Knowledge Review on Family Group Conferencing

The Knowledge Review on Family Group Conferencing has been prepared on assignment from the Norwegian Directorate for Children, Youth and Family Affairs (Bufdir) with the objective of obtaining a comprehensive knowledge base for further development of family group conferencing in Norway. The Knowledge Review compiles existing international knowledge and research about the outcomes and effects of the various forms of family group conference around the world and the experiences of those who have participated in conferences. The Knowledge Review also tries to identify the need for further research or point out where research needs to be updated.

uni Research

Knowledge Review on Family Group Conferencing

Experiences and Outcomes

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Preface

This review aims to provide knowledge and information about the current status of family group conferencing used by the child welfare services and the status of FGC in other areas. The review team worked on this assignment for the Norwegian Directorate for Children, Youth and Family Affairs, from December 2013 to July 2014.

This report is based on an exhaustive and systematic review of professional research and literature on the subject. We would like to express our appreciation to Anne Sissel Vedvik Tonning, academic librarian at the Bergen University Library, whose help was invaluable to our work. Our work collecting source documents and professional literature on the subject involved cooperation and assistance from experts on family group conferencing in the Nordic countries and other nations. We would also like to express our appreciation for the help provided at a regional and local level by people working with family group conferencing in Norway who helped us locate vital sources of information and literature and provided valuable feedback for our preliminary presentation of this report in the spring of 2014. We would also like to thank our contact at the Directorate, Svanhild Vik, for her constructive cooperation. She put us in contact with her network of professionals and accompanied us from the beginning when we drafted an outline of the review until the final project report was published. And finally, we would like to thank our employer, the Regional Centre for Child and Youth Mental Health and Child Welfare (RKBU West), led by Reidar Jakobsen, who facilitated much of our work even when we exceeded the original budget and time limits set for the project. We would also like to thank the individuals who read the report and provided feedback prior to publication.

We hope our readers find our review on family group conferencing interesting and informative. We hope the review will lead to new questions and help us develop family group conferencing in Norway.

Bergen, October 2014
RKBU West

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Summary

The present review on Family Group Conferencing (FGC) has been carried out on behalf of the Norwegian Directorate for Children, Youth and Family Affairs. The main purpose of the review is to provide an updated knowledge base on FGC from which the further development of FGC in Norway can benefit. This includes reviewing the existing literature on the effects of, and experiences with, FGC on the one hand, and the identification of thematic areas that require new or further research on the other.

Since the emergence of FGC in New Zealand in 1989, the method has spread and developed across countries and global regions. Up to today, FGC has been implemented or tried out in different forms in at least 30 countries. The review shows that FGC is by no means a homogeneous method. Rather, it has developed into a number of varying practices, and it has been adapted to local contexts over time. There is a main distinction between the initial New Zealand model of FGC, which was widely implemented in the European region, and different types of family group decision making models (FGDM) developed in North America. The main differences between these models concern the role of the coordinator, the use of private family time, children's participation and the use of follow-up FGC.

The knowledge base on the effects of FGC is weak. The few existing studies are of varying quality, and most of them refer to American conditions that cannot be automatically transferred to a Norwegian context. The greatest methodological challenge in measuring effects appears to be a lack of comparable control groups and the statistical control of differences between the groups. Several studies that indicate positive effects of FGC cannot be considered satisfactory in this regard.

The strongest evidence gleaned from research implies that FGC increases the likelihood of children being placed with relatives as opposed to public placements and adoption. Furthermore, FGC increases the likelihood of reunification to either the parents or other family members. Singular research findings indicate that FGC facilitates the access to services beyond those offered by the child welfare services in the short term, but not in the long term. In addition, there are indications that FGC is used to a similar extent among families with a minority background as in other families.

Regarding other central child welfare issues the existing research findings are not as clear. That is whether FGC can prevent abuse and neglect, whether it can contribute to shorter or more stable placements, or whether it can reduce the need for further contact with the child welfare services. Research on the possible effect of FGC on the prevention of out-of-home placements or on children's functioning and well-being is shortcoming. Furthermore, there is a lack of studies on whether FGC can promote long-term support from the private network or whether it can lead to better communication and collaboration between families and the child welfare services.

With regard to how FGC is experiences, most of the studies are based on small samples aimed at nuancing the participants' experiences. However, this body of research is large, And the findings from surveys and interviews confirm and supplement each other to a great extent.

This also holds true when we compare experiences across different participant groups, such as parents, children, relatives, child welfare workers and coordinators.

In sum, the majority of the participants have had positive experiences with FGC. Even participants who initially were skeptical have evaluated FGC positively. The aspects most appreciated by the family members, and not least by the children, are the relationships and processes connected with the FGC involvement. Research findings indicate two factors that are crucial for FGC to function as intended: Firstly, all participants should be prepared for the special characteristics and procedures of the FGC model, including their own roles. Secondly, coordinators need to maintain their central role in a qualitatively good way. The most negative experiences were often related to the failure to implement the action plan developed by the FGC. Literature and research on the use of FGC in other services beyond child welfare services reveal that many of the issues and challenges are common.

The review first and foremost reveals the need for further research, which applies to most aspects of FGC. However, the review also includes discussions about the aims and ambitions of using FGC in child welfare services and other services, whether some cases or areas should be prioritized or not, and issues related to model fidelity. To allow for a continuous evaluation of FGC practices, the review recommends including FGC in national child welfare statistics. It also recommends implementing the use of a short evaluation form that should be filled out by all participants after having attended FGC. Finally, the importance of sound research on new areas for FGC within the Norwegian child welfare services is emphasized. This applies in particular to the use of FGC in emergency cases and cases dealing with placements at government institutions.

1. Introduction

1.1 Background for the review

Family group conferencing is a working method that ensures the involvement of children, family members and the family network in decision making processes. This method empowers the family and family network with the opportunity to find their own solutions to family problems and take responsibility for implementing these solutions. The process utilizes the child's extended family to resolve conflicts and follow up on a child's needs, with support from public services if necessary. The method was first developed in New Zealand in the 1980s based on Maori traditions for dispute resolution in serious child care and childrearing situations. There are a number of different types of family group conferencing being used around the world today, with different objectives and varying complexities. In Norway FGC is primarily used by the child welfare services, but internationally the method is also used in the justice system to resolve disputes involving young offenders. In some areas FGC is also used at schools, within the health sector, at social welfare agencies and by family counselling services.

FGC has been in use in Norway since the end of the 1990s. This is documented extensively in publications and evaluation reports (Einarsson, 2002; Einarsson & Nordahl, 2003; Horverak, Omre, & Schjelderup, 2002; Løfsnæs, 2002). One common experience of all the trial programs was the difficulty the child welfare services had in implementing the method, because child welfare workers seemed resistant to trying the method, and because many families declined the offer of family group conferencing. However, the experiences of parents, child welfare workers and coordinators who initially participated in FGCs were positive. A national trial and evaluation process was carried out from 2003 to 2006 (Falck, 2006), intended to facilitate good practical solutions, training and knowledge among Norway's municipalities. Experience from the national trial and evaluation process confirmed experiences from initial, isolated projects; parents, case workers and coordinators were overwhelmingly satisfied with the method, even though implementation moved ahead rather slowly (Havnen, 2006; Hyrve, 2006; Vik, 2006). The evaluation report summarized how, compared with traditional case work, family group conferences had positive psychological results for the children involved, positive results regarding the need for family follow-up by the child welfare services in the future, and positive changes where the level of severity of cases was concerned. We should point out however that the methodological foundation on which to make scientific comparisons and draw conclusions from these trials was incomplete, and the results cannot be considered direct outcomes of family group conferencing.

In 2007 some municipal jobs and administrative positions were created in the wake of the national project after a decision was made to continue efforts to develop FGC in Norway on a national, regional and municipal scale (Vik, 2009). The goal was to provide every municipality in Norway with training in family group conferencing.

Family group conferencing was used to help more than 750 children at the child welfare services in 2013[1]. Work to incorporate family group conferencing systematically at the child welfare services for emergency cases is underway, which also involves foster care case, institutional placement and family counselling. Family group conferencing for adults, often deemed network-centric conferencing, was tested with long-term social clients in Oslo and Bergen.

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1   These figures were provided orally by Bufdir.

Backe-Hansen compiled and reviewed important international research and knowledge on family group conferencing up to 2006 as part of a report for the national trial and evaluation project in Norway (Backe-Hansen, 2006). The report indicated that, even though a number of major or minor studies and evaluations on family group conferencing exist, only a few of the evaluations that looked at outcomes satisfy the requirements for scientific documentation. Most of the evaluations indicated positive experiences, but the question as to whether the method is equally effective as - or better than - traditional methods has yet to be answered. As far as we could determine, no updated or more complete study exists that reviews FGC since Backe-Hansen's work was completed, and there are no scientific publications on the method.

1.2 Our mission, and the objectives of this review

Our mission was to prepare a report that reviews the current knowledge on what we know about family group conferencing in light of increasing activity in the field. When the Directorate for Children, Youth and Family Affairs (Bufdir) announced its intentions to fund this report, they stated that «the knowledge produced by this report would become an important part of the Directorate's strategic work to aid in the development of suitable measures for applying FGC and offering its users (children, young people and their families) a program of the highest quality». Bufdir hopes the report can provide the knowledge we need to prepare a set of guidelines intended for use by professionals who work with family group conferencing. Specific expectations for the report:

- The knowledge review would provide knowledge on what the real effects of FGC are in society and provide us with knowledge about participant experiences.
- The knowledge review shall include research and other sources of information and state explicitly what we have learned from research and what have learned from the experiences of participants.
- The knowledge review should encompass relevant research findings and other information that is available from the Nordic countries, but it should also evaluate research from other countries.
- The knowledge review should focus on how family group conferencing is implemented and used by the child welfare services, but it should also look at research/knowledge regarding FGC available from other services, professions and fields.
- The knowledge review should point out areas and themes for new research or reinforce existing research findings.
- If at all possible within the budget framework and limitations to time, Bufdir would also like information about any other family participation models in existence today.

Bufdir expects all its specification requirements to be met and incorporated into the knowledge review, with the exception of the final item regarding additional participation models. The work needed to meet all the specification requirements for this report was far more extensive than we anticipated, so it was not possible to collect and systematize knowledge about other participation models within the allotted time and budget.

1.3 The outline and themes of the review

The final Knowledge Review and report is intended to cover a wide range of topics related to family group conferencing models. This involves how FGC is practiced, it applies to participant experiences and it applies to the possible outcomes and effects FGC has on society. The report has 10 chapters. Chapter 3 presents the methodological procedures and evaluations used to collect and organize relevant information from available literature. Chapter 4 provides an overview of how FGC is implemented and organized from an international perspective. It reviews the extent to which the FGC model is used internationally, the development of different variants around the world and an assessment of model fidelity.

Chapter 5 presents a research review based on studies from around the world that can shed light on outcomes and effects of FGC. The number of studies exploring positive outcomes of FGC are still few and far between; for that reason we decided to include studies that, despite their inadequate designs, were based on group comparisons and other statistics to evaluate outcomes or possible effects of FGC. Some larger population studies have also been included.

Chapter 6 takes a look at the «assignment» of family group conferences and the «action plans» that are drawn up to carry out the assignment, while chapter 7 brings together knowledge from studies that looked at the experiences of different groups that have participated in FGCs. These groups are comprised of parents, other adult family members, children, young people, FGC coordinators and other professionals. The coordinator's role and experiences are discussed in chapter 8.

Chapter 9 looks at how FGC is used in different sectors and services outside the child welfare services. These sectors and services include the justice system, schools, social welfare and mental health care. Chapter 10 elaborates on and summarizes specific themes in the knowledge review with an eye to future implementation of FGC and to aid in future research.

2. What is family group conferencing?

2.1 Historical background of the FGC model

The emergence of FGC can be seen in light of several international trends in the 1980s and '90s within social policy and social work in general, and within the field of child welfare in particular. Marsh and Crow (1998) point out three of these trends. The first concerns increased awareness and concern for children who are subject to abuse and neglect by adults. The second concerns our growing recognition that community intervention directed at children in harmful situations is often inadequate; intervention even seems to worsen the situation for some children. The third trend pointed out by Marsh and Crow (1998) is our increasing understanding that having an influence on their own lives and participating in decisions by government agencies are very important to children and their parents.

In addition to general social trends, the historical emergence of FGC can be seen in light of a specific political and cultural situation that existed in New Zealand at the time. Family group conferences originated in New Zealand in the 1980s. New Zealand's indigenous population, the Maori people, had been criticizing the authorities for decades. They complained that the government's approach to dealing with social problems using European methods (i.e. using expertise to solve conflicts) was not suited to the traditional manner in which Maori resolve conflicts (Connolly & McKenzie, 1999; Lupton, Nixon, & Bisman, 2000). This kind of structural racism (Levine, 2000) resulted in a significant overrepresentation of Maori children among

out-of-home placement cases in New Zealand. Within the Maori community, childcare and childrearing is the responsibility of the entire extended family; nuclear family members, friends and significant others in a child's life.

