that there is an important difference between those components of the plan which were to be provided by the professionals/agencies and those for which the family members were responsible. Consideration of the offers of support made by family members which were not ultimately forthcoming suggests that they were unrealistic only in so far as they typically involved key family members - often the child or young person - agreeing to change their behaviour in some way. The fact that many subsequently failed to do so suggests that, in the enthusiasm of the FGC, many may commit themselves to a course of action that they may subsequently, in the cold light of an ordinary day, feel unable or unwilling to deliver. This again highlights the need for more formal review and monitoring systems.

The plan components which were to be provided by the different agencies involved did not appear to be unrealistic in the main and it is not clear why they were not ultimately provided. The agencies defaulting in this way were not generally the social services department but others such as the health and education services. This may be due to varying levels of commitment (or perceived legitimacy accorded) to the FGC model on the part of these agencies or it may be a result of the fracturing of these services due to their internal or 'managed' markets (Le Grand & Bartlett, 1993). Whatever the explanation, this finding clearly supports the need to clarify the process by which the plans made by families are agreed by the agencies involved. On present practice, it is not clear whether the agreement of plans is subject to detailed assessment on the part of the social services department in terms of whether each of the identified components, particularly those to be provided by other agencies, is likely to be forthcoming, or just to a broad judgement about their general soundness. If the latter, then it is possible that plans are being agreed with components which may be unrealistic and/or unavailable thus, potentially at least, impairing their overall viability.

Intermediate results/outcomes

One of the main claims made by proponents of the FGC model is that, by drawing more on the resources and strengths of the wider family group, it will serve to divert children from state care (Hudson *et al.*, 1996). Two of the key 'intermediate results/outcomes' of the Hudson model are thus the extent to which children are 'retained within the extended family network' or are 'returned to (the) family from state care'. The evidence from New Zealand suggest that these outcomes are generally being achieved. Maxwell and Robertson (1991), for example, claim that there has been a 'substantial change' in the number of children being placed in state institutions since the introduction of FGCs (p. 15) and Thornton's review of existing research concludes that 'fewer children are being separated from their family or *whanau* than for many years' (Thornton, 1993, p. 29). Other researchers however argue that, even if this is the case, the objective itself may be ambiguous: simply diverting children from state care may not be enough to ensure their welfare if insufficient support and resources are provided to the families involved. Rather than family empowerment, this would mean that FGCs were effectively being used to shift the burden of responsibility from the state and to enforce greater family self-reliance (Tapp *et al.*, 1992; Connolly, 1994).

On the question of the diversion from state care our data indicate that the reality is complex. Although the numbers of comparison cases are too small to draw firm conclusions (full outcome data were available on only 15 of the 20 FGCs and 17 of the 19 traditional meetings), they appear to indicate that, while proportionately more children were accommodated within the family network following a FGC than after a traditional meeting, more use was also made of non-family accommodation: five children (33%) were accommodated in residential children's homes following a FGC, for example, compared with only two (12%) of those having a traditional meeting. Overall, proportionately fewer FGC children (9 or 60%) were living with the same main carers twelve months later than was the case after a traditional meeting (14 or 82%). Although there was little difference in the number of accommodation moves made, those made by FGC children were lengthier, resulting in their spending longer periods overall away from their original homes. The distinctive impact of the FGC may have been to replace foster care by strangers by within-family placements: while nine of the children (52%) having a traditional meeting spent some time in a foster placement over the following year, this was true of only five of the FGC children (33%).

On the issue of the input made by agencies, our findings indicate that the overall volume of support and resources to be provided by other family members was, as we might expect, greater in the plans produced by the FGCs than in those of traditional meetings: 19 of FGC plans (95%) involved support/resources from family members, compared with only 5 (or 26%) of the traditional meeting plans. Interestingly, however, the greater use of family support did not appear to be accompanied by a concomitant reduction in the total amount of assistance to be provided by social services and other agencies. Although 40% of the resources contained in the FGC plans were to be provided by family members, this still left the bulk to be delivered by social services (35%) and other agencies (25%). Generally, it seems, family support is being utilized as a supplement rather than an alternative to state provision.

Our findings also indicate that the 'support profile' for families following the two different types of meeting was slightly different. While more general social work visits were made to FGC families, rather less direct social work, such as group work, counselling or other therapeutic approaches, was undertaken and slightly less financial assistance and other forms of specific resources were provided, in particular from health visitors and the child and family therapy service. Interestingly there was little difference between the two types of meeting in terms of the amount of follow-up meetings held. This suggests that the plans made by FGCs may be no more likely to break down, and need re-visiting, than those produced by traditional meetings - a concern expressed by Hudson *et al.* (1996) - but it also indicates that the FGCs were no more likely than their traditional counterparts to prevent the need for further meetings, including subsequent child protection conferences. As such, the FGCs in use must currently be seen as a one-off event rather than as a distinctive approach to work with families.

Ultimate results/outcomes

For Hudson *et al.* (1996) the 'ultimate results' of the FGC are whether 'children are protected from abuse and neglect' and a 'communal sense of responsibility' for these children is enhanced.

