Social workers' attitudes towards Family Group Conferences in Sweden and the United Kingdom

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Abstract

The New Zealand Family Group Conference (FGC) approach to decision making in child welfare and protection has attracted strong interest among policymakers and professionals all over the world. While New Zealand's legislation makes use of FGCs more or less mandatory in child protection, other countries permit social workers to refer families to an FGC at their own discretion. Knowledge about social workers' attitudes toward the model is thus paramount if we want to understand implementation and evaluations of FGCs outside New Zealand. This study looks at attitudes towards and actual referrals to FGCs amongst 219 social workers from 18 local authorities in Sweden and the United Kingdom. Results reveal an overwhelmingly positive attitude towards FGCs in both countries. Given these attitudes it was striking that only 42% of the social workers had initiated at least one FGC over an 18 month period. The number of implemented FGCs was almost exactly the same in Sweden and the United Kingdom, after adjusting for time and number of social workers. Possible explanations for this paradox are discussed, using data from the survey and child welfare literature.

Key words: Family Group Conference, child care, child protection, attitudes

The New Zealand model of Family Group Conferences (FGC) in child welfare has aroused strong interest in many countries on several continents. Today FGCs are part of several countries' child welfare systems, either as mainstream practice developments or as pilot projects. The FGC approach has thus been put to the test in such diverse settings as Australia, Canada, Israel, Norway, South Africa, Sweden, the United Kingdom (U.K.) and USA (Marsh & Crow, 1998). Only Victoria State in Australia and New Zealand have to date provisions for FGCs in primary legislation. Pilot projects elsewhere operate within the framework of existing child welfare laws, policy and practice requirements. In this article we present results from a study on attitudes towards FGC´s among British and Swedish social workers involved in FGC pilot projects. A central question is the extent to which social workers' attitudes are likely to have a decisive influence on the prevalence of the FGC model in daily child welfare practice.

The Family Group Conference has its formal origins in New Zealand in a Ministerial inquiry which sought to address widespread concern about the overrepresentation of Maori children in the State care system (see also e.g., Connolly, 1994; Marsh & Allen,1993; Ryburn, 1993). A nation-wide consultation which convened in 69 different centres and received written and oral submissions from nearly 1700 individuals and groups left the Government in no doubt that procedures at that time for child care and protection systematically excluded families from ac-

tive participation (Department of Social Welfare, 1988). What also emerged was that Maori families were additionally disadvantaged in a system predicated upon white norms of family life and decision making. Thus, their more inclusive models of family were not accorded recognition in the planning and decision-making process when children and young people came into contact with the State care and juvenile justice systems. The law that was passed in November 1989, though novel in terms of legislation, was ancient regarding its rediscovered emphasis on family decision making. The shift in philosophy that the Family Group Conference model calls for was described in a government briefing paper to New Zealand social workers (Department of Social Welfare, 1989):

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

As the model operates in New Zealand, whenever an issue of child care and protection is reported to a social worker or a member of the police, there is a duty to investigate. If the person conducting this investigation believes a child to be in need of care or protection a Family Group Conference must be convened. Any necessary interim plans to secure the safety and protection of a child are implemented. A co-ordinator is appointed to facilitate and oversee the conference. The co-ordinator should reflect the race and culture of the family and share the same first language. The conference and all other discussion with family members is held in the family's first language with. There are four stages to the process.

Stage 1: The co-ordinator, in consultation with the child and its immediate carers identifies the family network. When inviting family members a date, time and venue for the meeting, convenient to the family, is agreed. Preparing family members to participate is a key responsibility for the co-ordinator at this stage. The co-ordinator has the right to exclude individuals if absolutely necessary. The grounds for doing so should be explicitly stated (e.g. proven likelihood of violence, or too drunk to contribute) and the excluded family members should have the right to appeal and/or contribute in a different manner. The decisions and plan of the conference should also be notified to them in writing.

Stage 2: At the start of the meeting the professionals share with the family their information, the concerns that they have, their statutory duties and the relevant resources available. The family members can clarify the information and ask any questions they might have. It is also important at this stage that the family group acknowledges that there are problems and that there is the need for a plan to provide more effective care and protection for a child.

Stage 3: The co-ordinator and professionals withdraw, leaving the family to plan in private. The family has three basic tasks, to agree a plan; to agree contingency plans; and to agree how to review the plan. The co-ordinator needs to be available during this time should the family need any help or additional information.