A new law was passed in New Zealand in 1989: The Children and Young Persons, and Their Families Act. The Act made family group conferencing mandatory for the most serious child welfare cases, and for cases that addressed serious juvenile crime. FGC is currently used in many countries, albeit in different variants and at varying levels of implementation (see chapter 4).

2.2 Ideological and theoretical assumptions

The general intention of family group conferencing is to incorporate family-based processes into decision-making that concern a child or young person's life when they face difficult situations. The extended family should be given more freedom to interact and more responsibility to help the family find good solutions, which is usually not the case when the child welfare services is in charge of the decision-making process. The idea behind the process is an understanding that a family has more resources available than we think, in order to protect a child and ensure health, welfare, well-being and development in the short and long term.

In other words, FGC triggers the use of family resources and help from the family's own network that otherwise would not have been activated. One anticipated outcome of this collaborative effort is improving the atmosphere of cooperation between the family and the child welfare services (Einarsson & Nordahl, 2003).

Applying FGC processes implies taking power from the child welfare authorities and empowering the family to a greater extent, which also means the child welfare employees need to adopt different roles than before. The role of expert is changed; employees are becoming resource persons and facilitators. This does not mean power is transferred completely to the family. As we learned from our review of existing literature on the subject, distribution of power is influenced in several ways during conferencing; child welfare authorities still have veto rights during the conferences to determine whether the family's suggested solutions should be approved or not.

There are four commonly acknowledged cornerstones of family group conferencing (Faureholm & Brønholt, 2005):

- The first cornerstone is that the extended family will participate in conferencing.
- The second is that the extended family be given the opportunity to discuss the assignment and prepare an action plan without professional child care workers being present at part of the meeting.
- The third cornerstone is to involve an impartial coordinator who does not work for the child welfare services on a daily basis to help the family plan and implement the conference.
- The fourth cornerstone is approving the action plan that was formulated by the extended family as long as the plan protects the child and attends to the child's needs and best interest.

Several researchers from Nordic countries expressed the importance of hearing the opinions of the child and incorporating this into the model as a fifth cornerstone (Andersson & Bjerkman, 1999; Horverak et al., 2002; Strandbu, 2007). In subchapter 7.2 we take a closer look at FGC from the child's perspective.

As mentioned in the introduction we should try to understand the FGC model based on its historical, socio-political context - including an increasing emphasis on participation and influence from the individuals involved. Professionals often discuss the FGC model in terms of the principles of democracy (See Holland, Scourfield, O'Neill, & Pithouse, 2005; K. Morris & Connolly, 2012; Ney, Stoltz, & Maloney, 2013; Skivenes & Strandbu, 2005). The model is also associated with several theoretical perspectives. Nyberg (2003) points out three:

- Social ecological system theory, which emphasizes how people and processes in different social systems have an impact on a child's situation and development.
- Social network theory, concerning the relationship between personal development, networking and social control.
- Empowerment, which i.a. stresses giving an individual greater influence over his or her situation and by forming a closer bond to their own social network.

Frost, Abram, and Burgess (2013a) associate FGC with models for social work that use a task-oriented and problem-solving approach, which focuses on resources rather than problems. Further theoretical discussion or any review of theoretical literature on FGC is beyond the scope of this review.

2.3 Family group conferencing in practice

The core of family group conferencing is the meeting itself, but the FGC process also involves a planning phase prior to and a follow-up phase after the actual meeting (Vik, 2009). It should be noted that conferences differ from country to country or from region to region. We will take a closer look at these differences in chapter 4. This subchapter is a review of what we could call standard Norwegian practice (see Falck, 2006; Vik, 2009).

Families hardly ever request conferencing on own initiative. That implies, if we want to use FGC in a child welfare case the child welfare services or case worker needs to take the initiative. If the family agrees to try family group conferencing, the case worker will prepare the assignment (the written description and tasks of what problems the conference intends to resolve) together with the family. The assignment is formulated in a list of questions the family will try to answer.

The Planning Phase:
After the parents consent to FGC a coordinator will be assigned to the case by the child welfare services. A cooperation agreement will be drawn up by the child welfare services that involves a commitment by CWS, the family and the coordinator. The coordinator will then talk with the parents and child/children about who they want to invite to the conference and whether the selected individuals are appropriate or not. The coordinator will then contact these people individually (family, friends and neighbors) to explain the purpose of the conference/meeting and ask if they might consider participating. The coordinator will also contact any other professionals who might participate in the first part of the meeting. The coordinator will also appoint someone to watch over the child's best interest (support person) based on the child/family's suggestions.

The Conference's 3 Parts:

In the first part of the conference, the idea is to give the family all the information it needs to answer the questions on the assignment to find good solutions that are in the child's best interest. The coordinator leads the meeting. The child welfare services' case workers and representatives from any other services who have relevant information on the child will present their information. Participants from the extended family are then given the opportunity to ask the professionals questions. The professionals, including the case worker and coordinator, then leave the room and give the family some time to discuss the matter.

    In the second part of the meeting, the extended family discusses the child's situation without participation or intervention from others. The family can call the coordinator or case worker into the private meeting if they need any clarifications. The family discussion is directed at creating a plan, the action plan, which will allow the family to answer the questions in the assignment.

    The coordinator and case worker return for the third part of the meeting. The family will present the action plan to both coordinator and case worker. The plan should contain all the measures and efforts the family considers necessary to complete the assignment, which often includes actions by family members, the family's social network and the child welfare services and/or other public agencies. The child welfare services will then decide whether the plan should be approved or not. As mentioned above, the child welfare services generally approve the plan as long as it protects the child's best interests. The child welfare services must occasionally clarify certain conditions before a plan can be approved; e.g., when a proposed intervention by other agencies or by the child welfare services is out of the coordinator's authority or control. If the plan is not approved, which is the exception more than the rule, the case will be handled as a traditional CWS case. Before the meeting is concluded the participants will hopefully agree on a plan for following up on the meeting and plan.

Follow-up:

What occurs after the meeting ends will be decisive for successful completion of the family group conference. Conduct one or more follow-up meetings not long after the first meeting has become common practice (http://www.bufetat.no/barnevern/familieraad/hvordan/) to monitor whether the planned actions and efforts have been realized or not, to assess whether there is a need for adjustments to the plan and to keep the positive attitude generated by the conference alive (Vik, 2009).

3. Our review method

Our knowledge review was primarily based on an exhaustive and systematic examination of literature on the subject found in relevant databases (see http://www.kunnskapssenteret.no). We formed a partnership with the Department of Psychology, Education and Health at the Bergen University Libraryto ensure that our searches and queries were carried out in a qualitative and satisfactory manner. One of the librarians helped us with training and aided us in the search process. Our searches and queries were independently verified by researchers to ensure the best possible result.

    Our search allowed us to compile relevant referee-based scientific journals, professional articles, dissertations, books and extracts from book etc. One objective of the knowledge review

was to examine what participants wrote about their experience from family group conferencing. To do so, we had to review grey literature such as project reports, conference notes and presentations. The reference lists from the publications we compiled were reviewed to locate any additional and relevant publications we had not identified thus far (snowball method). We also contacted experts in the field from several countries around the world to get up-to-date information on recent activities and publications. We explain our search process in detail below.

3.1 Specification of our searches

Our search included publications in English and in the Scandinavian languages that would cover the countries where FGC was actively in use (New Zealand, Australia, Canada, USA, UK, Ireland, the Nordic countries and to some extent the Netherlands) (Backe-Hansen, 2006; Straub, 2012). The searches were not subject to any time limit. One of our goals for the knowledge review was to identify FGC activity under the auspices of child welfare services and other sectors. However, after some initial trial searches we found out that searching in terms of specific service areas or sectors was not very effective. The most fruitful searches looked at a broad range of terms (without limitations) in each database. We also did some trial searches to find other types of user input on the decision making processes used by the child welfare services not related to FGC, but except for a few isolated projects of limited use and simple evaluations we could not find any specific models that were not encompassed by the general category of «family group decision making» / FGDM (see chapter 4 for an international outline).

3.2 Search queries, keywords and databases

Nordic databases: terms for FGC in Scandinavian languages (familieråd, familjerådslag, familierådslagning).

English-language databases: family group conference, family group decision making, FGC and FGDM. Combined term queries involved these words and formulations: "family group conference*" OR "family group decision making" OR "fgc" OR "fgdm" OR "familieråd" OR "familierådslag*" OR "familjerådslag*".

The following databases were used:
    BIBSYS (Norway), 131 hits
    Campbell Collaboration, 1 hit
    ERIC (OCLC), 29 hits
    IBSS – International bibliography of the social sciences, 106 hits
    NORART – articles in journals from Nordic countries, 24 hits
    PsycINFO, 168 hits
    Social Care Online (Great Britain, UK), 100 hits
    Web of Science, 106 hits (restricted to relevant disciplines)
    Taylor & Frances, 5 hits
    Danbib (Denmark), 60 hits
    LIBRIS (Sweden), 28 hits
    Idunn – Nordic journal database, 30 hits

Nasjonalt bibliotek for barnevern og familievern (nbbf), 13 hits

NOVA, Ungsinn, Norwegian Electronic Health Library, no relevant hits

Google, various exploratory queries, number of hits not registered

3.3 Journals

In our experience, search engines or databases do not locate all the relevant articles available. That is why we also searched these journals (only new hits are specified):

British Journal of Social Work, 3 new / Australian Social Work, 3 new

Child Abuse and Neglect Child Abuse Review, 1 new

Child and Family Social Work, 7 new / Child Care in Practice, 7 new

Child Welfare

Children and Society, 1 new

Children and Youth Services Review, 1 new / Journal of Family Social Work, 1 new / Research on Social Work Practice - Socialvetenskap, 2 new

Social Work Research

Nordisk sosialt arbeid (published until 2008) by the Norwegian Child Welfare Services

3.4 Experts we contacted

In order to find any other publications and project reports we might have missed in our search, we took the liberty to contact experts in the field of family group conferencing from the following countries, who we contacted by e-mail: Australia, United States, England, the Netherlands and the Nordic countries. We received feedback from the Netherlands, Sweden, Denmark, and Finland.

We have also exchanged information and obtained more data from Norwegian experts at the national and regional departments of the Office for Children, Youth and Family Affairs (Bufetat) and from specific offices in some major Norwegian cities at a seminar we hosted at the Oslo Airport on 1 April 2014, along with communicating in writing.

3.5 Systematization of searches

Our search results were reviewed to eliminate double and obsolete references such as interviews, book reviews and Bachelor theses. The final list of relevant literature contained 291 references, which formed the starting point for further systematization and thematic categorization of literature. After a thorough reading of the summaries presented by both researches, we learned that the literature as a whole could be arranged according to the following themes:

Thematic categories from our literature search:

   Part I, FGC used by child welfare services

   Theoretical perspectives and discussions

   Implementation, evaluation and model trials

   The coordinator's role in FGC

   Parent participation and experiences

   Professional participation and experiences

   Child participation and experiences

FGC related to foster home placement
FGC for child reunification
Outcome studies, comparative studies and research outlines

Part II, FGC in special areas
FGC in the justice system, Restorative Justice / FGC involving minority families
FGC in counselling and family care / FGC in the mental health sector / FGC in schools /
FGC in the social welfare sector
Network-centric conferencing for adults and similar models

Overall, we learned our searches were able to capture the right kind of literature on FGC in different areas, and there were only a few studies that were obviously unsuited to our review or were obsolete. Many of the references fall under one of these categories: Restorative Justice, Theoretical discussions and perspectives, Implementation, Evaluation and Model trials. There were far fewer studies related to more specific categories.

The category for outcome studies, comparative studies and research outlines was somewhere in between in terms of the scope of available literature.

Thematic categorization of our search proved useful to further work compiling the knowledge review when it came to deciding which studies should be read in-depth and to respond to the specific problems of this project. Thematic categorization and prioritizing certain references was revised as we gained deeper insight into available literature. The priorities and precepts used to select the material we wanted to use for the final presentation are explained in each chapter.