While we have no data on the latter dimension, our findings do provide some information relevant to the assessment of the first, more vital, question. To assess the 'ultimate result' of each of the FGCs studied in-depth, three related indicators were used. The first indicator was the *overall satisfaction of the family members* with the plan produced by the FGC, looking back at three and then eighteen months following the meeting. To compensate for the reduced numbers of respondents at each of the follow-up stages we identified, for each stage, a single majority 'verdict' for the family group. While the majority of respondents were satisfied with the plan produced in 90% of cases immediately following the FGC, by three months this was true of only 56% of the FGCs and of only half at 18 months. Despite this, we also found that just under three quarters (74%) of all those responding at the three month follow-up stage indicated that they would prefer to have a FGC than a traditional meeting, if faced with a similar family problem in the future.

The second, related indicator was the perception of both family members and social work professionals at 18 months about *whether the plan had been successful* in responding to the problems identified at the FGC. Again, the relatively small number responding to the final follow-up (18 family members and 16 professionals) means that our findings need to be treated with caution but, taking the views of both groups together, slightly more felt that overall the FGC plan had been successful or successful in parts (21 or 62%), than felt it had been ultimately unsuccessful (13 or 38%). The professionals were more likely to have mixed views on the success or otherwise of the plans than the family members, who tended to be more polarised in their judgements.

Relating these subsequent assessments of 'success' to initial perceptions of the plan, it is interesting to note that those plans with which the professionals had formerly been less satisfied were more likely subsequently to have been considered unsuccessful (by both professionals and family members) than those with which the professionals had initially indicated their satisfaction. It is also the case, however, that many of the plans about which the professionals initially had mixed views, and a small number of those with which they had been dissatisfied, were subsequently considered by them and the family members to have been successful or successful in parts. Overall, the child care professionals involved considered that the majority of FGCs produced plans which were better than those that would have been produced by a traditional meeting, given the same family situation.

Finally, taking all available evidence (interview, survey, documentary and institutional data) together, the researchers themselves made an assessment of *whether the child had been protected and her welfare enhanced* and of the extent to which these 'ultimate outcomes' could be linked, directly or indirectly, to the plan produced at the FGC. On those FGCs for which sufficient data were available (11 of the 20 studied in depth), the researchers' assessment (made independently but argued and agreed jointly) was that a clear link could be established between the FGC and the situation of the family 18 months later in just over half (6) of the cases. In

more cases than not we judged that the plan or the FGC process had a positive impact on the child's situation. In only two cases did it appear that the plan had a negative impact on the family situation; in neither case however was the negative outcome such that the child was placed on the 'at risk' register. In the majority of the other cases studied, changes in the child's situation subsequent to the FGC resulted from events/actions unrelated to the plan produced and which could not have easily been anticipated/affected by the decisions of the meeting.

Conclusion

In summary then, it is clear from our findings and that of others that the FGC process is much more enabling of family participation than traditional meetings. In particular it appears that the children and young people concerned generally felt able to take an active part in the meeting and perceived that they were able to influence the decisions being made. Although we found considerable support for the FGC approach on the part of the professionals involved, the potential for professional manipulation of the process remains, particular in respect of the quality of information provided about available support and resources and via the process of agreeing the family's plan. In the case study authority at least the relatively high proportion of plan components not provided suggests there is room for improvement in the monitoring of family plans. Moreover, developing a formal review stage as part of the FGC process may prevent families experiencing plan breakdown and the possibility that they are reabsorbed into traditional ways of working. Overall, however, it appears that the FGC process is, potentially at least, more likely to provide the basis for an effective partnership between families and professionals than its more traditional counterparts.

However, the available evidence to date on FGC outcomes is more ambiguous. The assumption by proponents of the model that it will serve to divert children from state care is only partially supported by our research. While FGCs may draw more than traditional meetings on support and resources provided by the family network, they do not appear necessarily to reduce the demand for agency/professional services. In particular there is no evidence that they are more likely to result in the child remaining within his/her original care givers: although they may tend to substitute within-family accommodation for foster care by strangers, they may not reduce the extent to which children are accommodated in residential care. On the other hand, factors such as the relatively low proportion of plan components subsequently implemented and the slightly lower volume of direct social work/other agency resources provided, suggest that there is a potential at least for families to be less well supported following a FGC than after traditional meetings. It is not clear, for example, to what extent adequate resources are being given to those who provide within-family accommodation. It is possible that the expectation remains on the part of professionals and their agencies that FGCs will effectively serve to substitute family support for state assistance. Most importantly, there is insufficient accumulated research evidence, in the UK or elsewhere, on the quality of the care and protection provided to children in the longer-term as a result of the FGC plans. The considerable 'contamination' that currently obtains between the FGC and traditional approaches, in which families having a FGC may also have a succession of more tradi-

tional meetings, means it has been difficult clearly to identify the impact of FGCs. More systematic and controlled comparison with the outcomes of traditional approaches than has been undertaken to date, particularly in child protection, is necessary in order to establish the extent to which the FGC approach is fully able to ensure the emotional and physical welfare of the children involved.

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