Stage 4: Once a plan is agreed the co-ordinator and the key professionals meet again with the family, agree the plan and negotiate resources. The only reason for not agreeing the plan is risk of significant harm to the child. Contingency plans and reviewing arrangements are also agreed.

Annual statistics from New Zealand indicate that in every year from 1989 to the present there has never been less than 93% endorsement by professionals of families own plans for the care and protection of their children (Department of Social Welfare, 1999). In about one third of conferences there is some change, within the kin network, of the child's primary care givers, though the scope of plans is of course often much wider than living arrangements alone, and will include agreement about other services and resources the family needs.

United Kingdom was one of the first countries outside of New Zealand to implement the FGC model. Initially Murray Ryburn together with the Family Rights Group, a voluntary organisation, stimulated interest in Family Group Conferences in the U.K. through a series of

conferences and workshops in different parts of the country (Ryburn & Atherton, 1996; Marsh & Crow, 1998). The first agencies to implement the FGC model relied heavily on the interest and enthusiasm of individual professionals who had attended courses and conferences run by the Family Rights Group. Following training, these social workers informed colleagues, gathering a group of people to take the idea forward within their organisation.

The implementation of Family Group Conferences in Sweden was much more a classical top-bottom endeavour, initiated and overseen by the Swedish Association of Local Authorities with the aid of a grant from the Swedish Ministry of Health and Social Affairs (Nixon, 1998; Sundell, 2000; Sundell & Haeggman, 1999). The Swedish Association of Local Authorities selected 10 local authorities on the basis that they would represent geographic as well as socio-economic diversity. Financial support was given to the local authorities for the training of personnel and co-ordinators. Inspiration in Sweden was clearly drawn from British experiences. Social workers from the U.K. Family Rights Group and British researchers were used as consultants and trainers. In practice, the FGC model as it was implemented in Sweden actually differed little from that in the UK even if the implementation processes did. In both the U.K. and Sweden pilot projects operate within existing legal frameworks and policy/practice requirements. It is at the discretion of social workers whether a FGC is called, which underscores the strong influence that "street level bureaucrats" have in the child welfare system (Lipsky, 1980). In practice this had led to FGCs becoming but one method amongst alternatives, with low levels of FGC referrals in both countries (Marsh & Crow, 1998; Sundell, 2000; Sundell & Haeggman, 1999).

Research from New Zealand on outcomes of FGCs in child protection is so far rather sketchy (reviewed in Marsh & Crow, 1998). Most studies focus on the use of FGCs in youth justice (Marsh & Crow, 1998). Evaluations of varying methodological quality have been done in several other countries, mostly in the U.K. and Sweden (Andersson & Bjerkman, 1999; Lupton, Barnard & Swall-Yarrington, 1995; Lupton and Stevens, 1998; Marsh & Crow, 1998; Sundell, 2000; Sundell & Haeggman, 1999) but also in Canada and Australia (Burford & Pennell, 1998; Trotter, Sheehan, Liddell, Strong & Laragy, 1999). Results concur so far in most respects. When used – in New Zealand or in other countries – FGCs:

- Involve relatives and others from families' social networks in sharing responsibility for family's problems.
- Give families who face the likelihood of statutory intervention because their children are deemed to be in need of care and protection a real chance to make their own decisions on how to solve family problems.
- Permit 9 out of 10 families actually to produce a plan for change that gains full acceptance from the Child Welfare authority.
- Get high ratings for consumer satisfaction.

Before moving on to the details of our study, it is necessary to briefly describe some aspects of child welfare practices in the United Kingdom and Sweden. Although both countries are European Welfare States, there are important differences in child welfare policies. U.K. has predominantly a child protection orientation which emphasises legal intervention, whereas Sweden sets a stronger emphasis on family support (Gilbert, 1997; Hessle & Vinnerljung, 1999).

Weightman and Weightman (1995) found that social work in Sweden has achieved a much higher level of political legitimacy than in Britain. Thus, Swedish social workers can rely on shared values of social control (Gould, 1988) that sanction a wide, prognostic approach to interventions in families, despite the lack of support from research for this strategy (Hessle & Vinnerljung, 1999). In contrast, the threshold for child welfare interventions in the U.K. is considerably higher.

Studies have shown contrasts in values and attitudes between Swedish and U.K. social workers and social work students in terms of their perception of what constitutes child abuse (Soydan, 1995; Christopherson, 1998). However in relation to the latter, opinions varied more within than between nations (compare e.g. Giovanni & Beccera, 1979; Gray & Cosgrove, 1985; Maitra, 1996; Noh Ann, 1994; Soydan, 1995).