4 FGC in an international perspective – implementation and organization

4.1 Family group conferencing around the world

Ever since FGC was incorporated into the child welfare work and prescribed by law, and used to help juvenile offenders in New Zealand in 1989 (The Children, Young Persons, and Their Families Act), the method has spread around the world and evolved across borders and continents. According to an international survey on FGC practices and research[2], different variants of the methods were being tested out and implemented in at least 17 countries until 2003-2004 (Nixon, Burford, & Quinn, 2005). All the continents were represented at varying levels of commitment in each country: Oceania (2 countries), Europe (9 countries), North America (2 countries), South America (1 country), Africa (1 country) and Asia (2). Other authors mentioned similar figures (approx. 20 countries, 35 nations and 50 districts) (Merkel-Holguín, 2003). According to Nixon et al. (2005) there was a slight increase in new FGC programs in the 1990s, while from 1998 until 2003 FGC went through explosive growth in the number of programs around the world. Supplemented with figures from recent sources (European Network on Family Group Conference, 2014; Heino, 2009) we learn that 22 of 35 European countries have or have had some kind of FGC activity[3], which, when combined with previous overviews tells us that the method has been implemented in at least

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2   This was an online survey that was sent to a network of contacts within FGC communities in different parts of the world, so it is not a representative survey of FGC usage

3   European countries mentioned in relation to FGC activity: Belgium, Bulgaria, Bosnia and Herzegovina, Denmark, Finland, France, Ireland, Israel, Italy, Netherlands, Norway, Northern Ireland, Northwest Russia, Poland, Serbia, Slovakia, Spain, United Kingdom, Sweden, Germany, Hungary, Austria

30 countries around the world, so far. For a brief and informative overview of implementation and current status on FGC in different countries, we recommend you read a summary report published in Scotland (Barnsdale & Walker, 2007).

When it comes to the Nordic countries, our contacts[4] tell us FGC has only grown to a limited extent these last 5 years, mostly in Norway. We learned that, in Sweden, it is up to the municipalities to decide whether FGC is practiced in each municipality, while in Denmark municipalities that want training in FGC can get it, but there is no systematic follow-up or oversight on coordinators and their work. Norway's extensive use of FGC is the result of Bufdir the position of FGC Coordinator at its office in 2007, and employing coordinators to work at all regional and local Bufetat offices around the country and in the largest cities (Vik, 2009). Proposition to the Storting 106 L (2012-2013) concerned changes to the Child Welfare Act. It introduced provisions giving Bufetat responsibility for implementing family group conferencing methods at its offices (Item 8.1.3 of the Act), - and it also states that FGC can be used for «intervention placement», in connection with transfer-of-custody decisions and for reunification.

This method may also be appropriate in cases involving decisions about visitation. Other documents that provide guidelines for implementing FGC in Norway are: a strategy document entitled Brukermedvirkning i det Statlige Barnevernet 2013-2016 (User involvement in child welfare services, Bufdir 2013), and the disponeringbrev 2014 (Letter of formal notice from Bufdir to Bufetat).

In keeping with the objectives of both documents, Norway is currently implementing FGC as a trial project in emergency cases (Municipality of Bergen, Bufetat Eastern Norway), in cases dealing with placements at government institutions (Bufetat Mid-Norway) and in foster care cases (in all regions). Trials for family counselling are just getting started (4 family counselling offices are participating in Gjøvik, Hamar, Otta and Gjøvik, Finnmark). A report has already been published by Bufetat East regarding FGC in the foster care services (Hyrve, 2008) and a major national research project is under way under the auspices of the Regional Centre for Child and Youth Mental Health and Child Welfare (RKBU North) (http://uit.no/prosjekter/prosjekt?p_document_id=349412). At present, there are only internal records and summaries available for other trial areas, but FGC in emergency cases is already reporting positive experiences where the goal was to prevent placement in emergency institutions and shelters and reduce the length of stay at such locations (personal communication, between Vik and Lundby). Positive experiences from the young people who participated in emergency counselling (akuttråd) are being reported (personal communication with Rødland).

For relevant activities in other countries in Europe we would especially like the direct your attention to the Netherlands. In 2011 Dutch citizens were given the right to develop their own action plans in cases that required emergency intervention. This led to a rise in the use of FGC in the Netherlands. We were informed by central operators in the field that FGC is being used in all kinds of situations that require some form of plan to resolve a problem or conflict whether at school, at work, in one's neighborhood, in prison, between divorced persons, in the event of illness etc. We are also seeing FGC trial projects and research in the mental health services in recent years. There is a non-governmental organization in England called Day Break that offers

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4 See the chapter on methodology

FGC training and programs in different areas like education, health care, child welfare, family violence and the justice system (http://www.daybreakfgc.org.uk).

Despite a relatively extensive spread of FGC to many countries, regions, implementation projects and areas of use, it turns out that FGC is only used as an exception; it has not become common practice in the public sector.

We hear that FGC is implemented sporadically in the United Kingdom (Brown, 2003) and in the United States (Merkel-Holguín, 2003), and that even though trial projects and evaluations exists that does not mean it is used on a daily basis. Figures based on a national representative survey from the United States show that FGC is only used in 10 % of cases during initial case assessment (Weigensberg, Barth, & Guo, 2009), while a British study indicates that 38 % of districts implemented FGC but only used marginally in decision-making processes (Brown, 2003, 2007). Family group conferencing has found its way into laws in few countries regarding serious child welfare decisions/cases and the juvenile courts. These countries (along with New Zealand) are: Ireland, Canada and some states in Australia and the US (Barnsdale & Walker, 2007; European Network on Family Group Conference, 2014).

The marginal use of FGC in most countries led to an international debate about how the method should and could be used in the future in the child welfare services. According to Doolan (2002) we can distinguish between 3 types of FGC mandates divided by the role played by the central authorities. These are:

1. Good practice mandate; the use of FGC depends on each practitioner or on a local leader who takes initiative to use the method.
2. Procedural mandate; services/institutions set specific standards or expectations for where and when FGC should be used with families.
3. Legal mandate; professionals and users have the right and obligation to use FGC in certain kinds of cases.

There are different assessments and considerations that lead different countries to choose different solutions. The primary driving force for a legal mandate in New Zealand may very well be politically motivated, more than evidence-based (Merkel-Holguín, 2003). The discussion had to do with human rights rather than what actually worked, which was a turning point for the political process. Another question about FGC's position is linked to economic considerations. Several researchers claim (for different reasons) that FGC does not cost more than traditional child welfare work, and that the contrary is true to the extent out-of-home placement is prevented or reduced (see the review in Barnsdale & Walker, 2007). The limited research evidence available on the benefits of FGC seems to indicate that government guidelines or regulations are a precondition for integrating the method into work done by public agencies. But a real debate about the values of family group conferencing and what goals we would like to establish for its implementation may be just as important.

4.2 FGC – different models

Our literature review on the subject has shown that there is no uniform method or model for family group conferencing. The method has been developing over time into many variants with local adaptations. The biggest distinction exists between the original model that emerged in New Zealand which took root in Europe - compared to family group decision making models (FGDM) that evolved in North America[5]. FGDM variants have mostly evolved into one method called «family unity meeting» (FUM) that developed as an alternative to FGC (Barnsdale & Walker, 2007). FUM is distinct from FGC in that the facilitator/coordinator is present throughout the meeting, i.e. there is no private family time and the parents can veto the selection of any family member. The FUM meeting begins with a discussion about what resources may exist in the group, and all the participants are asked to present some positive aspects about and resources within the family. Some professionals argue that FUM has been influenced by FGC as time goes by because we are seeing more private family time at FUM conferences. The structure of the Family Unity Meeting in some states is closer to family group conferencing than FUM.

The international survey on FGC (Nixon et al., 2005) indicates that more than 50 different designations exist for family group conferencing[6], most of which refer to different practices in the United States. The author of the survey has implied that the great variety of names is an expression of local adaptations of the model and a certain amount of resistance to stereotyped practices or resistance to being associated with a competing program. Besides the use of private family time, there are other differences between the models when it comes to the coordinator's role. The role of coordinator in some models is split in two, giving one person the task of preparing the meeting while the second person works leads the meeting (the facilitator). One argument in support of this two-way split is that the first coordinator could be disqualified in the course of the preparation. There is also a difference as to whether a coordinator is an employee of the agency responsible for the conference or an employee of an autonomous agency. Some agencies recruit coordinators from a wide range of environments, while other agencies focus on hiring professional social workers or others with specific skills and qualifications. Child participation has become the first rule of conferencing, but some models restrict the age for participation, or in certain situations. The use of follow-up sessions varies, but this practice is not associated specifically with any specific models. We did not obtain specific descriptions for many models, but some will be described later in this report in our review of relevant studies, (see chapter 5).

Another condition that has had an impact on FGC's development is Restorative Justice (RJ) in the justice system (see e.g. Bradshaw & Roseborough, 2005; Braithwaite, 1999, 2002). The Restorative Justice conference resembles a family group conference that brings together the parties involved in a conflict (the offender, the victim, representatives of the community) with the aim of setting up a «restorative scheme» that can be accepted by all parties. FGC has developed into several variants of RJ, particularly in the United States, and several countries have incorporated FGC into laws related specifically to juvenile crime (New Zealand, Ireland and others). Just as FGC developed into different variants for child welfare services, RJ has emerged

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5   The term FGDM was first used Canada when FGC was introduced their, later finding its place in the United States as a collective term for similar methods (Rauktis, Bishop-Fitzpatrick, Jung, & Pennell, 2013).

6   Examples of names for FGC: family team meeting, family case conference, team decision making, family case conference, community conference, community mediation, restorative group conference.

in different forms that incorporate certain elements of family group conferencing while omitting others. More information about FGC in the justice system is found in chapter 9.

4.3 FGC – Model fidelity

The different variants of FGC make classifying knowledge difficult if we want to provide an adequate description of the method. As we shall see further on in our research review, some publications fail to clarify which specific model or models they explored in their study, which leads to uncertainties in our research base. Berzin, Thomas & Cohen (2007) argue that conflicting or lacking research results are not an indication that an FGC method does not work, the results could also be influenced by the different ways in which a practice is implemented. Their report refers to research from MST and other research on treatment that found a positive correlation between high model fidelity and method outcomes (see the references in Berzin et al., 2007).

Model fidelity has been a central theme in implementation and evaluation of FGC in most countries where basic principles, structure and implementation are concerned. These emerge through descriptions of methods, participant surveys and from a large number of important national evaluation reports. The challenge in assessing model fidelity is, however, that it cannot be done once and for all. It needs to be incorporated into daily practice. This requires examining model fidelity in a simple manner without the need to initiate special evaluation studies and research projects. Even though many practices have incorporated feedback routines in every family conference, the mapping instruments used for this purpose differ in design and explore different topics; the routines are rarely tested scientifically to verify whether they are appropriate for determining basic principles and common elements in the method.

The topics that being measured in each survey will therefore be different. They are also ill-suited for multi-study comparisons or for research.

The United States in particular is home to a multitude of local variants of FGC/FGDM, and many professionals are calling for a more precise mapping tool to evaluate model fidelity (Berzin et al., 2007; Pennell, 2005; Rauktis et al., 2013; Rauktis, Huefner, & Cahalane, 2011). Both Pennell (2005) and Berzin (2007) have developed and tested a mapping instrument that tried to include basic FGC principles and more organizational aspects of the model. Pennell's mapping form (Achievement of FGC Objectives Scale) is particularly interesting because it could be used on different respondent groups, and it had good psychometric properties. These instruments are a valuable contribution to the work being done to operationalize important elements of the model, but they are not suited for incorporation in daily practice, and the forms were not tested on a large enough sample. The state of Pennsylvania initiated a 3 year long development project based on the failings of these instruments. The aim of the project was to review and examine the factor structure in a self-administered version of the Achievement of FGC Objective Scale (Rauktis et al., 2013; Rauktis et al., 2011). We chose to present this development project in some detail in our review because the work from this project resulted in the first standardized tool that can be used to assess FGC model fidelity.

The Achievment of FGC Objective Scale was revised to simplify language and capture local features of the model that applied to Pennsylvania. Routines were established for simplified self-administration at the end of each conference. The new version of the form was pilot tested on feedback from approximately 700 family groups, professionals and representatives from local

communities from 98 different conferences. The internal consistency of the revised form was just as good as that in the original form (alpha= 0.93) and it was a good correlation between the mean scores. In addition to that, the new measurements showed a higher degree of precision with less variation and standard deviation. The revised form got a new name after the pilot project was completed: The Family Group Decision Making Model Fidelity Scale (FGDM-MFS) (Rauktis et al., 2013; Rauktis et al., 2011).

The final validation of the scale was completed after a new comprehensive round of testing was done by the child welfare services across the state of Pennsylvania during a 10-month period in 2010-2011. A total of 5456 forms were analyzed after the respondent filled them in, which included parents, young people, relatives, friends and professionals in and outside the child welfare services.

To compare the results from two different analysis strategies (exploratory and confirmatory factor analysis) the data was randomly distributed among two sub-groups, which were also checked for demographic differences. While Pennell's form had 4 sub-scales, it was decided the new scale should have a 3-factor solution as a result of one of the exploratory factor analyses and by a confirmatory factor analysis. The new and validated scale is reproduced below, with individual questions divided into the appropriate sub-scale.

Family group decision making model fidelity scale, FGDM-MFS

Factor 1 Productive decision making
Q16: The plan included steps to evaluate if the plan is working and to get the family group back together again if needed.
Q15: The plan included ways that the family group will help out.
Q10: The family group was prepared for the conference (ex. got enough information on what happens at a conference)
Q17: The plan was approved quickly.
Q11: The paid professionals were prepared for the conference (ex. got enough information on what happens at a conference).
Q12: The conference had enough supports and protections (ex. support persons).
Q6: The conference was held in a way that felt right to the family group (ex. the right food, right time of day). Q14: The family group had private time to make their plan.
Q4: The family group understood the reasons for holding the conference. Q5: The conference was held in a place that felt right to the family group.

Factor 2 Family group inclusion
Q7: More family group than paid professionals participated in the conference.
Q8: Different sides of the family participated in the conference (ex. father and mother sides of the family). Q9: People at the conference were relatives and/or people who feel "like family" (ex. old friends, good neighbors).

Factor 3 Professional supportiveness
Q3: The FGDM facilitator/coordinator did not have other jobs to do with the family beside organizing and/or facilitating the group.
Q2: The FGDM facilitator was respectful of the family group
Q1: Each paid professional was clear about their role (ex. child protection, counselling).
Q13: Paid professionals shared their knowledge but they did not tell the family group how to solve the concerns.

According to the researchers (Rauktis et al., 2013; Rauktis et al., 2011) the various sub-scales in the scale can provide specific guidelines for evaluating model fidelity within the child welfare services. For example, one can report on the preparation phase, family participation or the

presence/behavior of professionals. By formulating the assertions as specific principles, it is also possible to act in relation to them. For example, if one discovers a professional who is not sharing his or her knowledge or has taken it upon himself to resolve a family's problems, we can use this information to make improvements in this area alone.

It should be noted that the feedback form used on a daily basis must not replace more in-depth evaluations or research, but it can be helpful to know if our FGC practices comply with the basic principles and elements of our model. It can also provide us with the opportunity to investigate model fidelity in relation to different outcomes, which can substantiate the authenticity of future research results.

In future work directed at quality assurance of family group conferencing in Norway, we should probably consider making our own form.

5. What are the effects of family group conferencing?

In this chapter we present our research review on studies that can shed light on the question of the effect and outcome of family group conferencing in various ways. The chapter is divided into 2 parts. The first and longest part reviews the individual studies in our review, while the second and shorter part provides a summary assessment of the research questions we were able to answer. The studies are also listed and described in the table at the end of the chapter. Possible implications for further research and application will be discussed in the conclusion to the chapter. The structure of each subchapter is explained as we progress through the chapter.

5.1 A review of relevant research

The optimal design for exploring the effects of FGC is the randomized controlled study (RCT), which aims to investigate whether using one method would have a different result than using other methods based on otherwise similar conditions. For FGC, this means families or predetermined target groups are distributed randomly into two groups, those who participate in family group conferencing and those who participate in other decision making methods that are usually some form of traditional case work. One must determine in advance what the objectives are that one wants to achieve and how these can be measured. If the primary objective is to reduce child abuse or neglect, one of the outcome measures would be «the number of incidents reported to child welfare services» for a designated period of time. If the objective is to prevent out-of-home placement or to place children with relatives, the outcome measure would be «the number of new placements and the locations of placements». Any unique effects FGC may have will be discovered after complex statistical analyses are done and by looking for the differences that exist between the groups.

The final report from Norway's national project for implementation and evaluation of FGC (Falck, 2006) included a chapter we can call «How does family group conferencing work?» (Backe-Hansen, 2006). Backe-Hansen informed us in that chapter that, at the time there were no outcome studies available that satisfied scientific requirements for outcome studies. Even though we did find some studies from later years that used satisfactory methodologies, the limited amount of research in this area implied that preparing an overview based on randomized controlled studies or studies that checked for differences between target groups in complex analyses would not be of much use to us. Several studies exist that used simple analyses to

compare usage and possible outcomes of FGC with other decision making methods (usually traditional case work) which provide important information for further research and practice despite their methodological weaknesses.

To shed light on the question of what outcomes FGC might have we decided to include studies that either made use of one kind of comparison group or that examined issues related to FGC in larger population studies.

We were able to find 10 studies in our review of available research that in some way or another meet the criteria inferred above. As most of the studies concluded in favor of family group conferencing, we found it useful to divide the studies into two groups: one that concluded positive outcomes for FGC and one that found varied or neutral outcomes[7]. To define this split we used two terms - utfall (outcome) and ikke-effect (no outcome) - because both terms involved studies with simple methodological designs that are ill-suited for assessing outcome, and outcome studies with a more advanced design. The studies are presented in chronological order based on year of publication.

Positive outcomes from family group conferencing
Newfoundland and Labrador, Canada (Pennell & Burford, 2000)
This is one of the first studies published internationally that compared the outcome of FGC cases with non-FGC cases. The study was conducted in the first half of the 1990s anddistinct was led by one of the most famous FGC researches in Canada/USA: Jane Pennell and her staff. FGC was designated Family Group Decision Making (FGDM) in this project, which later became a generic term for similar decision making methods used in the United States and Canada.

The project intended to explore, within different cultural environments, whether family group conferencing could eliminate or reduce violence against children or adult family members and whether it could improve living conditions, and well-being. The method was implemented in 3 different regions in Northern Canada; One was an Inuit community and the two other were predominantly communities of European origin. The project lasted one year and involved 32 conferences fairly equally distributed between the regions. The conferences involved cases for 91 children under the age of 18, with a total of 472 participants, of which the majority were members of the extended family. Most case referrals came from the child welfare services, but there were also some cases from correctional services and some general referrals. Most of the children lived at home, but there were also some children in placement involved in the project.

A checklist of 31 potential indicators of abuse/violence against children or adults was drawn up that took its point of departure in relevant literature for the evaluation of the project. The checklist was filled out after the case documents were reviewed.

The documents and included a period of 1 year prior to the family group conference and 1 year after the conference ended. The same procedure was carried out among 31 families that did not participate in family group conferencing (the comparison group) which were selected by the case workers based on guidelines established by an independent FGC consultant group. The distinction between pre-conference and post-conference for the comparison group was set as the median time for implementing the conferences. The two study groups came out relatively equal in terms of the length of time they had received assistance from the child welfare services, how

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7   The term «varied or neutral» was chosen to accommodate studies that had neither obviously positive nor obviously negative outcomes.

old the children were and what problem categories were involved, but the FGC cases had far more indications of abuse/neglect when the cases were first registered.

The results from checklists filled out one year after conferencing indicated that families that had participated in conferences were as a whole able to reduce the number of indications of abuse/neglect by half, while the same indications for families in the comparison group increased significantly. We see the same picture in terms of the number of families that were affected. In addition to reviewing the archives, the study involved 115 interviews with family members about one year after their conferences ended. The majority concluded that FGC was useful and their families were doing better, which one qualitative analysis associated with greater cohesion among family members and that the families felt a greater sense of security in their daily lives. The information provided by the families generally supports the main findings from the checklists, which gives the findings even more credibility.

This was one of the earliest evaluations of the effects of family group conferencing that also showed promising results when the method was used to reduce abuse/neglect. In purely methodological terms the study is insufficient in many ways if we examine it from a purely scientific perspective where outcome studies are concerned. Cases that were included in the sampling were not randomly distributed between FGC and traditional case work, which would be an almost impossible requirement, while the new method was being implemented. The results are presented in frequencies, and it does not state whether the group differences were tested statistically. And no outcome measurements were done. Still, this was a major step in developing a tool for recording indications of abuse/neglect, and multiple sources of information were used that can lend credibility to the results as a form of quality assurance. In spite of the methodological problems the study is still seen as an important contribution to our knowledge on FGC in professional terms and methodologies that acted as a stepping stone for future research.

Norway, (Falck, 2006)

Norway's national FGC implementation and evaluation project lasted from 2003 to 2006 (Falck, 2006). The project was not initially designed to evaluate the effects of FGC, but it did pave the way for comparing certain characteristics and outcomes in FGC cases with other kinds of cases (Falck & Clausen, 2006). Some conditions being compared were the severity of the cases, the relationship between parents and the child welfare services, concurrence in understanding the family's situation and measures offered by the child welfare services, as assessed by case workers.

Information was collected on 111 conferences that involved 170 children. 44 conferences for 68 children were reviewed by collecting new data one year after the conferences were finished. The comparison group encompassed cases for 68 children (from the same offices) that did not involve FGC procedures. These cases were dealt with by traditional case work until a decision was made and measures were implemented. New data was collected on 54 of these children about one year later. Most of the children in the study lived at home, but there were also some children in placement. Conferencing was most often used when remedial action within the home was being considered, but it is also used in relation to placements and reunification. The prevalence of social and psychological problems among parents and children corresponded to what we normally find among the clients of the child welfare services. Nearly two-thirds of these children

had been in contact with the child welfare services at some time in the past. The FGC cases were considered more serious than the cases in the comparison group. Based on information gathered from case workers, Hyrve (2006) discovered that most of the families that participated in FGCs had been cooperating with the child welfare services over time and very few were in the midst of a conflict.

Findings from the follow-up analysis indicated that, according to the case workers, the gravity of the FGC cases was significantly lower one year after the conferences. There were also positive developments in comparison group cases, but the change was significantly less than FGC cases. One-third of all children who participated in the conferences were no longer receiving assistance from the child welfare services one year later. This was only true for 1/10th of the children in the comparison group. One explanation for the reduced assistance in FGC cases was - according to the researchers - that a lot of the work had been transferred from the child welfare services to the family's own network (Figenschow, 2006). No significant differences were found between the two groups when we examine whether the family's relationship with the child welfare services ha changed or not, and if the family's understanding of the child welfare services' concerns had changed, although we noted a slight tendency among families in the comparison group where understanding was concerned. The parents from FGC cases were also interviews, to supplement the information acquired from the case workers. The information from the interviews confirmed the findings that support positive developments in the family situation, but similar interviews were not conducted with the parents in the comparison group.

Researchers stress how the results should be interpreted cautiously due to the number of cases that were discontinued after the first and second periods, and because they pointed out that the comparison group did not function as a pure control group for this study. Still, they concluded the sum of the individual results indicates that family group conferencing has an overwhelmingly positive effect (Falck & Vik, 2006, p. 289).

Michigan, USA (Crampton & Jackson, 2007)

Family conferencing was introduced as a formal program in Kent County Michigan in 1996 and lasted until 1998. The program originated from the idea that the extended family and local community were not involved in child care for children in placement as much as one would like them to be. County statistics on the number of minority children in placement (non-white children) were higher than desired compared with the population as a whole. The program involved 257 minority families for which placement was considered an option due to abuse/ neglect. Cases involving sexual abuse were excluded because other programs were available to address this problem. Families offered conferencing had a «choice» between participating in the program or having their case dealt with in the normal manner by the justice system, which would lead to placement in a public foster home. The problem addressed in this context was whether using FGC could reduce the number of public foster home placements.

As with the projects from Canada and Norway discussed above, this program failed to distribute families randomly into a trial group and a control group while the method was being introduced and implemented in the county. They therefore decided to divide the families into different groups based on their «status» in the family group decision making project. Of the 257 minority families involved only 153 families were asked to participate in the FGDM project; 94

families accepted the offer. Families that were not offered FGDM would have been excluded either due to an unwillingness by professionals to recommend them for the program or because the cases had been dismissed in the meantime. Of the 94 families that completed conferencing only 61 succeeded in developing an action plan that allowed them to avoid placement in a public foster home; 33 of the FGDM families did not succeed. All the excluded cases or those that were unsuccessful in making a satisfactory care plan were transferred to the judicial system.

All the groups were reviewed in a follow up survey 2 years later based on outcome measures, such as the child welfare services receiving new notifications of concern or the number and type of placements. According to the authors, to assess the significance of FGDM it would be most appropriate to compare the two groups of families that consented to participate because their point of departure was similar. A clear distinction was found for these groups, between cases in which a care plan had been prepared and approved or not regarding placement patterns, while there was no difference in terms of new notifications of concern. Children from families that were successful in developing a care plan were placed with relatives more often - that often involved a decision to transfer legal guardianship - while children from families that were not successful in developing a care plan were more often placed in public foster homes, and later adopted.

The authors focused on foster care that involved relatives, which get far less financial support or follow-up than public foster homes, and there is little knowledge about the conditions or lives of these children in the long-term. Families that were not recommended for FGDM by professionals experienced the most placements and had more cases in the courts, while the dismissed cases mentioned above often involved new care and custody evaluations by the child welfare services.

FGC/FGDM seems to be a promising method to reduce the number of minority children in public foster care. The authors point out however that the design of the study is not suited to measuring the effects of FGC/FGDM, and the project does not have any information on how the children are doing in terms of personal development and well-being. The outcome measures in this study also fail us here when we want to look at child security and stability during their years of upbringing (permanency). The study does however provide important information about using FGC on cases involving minority families, and it has provided important insight into the private and public foster home system.

Texas, USA (Sheets et al., 2009)
A study was conducted in Texas from 2003 to 2005 that included all the 11 regions of Texas. The authors focused on the debate about which methods would produce the best outcome for children, evidence-based (that include research-based knowledge, clinical expertise and clients' values) or methods that to a greater or lesser degree take the cultural aspects of different kinds of family groups into account. In their opinion, evidence-based practice and culturally sensitive practices are theoretically compatible, so the method deserves rigorous research attention.