While opinions in Sweden and the U.K. may differ to some extent in defining what problems should be of serious concern to child welfare workers, development of solutions follow roughly the same path. Both countries have dramatically reduced residential care for children in favour of foster care since the Second World War (Berridge, 1994; Sallnäs, 1995 Vinnerljung, Sallnäs & Oscarsson, 1999). Furthermore, the total number of children in care has been reduced significantly in the last three decades, whilst the importance of service-oriented support for families has grown (e.g. Cliffe & Berridge, 1991; Andersson, 1993; Vinnerljung, 1996a, 1996b; Vinnerljung et al, 1999). Some Swedish and British social workers seem to share sentiments about relatives as constituting inferior foster carers (Malos, 1991; Vinnerljung, 1993). This is of interest here, since foster care placements in the extended family have been a feature of the FGC model in Sweden as well as Britain and the United States (March & Crow, 1998; McFadden, 1998; Sundell & Haeggman, 1999). To summarise, though there are identifiable policy differences between the two countries there are also many significant similarities in actual child welfare practice.

Method

Research participants

A total of 18 local authorities were selected, eight from the U.K. and ten from Sweden. The eight U.K local authorities represent five County Councils, two unitary authorities and one London Borough. Implementation of the FGC model took place between 1994 and 1997. In Sweden all ten local authorities involved in the first trial projects agreed to participate. Of those two represented city districts, two were city suburbs, three larger towns, two smaller towns, and one was a rural area. The model was implemented simultaneously in all local authorities at the beginning of 1996 and the first Swedish FGCs were held in May 1996. The average elapse time between the first implemented FGC in each local authority and the data collection was 17.7 months (SD = 10.5). Differences between the two countries were not statistically significant, $F\ (1,16) = 0.59, p > .05$.

In Sweden, a total of 110 (74%) social workers of the 145 responsible for investigating child abuse and neglect agreed to participate in the study. Social workers answered the questionnaire twice, once in November 1996 and once one year later. On the first occasion only 23 FGC´s had been implemented in the ten local authorities, leaving the vast majority of social workers without first hand experience of FGCs. Reported attitudes towards FGCs proved to be very consistent over time (Sundell & Haeggman, 1999). In the current study, data from the second follow-up study are used as an index of social workers' attitudes towards the FGC model.

In the United Kingdom, a total of 109 (69%) social workers of 158 responsible for investigating child abuse and neglect described their attitudes towards FGCs once, in November 1997, in addition to describing retrospectively their actual referrals to FGCs.

There was no statistically significant difference between the ages of Swedish and British social workers (M = 38.4 years), $F\ (1,217) = 0.12, p > .05$, in work experience ($M$ = 7.6 years), $F\ (1, 217) = 0.55, p > .05$, or in the number of social workers (97%) with a degree in social work or other professional social work qualification (e.g., Dip SW or its earlier equivalent CQSW), $\chi^2(1) = 1.41, p > .05$.

Although the introduction of the FGC model took different paths there was no significant difference between countries in the proportion of social workers that said they had participated actively in the local decision to implement FGCs (41%), $\chi^2(1) = 1.54, p > .05$.

Procedure

Social workers were asked to answer a questionnaire consisting of 11 statements about FGCs and eight about child abuse investigations in general. In this study six of the statements about child abuse investigations are excluded, since they fall outside the scope of this article. Each statement was formulated as a pair of diametrically opposed attitudes (for example "it is important that the family has the opportunity to deliberate undisturbed by professionals" versus "it is important that professionals actively participate while the family deliberates over their situation", with five alternative answers on a scale. Two of these alternatives indicated various degrees of agreement with the first of the attitudes, two with the other and the mid-point alternative indicated ambivalence or indifference.

Results

Attitudes towards Family Group Conferences

Results show that social workers in both countries held similar views in general on the important premises of FGCs (Table 1). The vast majority agreed that it is important that the extended family is given the opportunity to deliberate undisturbed by professionals, that the extended family can help to solve a family's problems, that FGCs constitute a useful method for solving problems in situations where a child may be maltreated and that FGCs increase parents' confidence in the parental role. There was also a consensus that parents and children should decide themselves which relatives and friends to include in the FGC, that co-ordinators should be independent of the social welfare system, that those participating should have access to vital information about the family's situation, and that each family is best equipped to determine what it needs in terms of support. The British social workers generally agreed that the children should participate, while significantly fewer Swedish social workers agreed on this principle (81% vs. 58%).

However, there was considerable disagreement within both countries as to whether the proposed care plan suggested by the family should always be implemented. Only 17% of the British social workers and 53% of the Swedish agreed on this fundamental principle of the FGC model. There was also a major disagreement on whether the FGC is effective in dealing with all types of problems. Approximately one-third, irrespective of country agreed with this statement. Whether the child should be allowed to remain at home despite unsatisfactory home circumstances, and whether the co-ordinator should have access to detailed information about the problem, were other questions on which social workers disagreed. In the first case approximately 40% supported this statement while the other respondents either disagreed or were unsure. In the second case, the Swedish social workers agreed by a larger proportion than the British, 51% compared to 24%.

Eight of the questionnaire statements concerned the putative advantages of the FGC model (Figure 1). The other statements dealt with aspects of communication and the organisation of FGCs. Taking the average value of the eight statements as an index of attitudes towards the FGC model (Cronbach's alpha .69), a clear majority of social workers were positive to the model. On the five grade scale, the average value was 3.82 (SD = 0.48), with 77% of the social workers scoring higher than 3.5, a value which arithmetically can be considered as indicating approval of the FGC model.

Table 1
Social workers' attitudes towards FGC (%)

	State		Chi-square
	Sweden 1997 (n = 110)	UK 1997 (n = 109)	
Children should be allowed to remain at home despite unsatisfactory family circumstances	34	46	3.42
A family's problems can often be solved through the help of relatives	84	90	1.54
FGC can function equally well for all types of social problems	39	32	1.04
Each family is best equipped to determine what they need in terms of support	55	67	3.26
It is important that the family has the opportunity to deliberate undisturbed by professionals	89	88	0.08
The proposed care plan is always to be carried out	53	17	30.54*
FGC is a means to increase adults' self-confidence in their role as parents	86	76	3.51
FGC is a useful method to solve problems in situations where children may be maltreated	88	83	0.68
The parents and children should decide which to invite to the FGC	82	73	2.01
Those participating in FGC should have access to detailed information about the problems	58	65	1.06
The co-ordinators should have access to detailed information about the problems	51	24	17.26*
It is important that the children participate in the FGC	58	81	12.70*
It is important that the co-ordinators are independent of the social welfare system	79	69	2.63

Note. *$p < .001$

These eight statements were used as a general test of agreement and disagreement between Swedish and U.K. social workers on central issues relating to FGCs. A crucial research question in this context is whether Swedish and British social workers are comparable in terms of factor analytic models. Comparing groups is a fairly common situation within structural equation modelling (e.g., Bollen, 1989). It is a natural hypothesis to test whether one or several parameters are invariant over groups. In LISREL (Jöreskog & Söbom, 1993) this is done by estimating and testing a simultaneous model consisting of two factor analytic models, one for each group. In this process, parameters are constrained to be equal over groups. According to three measures of fit, the LISREL analysis (Figure 1) revealed no difference between the two countries. If we first look at the traditional χ^2 test, the value was 45.58 with 56 degrees of freedom. This is by no means significant ($p = .84$), thus indicating an adequate fit between the two populations. The RMSEA (Root means square error of approximation) measure is an approach that is based on the idea that two populations or the population and the model do not coincide (see Browne & Cudeck, 1993). In our case we have obtained an estimated value of RMSEA as 0.00, indicating a perfect fit between the two groups. Note however, that this is an estimated value. This does not mean that we actually have a perfect fit, since the true value of RMSEA is unknown. A third measure of fit is the Goodness of Fit Index, GFI = .96, suggesting that the two populations agree on central issues relating to FGCs (Bollen, 1989). However, it should be noted that some of the statements give a relatively minor contribution to the factor structure (i.e., the unique variances are high, yielding values approaching 1). This applies particularly for the statement that the extended family should have the opportunity to

deliberate undisturbed by professionals and that the proposed plan is always to be carried out. Finally it can be noticed that all parameters are significantly estimated, which strengthens the results. The conclusion, based on the measures above, is that the simultaneous model consisting of the two countries fits very well to the data, indicating roughly the same attitudes towards the FGC model amongst social workers in the two countries.