The model examined in this study is the original variant for family group conferencing we know from New Zealand and most European countries. The conference was conducted within 180 days after child placement when preparing long-term care plans. So-called Permanency Planning Meetings (PPM) were conducted in the regions that did not implement FGDM methods within 45 days of placement. The outcome measures for this study were participant satisfaction,

child well-being/adjustment and care situation when care ended (period of care, reunification). Participant satisfaction was examined using survey data from 200 parents and caregivers who participated in conferencing, and 194 who participated in PPM meetings. Child well-being was investigated in interviews with caregivers in a sub-scale 3-6 months after the conference that involved 46 FGDM children and 37 PPM children. The themes of the interviews were child adjustment, anxiety, school grades and contact with siblings. Information about ending formal care includes all children in placement from November 2004 to July 2005; 468 FGDM cases and 3598 control cases, which were registered in May 2006.

The study reported that participant satisfaction was higher among families who participated in FGDM than those in PPM meetings, and relatives were more satisfied than parents. Where the children's well-being/adjustment is concerned, we see how children placed with relatives were «more adjusted and less anxious than those placed in public foster care». There was a marginal difference between the groups in favor of FGDM, but whether this was due to conferencing, the location of placement or child adjustment to placement is unknown. When exiting care (5-17 months after placement) a significantly greater proportion of FGDM children (48 %) were reunited with their families compared to PPM children (33 %), and the FGDM children had shorter placements. This same difference was not found between PGDM and PPM when children were reunified with relatives. However, favorable FGDM results were not the same in all regions due to different practices for reunification. The regions with the most favorable FGDM outcome were predominantly regions with children from Hispanic and African-American families, while the difference was less prominent for Anglo-American children.

The authors stress that the results from the follow-up phase are to be considered preliminary results, and more than half of all the children were still under government care. They also explained that the FGDM group had more Caucasians, while the PPM group had more Hispanics. The FGDM group had more drug problems, while the PPM group had more physical neglect allegations. These group differences were not subject to review in this study. However, in a footnote to their article we read that a later multivariate analysis of updated data that was reviewed for group differences confirmed the findings mentioned above about the outcome of family group conferencing - especially for Hispanic families and for African-American families with drug problems. We were unable to find any publications that deal with the later results.

USA. (Weigensberg et al., 2009)
The first national survey in American of children who had been in contact with the child welfare services began at the end of the 1990s (The National Survey of Child and Adolescent Well-Being, NSCAW). The survey included a representative sample of 5001 children aged 0-15 years who had been examined by the child welfare services from October 1999 to December 2000, who were being monitored over time and for whom new data was gathered. Data from this survey formed the starting point for many studies on social problems including one study on the outcome of FGDM where «services access» is concerned for parents and children who had been in contact with the child welfare services.

The sample for the FGDM study consisted of 3220 children who lived at home who were reported to the child welfare services due to abuse/neglect, including a sub-group of 325 children who had experienced one form or another of FGDM meetings during their care assessment.

Analyses at the time of registration show no differences between children who participated in FGDMs or not where gender, age, ethnicity, type of abuse (including sexual abuse) or previous reported abuse were concerned. But the FGDM cases were still more serious than the other cases because they often concerned domestic violence and their parents often had drug problems, more so than the other cases. The unique opportunities presented by having access to a large representative sample allowed one to use advanced statistical methods (propensity score matching) to form a new control group, which showed characteristics that were most similar to the FGDM group. This would allow one to tie if any differences in outcomes to the effect of FGC/FGMD, and exclude possible group differences.

Analyses from the first round of measurements indicate the FGDM group was more often referred to child aid services, mental health care services for parents and other kinds of services for parents. A follow-up was done 3 years later, which indicated there was NO LONGER any difference between the groups. And there was no difference in referrals to other services such as drug treatment for parents, domestic violence services or special education for the children. That meant FGDM cases were - As a point of departure - more often referred to services for parents and children outside the child welfare services, but whether this difference lasted over time or not is uncertain, according to the authors of the study. They suggest it may be due to a lack of follow-up on FGDM cases over time, but the study did not confirm this. FGDM/FGC seems to have more potential than other methods to engage families with aid programs (albeit, outside the official child welfare services), but in any case that is considered a positive finding.

Washington DC, USA (Pennell, Edwards, & Burford, 2010)
Washington DC introduced a model known as the Family Team Meeting (FTM) in 2005, which was to be used on all emergency placements within 72 hours of registering a case. 72 hours was the time before a court had to decide on placement (Pennell et al., 2010). FTM is described as a hybrid of the original FGC model and other similar decision making models much like Team Decision Making (TDM). One important difference from standard FGC was that the coordinator's role was split in two; one coordinator was responsible for preparing the meeting while the other became the facilitator responsible for conducting the meeting. The facilitator is not independent. He or she was an employee of the child welfare services who often collaborated with a child welfare worker from the local community.

Other differences from standard conferencing were a more narrow focus on placement, shorter meetings (often 1-2 hours) and implementation without using private family time. The latter characteristics correspond to TDM, but they differ because this model utilizes the family network's resources to a greater degree.

The FTM evaluation was carried out using data from the Federal Adoption and Foster Care Register. 3 comparison groups were established to examine FTM outcome; (1) A Pre-FTM group that consisted of 140 children who entered placement in October-December 2004 (before the program started), (2) A Non-FTM group that consisted of 195 children who did not participate in any FTMs even if the program would have applied to all emergency placements, and (3) An FTM group which consisted of 454 children who entered placement from January to September 2005. Differing from a USA national study (Weigensberg et al., 2009) that reported one form of family group conferencing or another was used on 10 % of all placement cases nationwide, this

was true for 70 % of the cases in Washington DC. Comparative outcomes in this study were: type of placement, family-related long-term goals, duration of placement and child residence after reunification. The follow-up report dated 30 September 2005 indicated the FTM group had significantly more placements with relatives (28 %) than the two comparison groups (18 %). Nearly 70 % of the FTMs had family-related long-term goals for reunification with parents or long-term care by relatives, while this was true for less than half of the other groups. For the reunified children the FTM group had shorter placements than both comparison groups and they were more often returned to parents and relatives than the non-FTM group and just as often as the pre-FTM group.

It is important to note that up to 70 % of the children in the different groups were still under public care when the follow-up was completed, and it is uncertain whether the findings that applied to reunification also applied to those children still in public care. Another limitation of this study applies to its sampling bias, either related to the FGC recruitment process or to characteristics of the families. The groups were equal in demographic terms/characteristics (almost all the children were African-Americans), but they were more often in placement due to physical abuse and they had fewer disabilities and behavioral problems or were less often at risk of neglect. The parents of FTM children had less drug problems or lack of parenting skills, but they often had more problems related to housing than the others. This study is not an outcome study because of the recruitment method used, the lack of control over group differences and the simplified analyses, but the findings are still promising for a practice that involves activating extended families in emergency situations, especially among African-American minority families that often have a strained relationship with the (public) child welfare services.

Texas, USA (Wang et al., 2012)
A major population study was conducted in Texas that examined children and young people who experienced out-of-home placement for at least 3 days at any time in 2004 to 2009 (N= 80690). The purpose of the study was to examine the unique effects of FGCafter a child was placed in public care for the period leading to «permanent» placement and type of placement after public care ended. This study applied a complex multi-level analysis (discrete-time survival model, which is a structural comparison model used in longitudinal studies) in which FGDM conducted after placement were viewed as a form of mediation. The period was examined to investigate the 3 most frequent outcomes after exiting care: family reunification, placement with relatives and adoption. The study was controlled for factors like age, gender, ethnicity, total risk score, family income and teenage parents.

At the end of the project approximately 25 % of the children were still in public care, while the exiting groups that were examined included 7986 children who participated in FGDMs after placement and 52249 children who had not participated in family group decision making. Analyses indicate that the probability of family reunification increased (28 %) and the likelihood of placement with a relative increased (7.3 %) when FGDM was used after placement, while the probability of adoption decreased (45 %). These analyses confirm earlier findings by Pennell et al. (2010). Family group conferencing after placement however did not have an effect on the time before reunification, which is the opposite of what Pennell et al. (2010) found. With a point of departure in good data and the use of complex and proven analytical methods, this seems to be

the first credible study to document unique positive effects of family group conferencing. The sample was representative for the state of Texas, but we cannot be certain it is representative for the United States as a whole.

Varied or neutral outcomes of family group conferencing
Sweden (Sundell & Vinnerljung, 2004)
A Swedish outcome study of family group conferencing is mentioned in many international articles as one of the first studies to check for group differences to explore whether family group conferencing has any unique effect. The study was conducted in 1996-97 among 10 municipalities in Sweden. It compared the outcome of 66 FGC cases (97 children) with a random sampling of 104 families (142 children) who experienced normal case work. Information was obtained from case workers (questionnaires), case documents and from the national address register (bostedsregister). The outcomes were examined 3 years after the study began.

The goal of the study was to test out the following hypotheses, (among others) based on previous research and experience: Family group conferencing will (1) reduce the risk of new notifications of concern, (2) reduce the likelihood of recurring abuse and neglect, (3) increase notifications of concern from extended family members as needed, (4) increase frequency of placement with extended family and (5) increase the possibility of closing cases. The outcome variables were in accordance with the aforementioned hypotheses.

Ever since the study began researchers found that families referred to family group conferencing were recurrent clients of the child welfare services, and their cases were often considered more serious than the cases in the comparison group. No other substantial differences were found between the groups. These differences were checked during the follow-up phase using multiple regression analysis. Despite participants reporting a positive experience of the conference itself, only two of the five outcome hypotheses were confirmed to any degree. The frequency at which the extended family notified the child welfare services of further concerns rose slightly, and more children who had participated in conferencing were placed with the extended family. This last finding supports other research findings (Pennell et al., 2010; Wang et al., 2012). Contrary to anticipated results, children who participated in FGC were referred to the child welfare services more often after conferencing, especially in cases of maltreatment or abuse. There were no differences when it came to closing cases, but there was a tendency for FGC families to receive less support, counselling and other services over time. Regardless of the verified differences in outcome, further multiple regression analyses of the different outcome measures indicated that

FGC's unique effects were minimal (0 to 7 percent variance for the different outcome measures), while background variables explained the 29 % and 67 % variance. The authors offered several possible explanations for the limited effects of

family group conferencing. For example, FGC may be more suited to decision making than implementing decisions. It might also be true that, although FGC commits the extended family at the beginning, there is little guarantee that the support and help they offer will continue over time. It was also noted that several of the studies that found positive outcomes involved a number of minority groups. The Swedish sampling did not involve minorities to any extent.

<u>California, USA</u> (Berzin, 2006; Berzin, Cohen, Thomas, & Dawson, 2008)
This is the first and - as far we know - the only study of family group conferencing conducted as a randomized controlled trial (RCT). The study is also important because it evaluated two different FGC models with different target groups and outcome measures from two counties in California (Fresno and Riverside). Data was taken from California's Title IV-E Child Welfare Waiver Demonstration Project, intended to test family conferencing and other recommended interventions. Output data on children and their families was collected from April to December 2000, with follow-up data collected in December 2002.

The purpose of this study was to evaluate the possible differences in outcomes between an FGC group and a control group regarding child safety (reported maltreatment, out-of-home placement), placement stability (number and type of changes to placement) and the final outcomes for the children's care situation (closing cases and reunification). The families were divided randomly into each group after the families consented to participate in the project, (distribution ratio 3:5 respectively for control group and FGC group); the size of samples increased because siblings who were also registered with the child welfare services were included in the study.

The sample from Fresno County consisted of 164 children who lived at home (aged 0-18) who were assessed with moderate to high risk recurrence of abuse/neglect. There were 103 children in the FGC group and 61 children in the control group. The sample from Riverside County consisted of 163 children aged 0-12 who were placed in foster homes who were considered at risk of being transferred elsewhere; 105 FGC children and 58 control children. The model implemented in Fresno was a combination of the Family Unity Model (FUM) that included a session to identify family strengths during the first part of a meeting, and family group conferencing that included private family time as we know it from the original model. Riverside County used the FUM model, which included a the same session to identify a family's resources, but the care plan was prepared by all the participants together (without private family time).

No differences were found between the FGC groups and the control groups in either county among children who had a history of intervention, and the only demographic difference was that there was a slightly higher proportion of girls in the Fresno control group. The analyses were checked for possible cluster effects for the sibling groups (brothers and sisters were not independent variables, often resulting in the same outcome).

The summarized findings from the study indicated conferencing had no effect on any of the outcomes measures for any models. In fact, the opposite seems to be true. There was an indication that the FGC groups had more reports of maltreatment than the control groups in both counties, but the differences were not very significant. Placement stability was only measured in Riverside County, where the children were already in placement when the study started. No group differences were found during placements (number and type of placement), even when the study was checked for duration of placement. The last outcome measure, closing a case and final outcome (the permanent care solution), was significantly different in each county. For children living with their parents in Fresco, closing a case involved the decision to keep a child with parents or not: For children in placement in Riverside, closing a case implied changing the care solution which could mean reunification with parents, placement with relatives, guardianship, adoption and/or closing a case and sending it to the judicial system.