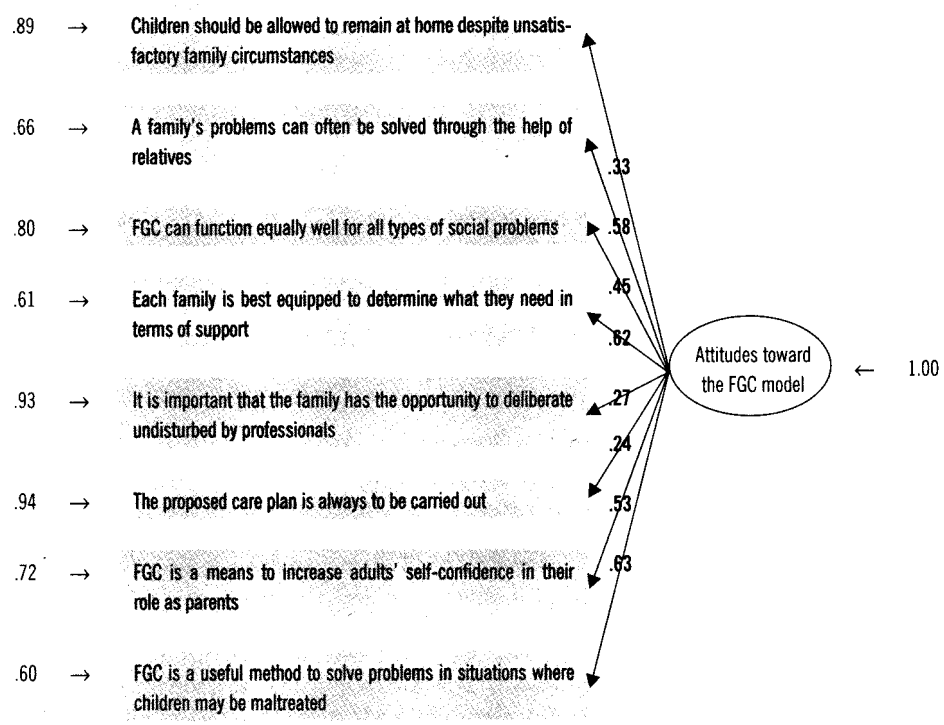

Figure 1
A confirmatory factor analysis model of Swedish and British social workers' attitudes towards the FGC model. All standardised coefficients are significant at the two-tailed probability level of .05 or better. Circle represents latent variable attitudes toward the FGC model; rectangles represent measures; numbers between circle and rectangles represent standardised factor loadings; numbers at the end of arrows represent standardised residuals.

Cases referred to FGC

The 109 social workers in England had referred on average 0.74 cases each for Family Group Conferences (SD = 1.09) during the average 20 months that had passed since the commencement of the pilot projects. In Sweden the average number of referrals by the 110 social workers for FGCs was 0.66 (SD = 1.01) during a 16 month period. In both countries the average number of implemented FGCs were 0.49 per social worker per year, with no significant differences between the two countries, F (1,217) = 0.11, $p > .05$. Note that the majority of (58%) of the social workers had never referred any cases for FGCs at all. Of those that did refer families, the majority only referred one (55%) or two (31%). It was very rare for a worker to have initiated more than two referrals (14%). There was no significant difference between the two countries in terms of the number of social workers that had initiated at least one FGC, χ^2 (1) = 1.38, $p > .05$.

The relationship between attitudes towards FGCs and referral for FGCs was complex. Given the infrequent referrals and the overall positive attitudes towards FGCs data were aggregated on the level of the Local Authority, determining the unit of analysis at 18. In Local Authorities where the social worker stated that they participated in the local decision to implement FGCs, social workers were more in favour of the model, $r = .77$, $p < .01$, stating more often that they planned to refer families to FGCs, $r = .48$, $p < .05$, and also had more often referred families for FGCs, $r = .66$, $p < .01$. Attitudes towards FGCs as summarised in the LISREL model also predicted plans to refer families to FGCs, $r = .75$, $p < .001$, and the proportion of the social workers that initiated at least one FGC, $r = .53$, $p < .05$. There was no statistically significant relationship between age of the social worker or in their work experience and implementation rates to FGCs.

Discussion

This study is based on a questionnaire administered to 219 social workers from 18 local authorities in Sweden and the United Kingdom that employed the Family Group Conference model in pilot projects. Although the two nations have different legal requirements in policy and practice in relation to child care and protection, social workers from both countries agreed on core premises inherent in the model and there was strong approval for the use of Family Group Conferences in child welfare work. Approximately three out of four social workers, in Sweden as well as in the U.K., were in favour of the FGC model. Similarities in attitudes towards FGCs between the two countries were confirmed by a LISREL analysis. In addition, the number of referrals for FGCs was almost exactly the same in Sweden and the U.K., after adjusting for the time frame of the project and the number of social workers. The number of referrals for FGCs was equally low in both countries with an average of approximately half an FGC per social worker per year. Compared with results from a Swedish evaluation of the pilot FGC projects using a quasi experimental design (Sundell & Haeggman, 1999), this corresponds to about ten percent of all child protection investigations during this period. In reality (because some social workers made more than one referral) more than half of the workers failed to make a referral for an FGC over an 18-month period.