Overall, we learned that more FGC cases had been closed when compared with control cases, but the difference was not significant.

When the authors analyzed the lack of positive results from family group conferencing they asked the question of whether we should expect FGC to have any long term effects or ambitious outcome measures such as child safety, stability and permanent care arrangements. Perhaps FGC should rather be seen as the beginning of a process which can be measured in relation to family member involvement in decision making, improving cooperation between the family and the community, and better communication within a family? They stressed that, even though FGC did not show any positive effects, neither did it have any negative effects. They encourage further testing on various outcome measures with a larger sampling and more random distribution of FGC and traditional methods.

USA (McCrae & Fusco, 2010)

This study is also based on the national survey (NSCAW) of children who were investigated by the child welfare services after reports of abuse/neglect. The study did not intend to examine the long-term effects of FGDM, its aim was to investigate possible differences between Caucasian and African-American families/children where family group decision making was concerned (various models were included). 4128 children aged 0-14 were included in the survey: 1598 African-American children and 2240 Caucasian children (290 cases were excluded due to missing data). Information was taken from the first registration (baseline) in the survey and from the first follow-up period 12 months later. Differences in how conferencing was implemented were examined based on certain characteristics for children, caregiver, case worker and type of maltreatment, in addition to how the conference were organized, referrals to child welfare services and receiving various kinds of aid beside that offered by the child welfare services, and user satisfaction. The comparison of Caucasian and African-American children who had experienced conferencing were done as bivariate and multivariate analyses.

General findings indicate that conferencing in one form or another was used in 10 % of child welfare cases in the United States. Relatively speaking, non-white social workers more often referred families to FGDM than Caucasian social workers, but because non-white social workers constitute a small minority of social workers in the United States, this will have a limited impact on the use of conferencing overall, in the authors' opinion. The study also found that conferencing led to more frequent referrals (of children) to mental health services.

The main finding of the study was that there was no difference associated with FGDM where ethnicity alone is concerned, but there were several important reciprocal differences between Caucasian and African-American children who had participated in conferencing.

Among Caucasian children, conferencing was more often used in the context of the different types of foster home placements (less often for institutional placements) or in cases of physical neglect, and more often in urban areas. Among African-American children, FGDM was more often used for children with mental health difficulties, in serious cases and when a social worker was non-white, but less often for situations where cooperating with parents was problematic, with previous reports of abuse and with sexual abuse.

In their analysis of the study, the authors argue that not having found any differences in FGDM use was a positive result where ethnicity is concerned. This is especially important

considering the fact that African-American minorities are overrepresented among children in placement in the United States. It is disturbing to read that conferencing is used less among African-Americans when the families/children have a history of intervention for previous abuse (and sexual abuse), especially when we consider that these cases represent the most urgent need to place children outside the home. The authors encourage further debate on the objectives of family group conferencing. If one important objective is to prevent placement in a public foster home, conferencing would be a very important tool for intervening in the most serious of cases. They also suggest it would be worthwhile to increase commitment among Caucasian social workers who tend to use conferencing more often than non-white social workers for placement.

5.2 What research questions have we answered?

We decided to summarize our research review as a table at the end of this chapter along with our summary assessment that tries to look at all the studies we have explored thus far. We will start with a general summary of the studies, where we also include methodological characteristics, in order to shed light on individual topics from our research review such as the effects of family group conferencing on out-of-home placement, reducing abuse/neglect, ethnicity, access to other aid services, and the children's well-being and adjustment.

A basic summary of our research review

Our research review was comprised of 10 international studies that in various ways touch on the question of what effect does family group conferencing actually have. In all, 8 studies are from North America while the last 2 are from Nordic countries[8]. Several of the studies dealt with minority groups, and family group conferencing/FGDM was investigated for children living with their parents and children in placement of all ages. None of the researches suggested that family group conferencing is ill-suited in any case scenario, and it seems that most of the studies explored the most serious kinds of cases.

We found 7 studies with overwhelmingly positive outcomes from conferencing compared to other decision making methods and procedures, and 3 studies with more varied or neutral outcomes.

The methodological quality of the studies varies. If we look at the studies with positive outcomes, only two are satisfactory in terms of quality of methodology (Wang et al., 2012; Weigensberg et al., 2009). The three studies with varied or neutral outcomes are acceptable in terms of safeguarding important criteria for methodology where outcome measurements are concerned (Berzin et al., 2008; McCrae & Fusco, 2010; Sundell & Vinnerljung, 2004). The biggest challenge to methodology seems to be establishing comparable control groups and controlling group differences. Even though all the studies we explored use comparison groups, only one was conducted as a randomized controlled trial (Berzin, 2006; Berzin et al., 2008). There seems to be a tendency among more recent studies to use a more advanced study design and analytical methods than earlier implementation studies, which seems reasonable when we consider the initial problems researchers had getting enough family group conferencing cases to evaluate. It also seems true that the most recent and most methodological studies benefited from larger population-based or national representative samplings.

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8 Even if New Zealand is the forerunner of implementation, as far as we know there are no follow-up or outcome studies published internationally from New Zealand that could tell us what has happened with the children and families since experiencing FGC (e.g. Levine, 2000).

The outcome measures in the studies are closely related to the hypothetical problems, which in most cases seem to be relevant, specific and measurable. For example, the number and kinds of placements, time in care etc. are measured to address issues regarding the effect FGC might have on placements and reunifications. Case documents, population registers and bona fide child welfare statistics have been used as source documents. Measuring abuse and maltreatment has been done in several ways, such as filling in checklists about abuse/maltreatment, reading the content of notifications of concern from case workers and the frequencies of these notifications. It was pointed out that relevant checklists for maltreatment would have more credibility than a case worker's assessments of severity in individual cases. Interviews with parents are often used to assess well-being and adjustment, but one of these studies failed to state whether standardized mapping instruments were used, which would have been helpful.

The time at which an outcome was recorded varied from 9 months to 5 years, but most studies had a follow-up time of 2-3 years. The question of long-term effects seems somewhat unclear; the studies with the shortest follow-up times cannot provide us with information about how the lives of these children were influenced in the long run. Follow-up studies would be very helpful if they were repeated or conducted over longer periods of time if we want to explore whether FGC has any long-term effect on a family's situation or if it has an influence on a child's well-being or adjustment.

What effect does FGC have on out-of-home placement?
One of the most important topics in our research review has been the question of what impact FGC might have on out-of-home placement. This involves preventing placement, duration and stability of placement, public versus private placement options etc. In studies originating in the United States one of the main questions has been whether FGDM reduces the use of public foster homes, as a temporary and as a permanent solution. In this context, it is important to be aware of the distinction between public and private placement, which is different in America if we compare it to Norway. Placement with relatives, guardianship and similar private placements are not a part of the public foster home system in America, which means they do not receive the same level of professional support or financial help (Crampton & Jackson, 2007). There is also a distinction as to what is the best form of care for children. In the United States, care alternatives are ranked in terms of the most desirable (growing up with one's parents) followed by placement with relatives or family network, adoption - and the least desired public care (Barber & Delfabbro, 2005; Forrester, Goodman, Cocker, Binnie, & Jensch, 2009). Even though increased foster placement with relatives and adoption of younger children are being recommended in Norway (Ministry of Children, Equality and Social Inclusion, 2012-2013; Report by the Child Welfare Panel, 2011), public foster care in Norway is not considered the worst or least desirable form of placement.

One of the most important findings from the most methodologically sound studies and less methodological studies is that FGC can increase placement with relatives, as an alternative to placement in public foster home and as an alternative to reunification after public care ends, while the use of public foster homes and adoption is reduced (Crampton & Jackson, 2007; Pennell et al., 2010; Sheets et al., 2009; Wang et al., 2012). Several of these studies also indicate that FGC increase the likelihood of reunification with own family. Whether and to what extent

FGC can prevent out-of-home placement and/or provide more stable placement has not been studied specifically in any of the studies. One of the most methodologically sound studies however did examine stability of care for children in placement measured by the number of times a child was moved in the course of a 2-year period. Even after duration of placement was verified, conferencing did not seem to have any effect (Berzin et al., 2008).

The findings on the duration of public care differed substantially; a couple of the studies concluded that children who participated in FGCs were reunited with their parents quicker than others (Pennell et al., 2010; Sheets et al., 2009), while one study found that family group conferencing had no effect on duration of placement (Wang et al., 2012).

Where reunification after public care is concerned, it is important to understand that Americans see reunification with the family or relatives and even adoption as «private» forms of child care that normally involve formally closing a case.

Not of the studies looked directly at time variables for the child welfare services relationship to children living at home, but findings from the Norwegian study may indicate a reduction in contact with public services over time, in that many more children from the comparison groups were receiving aid/measures from child welfare services when the follow-up study (Falck & Clausen, 2006). These findings however must be interpreted cautiously because this study has its own methodological weaknesses.

Can FGC reduce child abuse and maltreatment?
Another very important question is whether FGC can reduce child abuse and maltreatment. This and similar problems have been under scrutiny in a number of studies that looked at reducing the severity of cases (Falck & Clausen, 2006) and at a more basic level addressing the question of child safety (Berzin, 2006; Berzin et al., 2008). The findings however are contradictory. Some found that reported incidents of abuse and maltreatment were cut in half (Pennell & Burford, 2000), some found no difference (Berzin, 2006; Berzin et al., 2008) while others saw an increase in reported incidents (Sundell & Vinnerljung, 2004). Findings that point to an increase in incidents of abuse in the Swedish study might indicate a negative trend. But if we look at the background information on these reports, we see that the reports came more often from a child's network - which could indicate more people trusted the child welfare services after participating in conferencing. If that is the case, we might say that children were safer after FGC because people in the network were more willing to help or report abuse. The Norwegian study reported a reduction in the severity of cases assessed by case workers (Falck & Clausen, 2006). Findings indicate fewer FGC children than children from comparison groups were receiving aid/measures from the child welfare services when the follow-up study was done, which supports the idea that cases had become less severe. The fact that the FGC cases initially had a higher degree of severity than comparison cases makes these findings especially positive. According to the researchers, one explanation might be that the FGC children had less contact with the child welfare services because the children were getting more support from the family network. We do not know whether this support lasted after the follow-up study was completed one year after the conference.

Is FGC influenced by ethnic differences?

One problem most of the American studies was concerned with was the possibility of ethnic differences in the use of family group conferencing. That was because minority groups are strongly overrepresented among children in public care in the United States, which was also a very important point of departure for the emergence of FGC methods in New Zealand.

Ethnicity and ethnic groups within the child welfare services is a recent phenomenon in Norway (Holm-Hansen, Haaland, & Myrvold, 2007). Even though more children of immigrant background in Norway receive help from the child welfare services relatively speaking (Kalve & Dyrhaug, 2011), we do not know whether this is a result of family group conferencing or not.

A representative survey from USA (McCrae & Fusco, 2010) found no difference in the overall use of FGDM between Caucasians and African-Americans, but there were indications that is was being used somewhat differently for the two different groups. For Caucasian children it was most often used for different types of foster home placement, while for African-Americans it was more often used in situations that involved children with mental/psychological difficulties when the social worker was non-white. One finding worthy of consideration is that FGDM was used less for African-American children in situations where cooperating between parents and the authorities was problematic, in cases involving previous reports of maltreatment and sexual abuse. Another study found that conferencing had an effect on family reunification, particularly for Hispanic and African-American children and to a lesser degree for Anglo-American children (Sheets et al., 2009). A couple of other studies included the entire sample of minority families, but they failed to compare their findings with other population groups (Crampton & Jackson, 2007; Pennell & Burford, 2000).

Other possible effects of FGC

For children living with their parents, the question was asked whether conferencing could facilitate support from aid services outside the child welfare services. One of the most methodologically sound studies reported that children and families who participated in conferencing were more often referred to different kinds of counselling and aid services, especially within mental health care and drug treatment (Weigensberg et al., 2009). However, at the follow-up study 3 years later there was no difference anymore. The authors suggest this may be the case because FGC cases had earlier follow-up dates.

The Norwegian study examined the relationship between the child welfare services and families, and whether FGC could help everyone reach a common understanding of a child's situation (Falck & Clausen, 2006). The relationship was overwhelmingly positive in most cases at the first and other follow-ups for both groups, while we saw a reduction in understanding in thee comparison group cases over time. The fact that the analyses were basic and limited in scope makes it impossible to say whether FGC could have been significant in this context.

One final issue we barely touched on in our research review is whether FGC has any effect on the well-being and adjustment of children.

This question was explored in one study (Sheets et al., 2009), where the parents of a small sample of children were interviewed about their children's mental state, satisfaction and enjoyment, school work etc. The study found that children who were placed with relatives functioned better than those who were placed in a public foster home, but due to the limitations

of the analyses the study is unable to tell us whether FGC played a role in these factors or not. The study also failed to say whether standardized mapping instruments were used to examine child well-being/adjustment, which would have lended credibility to the study's methodology.