The findings raise two questions: How can the similarities between Swedish and U.K. social workers' attitudes towards FGCs be accounted for, and why were the generally positive attitudes towards FGCs not accompanied by a higher frequency of referrals for FGCs?

Although U.K. experiences heavily influenced implementation of the model in Sweden, this is insufficient to explain the similar attitudes towards FGCs in the two countries given that there are significant legislative differences and also noting that the implementation process took different paths. In Britain, local initiatives, including co-operation with a consumer group, were instrumental in placing FGCs on the social work agenda. Events in Sweden preceding the introduction of pilot projects constituted a very different process, in which initiatives came mainly from national policy centres outside the Local Authorities. In spite of this, attitudes and actual referrals did not differ significantly between the two countries.

One possible explanation is that the favourable attitudes towards the FGC model reflect structural similarities in child welfare practices in the U.K. and Sweden. Public and political demands on social workers are about the same, the knowledge base is shared, the range of possible interventions is similar, as are the basic problems. One example is that re-referrals are alarmingly high both in Sweden (Sundell & Haeggman, 1999) and the United Kingdom (Sinclair, Garnett & Berridge, 1995; Thoburn, Lewis & Shemmings, 1995) as well as elsewhere (e.g., De Panfilis & Zuravin, 1999; Fluke, Yuan & Edwards, 1999; Inkelas & Halfon, 1997).

Only about half of the social workers stated that they participated in the policy decisions to implement the FGC model locally. This indicates that for many social workers in both coun-

tries, implementation was experienced as a top-down process, regardless of whether the "top" was national or local policy makers. While based only on a statistical relationship, results suggest that those social workers that had participated in the decision to start FGCs in their Local Authority were somewhat more active in making FGC referrals.

Although purely associative, data indicates that positive attitudes towards the FGC model did not result in a correspondingly high level of referral. One of the Swedish evaluation studies (Sundell & Haeggman, 1999) provides us with a tentative answer to this riddle. Many Swedish families actually rejected offers of an FGC. The proportion of families accepting the offer of an FGC in the ten Swedish local authorities ranged from less than ten percent to 55%. Certainly this explains in part the low referral figure. The variance between local authorities rate of referrals was neither statistically related to the proportion of social workers that had participated in the decision to start FGCs in their Local Authority, nor to the average attitude toward FGCs among the social workers. Corresponding data from the United Kingdom are lacking.

A second plausible explanation for the lack of association between attitudes and actual referrals relates to the fact that social workers bear the burden of final responsibility for the individual child protection cases, never being able to "pass the buck". Social workers actions are fair game for media and politicians, being "damned if they do and damned if they don't" (e.g. Parton, 1991). There may well be a reluctance to share decision making powers since social workers will never be able to share the blame with other parties if something goes wrong. This was clearly shown in a Swedish in-depth study of daily child welfare work in the beginning of the 1980s (Håkansson & Stavne, 1983). In other words, many social workers may be enthusiastic about FGCs, but in complex cases of child protection concern for their professional accountability may over-ride the wish to utilise the potential benefits the FGC model offers. Interviews with 19 social workers in one of the Swedish evaluation studies (Sundell & Haeggman, 1999) give some credibility to this speculation. Of the 19 social workers interviewed, 14 expressed reservations about the FGC, either because of distrust concerning the use of the extended family in the decision making process or because of fear of losing control. If this hypothesis is correct, it would mean that reforms in child welfare practice require outspoken political commitment from policymakers to safeguard individual social workers against scape-goating, for instance when agreed FGC-plans fail completely. Furthermore, our results then may serve as a caution against using, in a simplistic way, the theory of "street level bureaucrats" (Lipsky, 1980) as an explanation for social workers' resistance to policy changes, without giving due consideration to the dilemmas that arise from the public and organisational demands for individual professional accountability.

It is an irony that a model that offers a high level of consumer satisfaction and attracts similarly high levels of professional support should be so under utilised. In both Sweden and the U.K., FGCs have been employed alongside existing procedures. Were the model to be accorded greater sanction in legislation and policy, professionals may feel fewer constraints in giving practical expression to their frequently held convictions that the model is a key to a more effective partnership in child protection between families and the State.

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