5.3 A summary of our research review

Regardless of what we found out about specific problems, it is important to recognize that research evidence on the possible effects of FGC is thin, and that further research is needed to confirm and disprove existing findings and to examine new issues. In addition to that, it is important to reiterate that most of the studies are based on American conditions, which are not automatically transferable to a Norwegian context. Keeping the caveats above in mind and based on the most methodologically sound studies, we decided to draw some final conclusions from our research review.

Conclusions:
- The strongest evidence gleaned from research implies that FGC increases the likelihood of placement with relatives as opposed to public placement and adoption.
- FGC increases the likelihood of reunification with the family.
- FGC facilitates access to services beyond those offered by the child welfare services in the short term, but not in the long term.
- FGC is used equally among African-Americans and Caucasians, but the way FGC is used for both groups differs.

Uncertain findings or lack of research:
- There is no clear answer to whether FGC can prevent maltreatment and abuse.
- There is no clear answer to whether FGC contributes to shorter placement or reduces the need for further contact with the child welfare services.
- We have only ascertained that FGC leads to more stable placements.
- Studies and research are lacking as to whether FGC prevents out-of-home placement.
- Studies and research are lacking as to whether FGC has an effect on the well-being and adjustment of children.
- Studies and research are lacking as to whether FGC is of significance to long-term support from the family network, and for communication and interaction between the family and the child welfare services.

Table 1. International outcomes and comparative studies on the use of family group conferencing, some significant findings.

Studies with positive outcomes:

Country/State	Question	Sample/Groups	Outcome measures/ measurement method	Period of time	Main findings	
Canada: Newfoundland and Labrador, 3 regions, minority family.	Can FGC reduce violence for children and adults?	32 cases FGC, 31 cases normal case handling (most live at home)	Checklist for abuse, from case docs.	T1: 1 year before FGC T2: 1 year after FGC	Abuse halved using FGC, increase for comprsn.cases	
Norway: national study	Can FGC reduce degree of severity and need for measures from child welfare services?	68 children w/FGC, 54 children w/normal case handling (most live at home)	Case worker assessment and case document	T1: just after FGC T2: 1 year after FGC	Clear reduction in severity and fewer measures from child welfare services at FGC	
USA: Michigan, minority family	Can FGC reduce placement in public foster home?	94 cases FGC; 61 approved plan 33 not approved plan (living at home)	Type placement: public foster home, adoption, relatives	2 years after FGC	FGC with plan: placed more often with relatives, without plan: public foster home and adoption	
USA: Texas, all regions	Compare outcome when using of FGC and PPM (plan meetings) after placement	468 FGC 3598 PPM cases (permanency planning meeting)	Living situation at termination of care (fam., relatives, public care) and placement time	At termination of care, but for short proj.period to get all the children	FGC children more often reunited with family, and shorter placements	

Country/State	Question	Sample/Groups	Outcome measures/ measurement method	Period of time	Main findings
USA: national representative survey (NSCAW)	Effect of FGC for access to services for (living at home) children/parents in contact with child welfare services.	325 children with FGC compared with statistical «matched» control group, from large sample	Survey data	T1 Oct. 1999-Dec. 2000 T2: 3 years later	T1: With FGC: children more often referred to counselling, parents more often mental help T2: No difference any more
USA: Washington DC	Compare outcomes in emergency cases w/ and without the use of FGC before placem.	1: Pre-FGC *, 140 2: No FGC, 195 3: FGC, 454 * before program start	Type placement Placement time Residence at reunification	9-12 Mnths. after placement (only 30 % reunified)	With FGC: more often relatives, shorter time, more often back to family/relatives
USA: Texas, population study	To investigate the unique effect of FGC after placement, for placement time and type «lasting» placements or sim. reunification.	80690 children placement in at least 3 days in the period 2004-2009. 15 % had had FGC after placement.	Placement time Residence at reunification	Proj.period 2004-2009	FGC showed increased probability for reunific. to family and relatives, and reduced probability for adoption. No effect on placement time

Studies with varied or neutral outcomes:

Country/State	Question	Sample/Groups	Outcome measures/ measurement method	Period of time	Main findings	Method assessment	Reference
Sweden: 10 municipalities	Can FGC contribute to: reduce notifications, mal- treatment/neglect, increase notifications from fam.when needed, increase plcmnt w/ relatives, terminate cases faster	66 cases FGC, 104 cases normal case handling from random sample	Case worker (questionnaire) and case docs. Residence register	3 years after project start	Positive and negative outcomes for FGC, but little or no effect from FGC at controlled for grp.diff. (0-7 %) explain.)	Outcome measurement. Controlled for group differences with statistical «matched» control group.	Wigensberg et al., 2009 Sundell & Vinnerljung 2004
USA: California, 2 county, different models	Effect of F GC on safety, stability and dismissed/ reunification	Fresno: 101 children with FGC, 61 control children, living at home. Riverside: 105 children w/FGC, 58 control children, placed	Case document: new notifications, number and type placements	T1 Dec. 2000 T2 Dec. 2002	No effect on some of outcome measures in some of counties	2 RCT studies among families that consent in FGC. Outcome measurement with control variables, advanced multi-level analyses, (SEM model)	Berzin et al., 2008
USA: national representative survey (NSCAW)	Investigate ethnic diff. in use of FGC	4128 children, 1598 white and 2240 African-American	Survey data	T1: Oct. 1999 - Dec. 2000 T2: 1 year after	No effect on ethnicity alone, but intrinsic group.diff.	Outcome measurement. Bi- and multivariate analyses of major, repr. sampling	McCrae & Fusco, 2010

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Method assessment	Reference
Outcome measurement. Controlled for group differences with statistical «matched» control group.	Wigensberg et al., 2009 Sundell & Vinnerljung 2004
No outcome measurements, simple analyses, no control for differences between groups. Short follow-up period	Pennell et al., 2010
Outcome measurement with control variables, advanced multi-level analyses (SEM model)	Wang et al 2012 Outcome measurement. Multivariate analyses with controlled for group differences.

6. The assignment and action plans of a family group conference

In this chapter we explore the structure of a family group conference; what tasks are assigned to the participants, what questions are put on the table and how the assignment is prepared. The conference aims to prepare an action plan that addresses the overall goal (the assignment) of the conference, which is probably the most specific thing that comes out of a family group conference. What does research tell us about the content of action plans and about the types of help being mobilized, and what do we know about the distribution of responsibilities between family members and public agencies? One final and very important question is whether an action plan is actually carried out or not.

6.1 What are the objectives of a conference/What problems does a conference try to resolve?

One important element of a conference is preparing the questions the family group will try answer: This is «the Assignment» of the conference. The child welfare services usually takes responsibility for offering a family conferencing, so they will also have a say in which questions would be most productive to discuss at the conference. The assignment and its questions however are prepared together with the people the questions are directed at, which is usually the child's caregivers and the child himself (see chapter 2).

Based on a review of the literature, there are very few studies or research summaries of first-hand experience that provide a tangible presentation of what topics and themes a conference assignment are based on. Without being accounted for in any systematic manner, many of the studies from the United States imply the question is basically where a child or adolescent is going to live. The situation can often involve children in temporarily placement for whom a more permanent solution will be found, or it may deal with reunification and returning home after placement (for examples of this, read Shore, Wirth, Cahn, & Gunderson, 2002; Velen & Devine, 2005). The three studies that provide the most clarity on FGC themes are all from major studies in Nordic countries; particularly Sweden.

Sundell and Hæggmann (1999) found that assignments from 71 conferences could be divided into six themes. The most common question involved relief measures for children (62 %) or their parents (61 %). Where the child would live was a theme in about half of all conferences. Other themes involved the child's schooling (24 %), the parents' use of drugs (13 %) and the child's use of drugs (7 %). Overall, the child's situation was the theme of 86 % of all assignments, while the parents were the theme of 68 % of the assignments. The degree of specificity varied significantly. So did the quantity of questions the conference was meant to address. The Norwegian study (Falck, 2006) does not report explicitly on which questions the conferences would answer, but it does refer to information from case workers about the problems in their cases. Just over half of all cases involved the different needs of a family, nearly one sixth concerned the child's care situation or a young person's behavioral difficulties.

There was one theme/problem addressed often which involved a conflict between adults that affected their children (Havnen, 2006).

Based on case workers interviews in the Norwegian study, Hyrve (2006) ascertained that formulating good and manageable questions for a conference is one area that could use some improvement. The same issue is highlighted in the Danish study (Morthorst Rasmussen & Haldbo Hansen, 2002). This study pointed out the challenge faced by social workers in reducing the number and complexity of problems in their cases to just one or a few problems, formulated as questions. In addition to that, the questions were formulated together with the family in a language that is precise and understandable, without making the questions sound like instructions. Løfsnes (2002) describes experiences from a development project where the group tried to make questions as tangible as possible to varying degrees throughout the project period. They concluded that the questions in a family group conference should not be too detailed, the more open-ended a question was the more opportunity the group had to find a solution.

At an official level this question involves determining the extent to which the authorities would actually leave the family network to itself to find good solutions to their problems. When we looked at the Anglo-American literature, we found several researches who said they found examples of assignments formulated by case workers/child welfare services that were very restrictive regarding the influence a family actually had in making decisions (Holland & O'Neill, 2006; Merkel-Holguin, 2004; Nixon, 1999). The researchers believe the family's freedom was limited by the authorities to lend legitimacy to the decisions made by the authorities.

One relevant question is: To what extent do parents/children believe the questions formulated at the family group conference are the «right» ones? In the Danish study, this question was asked to caregivers. As many as 86 % of them felt the questions were the right ones.

6.2 Action plans

There are different opinions as to what the most relevant outcome measures of a conference are (see e.g. Crampton & Jackson, 2007). The majority of professionals who explore this question however say the action plans created by a family group conference are relevant, even if they only produce an immediate outcome (Anderson & Whalen, 2005; Hudson, 1996). A number of questions arise when an action plan is being formulated:

Is the extended family able to prepare a plan that will be approved by the authorities? Are the action plans actually implemented and followed up on?

Do the measures and actions in the plans lead to resolving the issues that were addressed in the conference? These are some of the key questions that we will try to answer here. In addition to that, we want to convey what seems to be relevant content of an action plan.

Action plans are approved in 9 out of 10 FGC cases

Some studies and research reviews tell us that the extended family is able to prepare an action plan the child welfare authorities will approve in 90 to 100 % of conferences (for examples of this, read Barnsdale & Walker, 2007; Marsh & Crow, 1998; Merkel-Holguin, 2003). Cases in which

extended family proposed a plan that was not approved were rare. That means the conference is an effective way to implement measures and motivate efforts the child welfare services consider valid for addressing a child's situation.

However, it is worth noting that the plans are often altered after the second part of the conference is completed or after the entire FGC process is complete (see e.g. Lupton & Nixon, 1999). These alteration often involve: important clarifications; that the family agreed to the main points of the plan but has not finished putting the plan in writing; the family allows the representative of the child welfare services to clarify and specify their tasks; that a case worker needs approval from a supervisor for the services' actions; or that involving other services needs to be clarified (Havnen, 2006; Hyrve, 2006; Marsh & Crow, 1998; Sundell & Hæggmann, 1999). Lupton & Nixon (1999) look at whether the family actually takes the plan to heart. They think these processes provide the social services with the opportunity to influence the plans and thereby reducing the family's control over the final result of the conference.

Omre and Schjelderup (2009) have similar concerns. They were observers at eleven conferences (carried out from 2004 to 2006). They saw how in all these conferences the coordinator wrote down the content of the plan after the family presented its version orally. This approach allowed the coordinator to reformulate, add, specify and refine content in his/her own words (page 154). The authors pointed out the intrinsic value of allowing a family to formulate its action plan so they feel they contributed to the decision making process and the solution.

Connolly (2006a) used focus group interviews to collect experiences from very experienced coordinators in New Zealand. One message these coordinators conveyed is that a family group conference can also be valuable in cases where the family is unable to formulate a plan. In many cases, these meetings involve a process that lays the foundation for more and better communication, and better dynamics within a family system.

The content of action plans

One strength of family group conferencing we often hear of, is that conferences activate resources within a family and its network, as well as stimulating creativity and generating a desire to help - something traditional practices are often unable to do. Who does the action plan assign help or actions to, and what does this help consist of, are therefore valuable questions.

We were able to locate four studies that analyzed action plan content. These studies are from Sweden, England, USA and Norway. The Norwegian study (Figenschow, 2006) provided the least exhaustive information about content, but it makes an interesting comparison between action plans and s standard intervention plans (see below). The foreign studies are based on conferences conducted at the end of the 1990s, all of which were implemented in the early years of FGC. This may make them less relevant to some extent when compared to current Norwegian practices. We will refer to the Swedish study in particular because it was the most relevant for the Norwegian context, such as where the distribution of responsibilities is concerned between private/family and government agencies.

Help from the family or from public agencies?

Sundell and Hæggmann (1999) studied the content of 71 action plans from cases involving 105 children. Help from the family was involved in 86 % of all these plans. The social services

(including the child welfare services) would provide help in 78 % of the cases, while other agencies were delegated responsibilities in 42 % of the cases. The most common by far was that both the family and the social services would provide help, and only in six of the 71 action plans did the family take full control.

Marsh and Crow (1998) had similar findings in their English study of 74 action plans. With the exception of five cases, all the plans involved help from the extended family. Help from the social services was provided just as often. Marsh and Crow compared action plans with the decisions and measures provided in other child welfare cases. They found that action plans almost always involved other services (particularly the health and education sectors). These services played a role in two-thirds of all plans. According to the authors, their study suggests that family group conferences was able to identify more aspects of a child's needs than what the authorities were able to identify using «standard» case procedure.

The plans from 57 conferences for 114 children were analyzed in the American study (Shore et al., 2002). In all these plans the family was responsible for at least one of action. A majority of the children in this study were involved in out-of-home placement at the time of the conference. This is probably why treatment or prevention of parental drug abuse formed a part of most of these plans (61 %). This was even more common (80 %) where mental health issues were involved.

Figenschow (2006) compared 50 action plans from the Norwegian study with standard intervention plans in 50 comparison cases (see the review of this study and selected cases in chapter 5, Falck, 2006). She looked at the extent to which the child welfare services or family/network provided help, but she did not report the extent to which other services were assigned to help. As with the other studies, these action plans usually included a combination of efforts and actions from the family's network and public agencies, but in 30 % of the cases everything was delegated to the family's own network.

The action plans from Norwegian conferences seem to include less aid/measures from public agencies than what we read from the foreign studies. One possible explanation for this difference may be the different ways in which the child welfare services organizes its tasks. Norway is the only country of all these countries where the child welfare services is also responsible for remedial action. In the other countries, remedial action directed at vulnerable children and families is the responsibility of the social services. The social services are also responsible for a wide range of measures for a larger target group and may have more measures available to them, even for cases in which family group conferencing is used.

When it comes to distribution of responsibilities between private and public spheres, Marsh and Crow (1998) conclude the action plans they studied should reassure people who are worried that family group conferencing could tempt families to fix things themselves and leave the public agencies out of it. On the other hand, the researchers also said the action plans indicate tell us family group conferencing will replace professional assistance or take the public off the hook, as some might hope.

What kind of help?
Relief for parents and finding ways to support parents and/or children seems to be the most common kind of help after looking at all the studies (the Norwegian study does not go into detail about what kind of help is involved). Sundell og Hæggmann (1999) report that only seven of the

71 action plans did not involve such efforts, and the most common type of help offered by public agencies and family members involved various kinds of supportive conversations and counselling. Marsh and Crow (1998) reported similar findings, but they found even more practical help combined with support and follow-up from family members like car rides, helping fix the family's economy, repairs to houses or taking care of the child/children for shorter or longer periods.

Following support and relief, the most common issues in the Swedish study were helping a child with schooling and treating or monitoring drug abuse.

Sundell and Hæggmann (1999) indicate the obvious correlation between the kind of help provided and what questions the conference addresses, but they noted that during the meeting a family would often reformulate and often expand on the assignment in ways they thought were more appropriate or suitable to their situation. They often discovered a relatively poor correlation between the content of an action plan and the questions addressed at the conference (p. 91). They also found that the content and level of specificity varied considerably among the 71 action plans. A lack of specificity is reported in several studies (Figenschow, 2006; Havnen, 2006; Mortensen, 2007; Morthorst Rasmussen & Haldbo Hansen, 2002).

Satisfaction with the plans
What do the participants of a family group conference think about the plans they arrive at? We find this question in several reports and evaluation studies. They all determined that a majority of parents, children, other family members and child welfare workers were satisfied or very satisfied with the action plan the conference arrived at.

Sundell and Hæggmann (1999) asked all the family members to fill out a questionnaire at the end of the conference. 460 (65 %) responded, and 85 % of them were happy with the plan the conference arrived at.

Hansen and Hansen (2003) did the follow-up and reported on the Danish FGC sampling (Morthorst Rasmussen & Haldbo Hansen, 2002), collecting data from questionnaires and interviews on 65 conferences conducted in 2001-2002. In the questionnaire survey, 76 % of the parents said they thought their children got a better action plan using FGC than they otherwise would have gotten. 72 % of other family members felt the conference arrived at a satisfactory or very satisfactory solution to the problems. 81 % of the case workers answered Yes as to whether the action plan provided better help, overall.

After reviewing the English pilot projects, Marsh and Crow (1998) came to similar figures: 80 % of 109 family members were positive to the plan the conference arrived at. Havnen (2006) found somewhat less satisfaction among the 79 parents interviewed in the Norwegian evaluation study, which might have something to do with the interviews being conducted a few weeks after the conferences were held. It was during these weeks some of the parents felt some family members had not done what they promised, or that the child welfare services had reduced the help originally laid out in the plan. When the parents were asked to be honest and tell us if they believed the action plan would actually be carried out, 62 % said Yes, 29 % said Maybe some of the measures, while 9 % said No.

Two things social workers (Hansen & Hansen, 2003; Hyrve, 2006; Marsh & Crow, 1998) and parents (Havnen, 2006) found particularly positive about the action plans are the creativity it triggers and the willingness expressed by the family network to help.

Social workers and child welfare employees who said they were less satisfied with the action plan usually associated this with their uncertainty of whether the family had taken the situation seriously enough, and whether the solutions would be adequate if the parents were not dedicated enough (Hyrve, 2006; Marsh & Crow, 1998). The findings may indicate how child welfare employees were committed to the principles of family group conferencing and that they would accept a family's action plan even when they felt the plan was not robust enough.

<u>The action plan from a child perspective</u>

The Norwegian part (Omre & Schjelderup, 2009) and the Danish part (Mortensen, 2007) of the Nordic Research Report on FGC from a child's perspective asked children to answer some questions about action plans. A total of 18 children in both countries were generally satisfied with their plans. They also had faith in the plan working. This was their opinion despite the fact their participation in formulating the plan was quite limited. Mortensen (2007) found more children thought deciding to get help through a family conference was a positive one, that the participants were witnesses to an agreement that would help children and adults keep their promises.

After interviewing 20 adolescents (12-21 years), Horverak (2006) discovered that young people were less concerned with the action plan itself than other more processual and relational aspects of the conference. Several of them said they thought the plan was something the adults prepared and they had very little say in the content. Horverak argued that FGC had some important ceremonial aspects for many of the older children (see chapter 7.2). In this context, concluding a family group conference by having everyone - including the young people themselves - sign the action plan makes it an important ceremonial act.

Carrying out the plan

Even if the plan is acceptable for all parties and it is approved by the authorities, and is an essential element of a conference, the plan has little value if no attempt is made to follow through and implement it in real life. Whether or not and to what extent a plan is implemented is therefore a relevant goal (Anderson & Whalen, 2005; Hudson, 1996).

Whether an action plan is implemented or not can be assessed in two ways, according to Marsh and Crow (1998). The first way is to determine if the individual actions in the plan have been carried out. The second way is to consider whether the primary intention of the plan was realized. They believe the second form of evaluating a plan is best because it takes into account whether changes occur in a family in the course of a few months or not, which would allow one to determine whether the help outlined in the plan should be altered with similar help that could be just as effective, or better.

They also said that if one wishes to compare action plan implementation with implementation of ordinary intervention plans, it would be beneficial to have this kind of information available in enough detail.

In the British study (Marsh & Crow, 1998), the conclusion after six months was that the primary intention of the plan had been realized to a high degree in 75 % of the 78 plans they knew about. This was not however a greater degree of realization than what they found in traditional case work.

In the studies that collected follow-up data and asked participants for their opinion about the plan some time later, we would expect to hear that satisfaction had decreased some compared to what was said just after the conference was completed. A one-year follow-up was done on FGC implementation in Utah, USA (Walton, Roby, Frandsen, & Davidson, 2004). The researchers interviewed case workers and family members who had participated in 21 conferences. 79 % of family members said the action plan was in the child's best interest, and all the case workers with the exception of two believed FGC proved to be suitable in cases that involved abuse and neglect. The general support voiced by case workers was maintained despite the fact that 43 % of case workers felt the family had not stuck to the plan well enough.

A Canadian study found similar tendencies. Pennell and Burford (2000) interviewed 100 family members whose conferences had ended approximately one year earlier. Based on their information, only one fifth of the respondents believed the action plan had been implemented 100 %. Most of them, approximately two-thirds, felt the plan was partially completed, the other nine people felt the plan was not carried out at all. When they came to the question of the benefits of conferencing there was no difference between those who thought the plan had been completed and those who felt the plan was partially completed. Two-thirds of all these respondents felt the family was doing better after participating in family group conferencing.

Failure to implement an action plan is the one characteristic most people mention when discussing the weaknesses of family group conferencing models. In an American study by Pennell (2005) which looked at implementation in particular, Pennel gave the participants a form to fill out to verify whether FGC was practiced in accordance with the basic objectives and main aspects of the model. The form consisted of 25 assertions. It was given to 150 participants from 30 conferences (mostly family members). The survey indicated how participants felt their experience was different than prescribed practice when the action plan was being implemented.

Telephone interviews were conducted with parents in the follow-up to the Swedish study (Sundell & Hæggmann, 1999) about 18 months after their conferences. 36 parents participated, which was half of the original sample. 44 % of these were certain the extended family had not followed through on the plan. Just as many (44 %) felt the social services (child welfare services) failed miserable in following through with the plan.

The Norwegian evaluation study also interviewed the parents by phone at a later time (Havnen, 2006). The interviews occurred about one year after the conferences and involved 39 parents. Follow-up and implementation of action plans was the main topic of the interviews. When asked a general question about how well follow-up had gone, half of those interviewed said it had been good on both sides of the fence, family network (59 %) and child welfare services (51 %). Several parents felt however that the child welfare services had done a poor job on follow up (23 %), compared to how well the family had done (10 %). The others perceived follow-up as being neither good nor bad.

In this study the researchers also did a separate evaluation of how the plans were carried out. Data from 47 action plans was used to look at content and implementation of plans after one year had passed (Havnen, 2006). Similar to Marsh and Crow (1998) (see above), this study differentiated between essential and less essential measures. The cases were also divided by case type (see pp. 138-139). 47 % of those surveyed felt the plans had been completed, 36 % felt they were completed to some degree and 17 % only to a minor degree. Cases that addressed

the family's different needs for support and cases in which the main question was where a child should live had the greatest degree of completion, while cases characterized by behavioral difficulties of young people and conflicts between parents had lower completion.

Berzin et al. (2008) reports on an American conferencing project in California (see the discussion in chapter 5 as well), concluding that «once conference plans were finalized, family members had difficulty completing schedule tasks and maintaining momentum around these activities». This is based on what 46 case workers and 14 caregivers said six to twelve months after their conferences ended. One interesting nuance in this study is that case workers thought the most important measures for helping a family were completed, more so than the measures that were less important. We should also mention that there was no follow-up phase in this project after the conferences ended.

We learn from Barnsdale and Walker (2007) that someone in Kent attempted to initiate an implementation model to address a general belief that implementation of action plans is a general weakness of the family group conferencing models. His model involved creating a core group of participants after a conference had ended who would follow up on plan implementation. The group would be led by someone from the extended family. We were unable to find any information on experiences from this attempt.

As we pointed out elsewhere in this report, most evaluations of pilot projects are done just after conferencing was introduced in the different countries.

In the Norwegian evaluation project (Havnen, 2006) reference is made to case workers who felt if they had had a little more experience they could have improved various aspects and phases of FGC practice and its roles such as formulating an assignment. The case workers felt this would have improved implementation and completion of most of their plans. A few of the studies referred to provided information about whether follow-up conferences were carried out or not. A subsequent conference is now common practice in the Norwegian context (http://www.bufetat. no/barnevern/familieraad/hvordan/), based on the assumption that such meetings can increase the likelihood that the parties will keep their promises and comply with their obligation toward the child. The significance of follow-up conferences on the outcome of a case is an issue that deserves further research.

Summarizing the assignment and action plans
Formulating the assignment
- Little knowledge exists about assignments and what kinds of problems are presented at family group conferences.
- The assignments should be clearly stated, but not so specific that they hinder the family's creativity.
- In formulating the assignment, the child welfare services should be conscious of how they transfer power to the family.

Preparing and approving the action plan
- In 9 out of 10 cases the action plan was approved by the child welfare services This proportion includes plans that were altered somewhat after the conference ended.

- A conference is beneficial even when a family is unable to cooperate and develop an action plan on its own; the conference improves communication among family members.

Content and follow-up of action plans
- The majority of action plans include both intended actions/effort by extended family and by the child welfare services or other government agencies.
- It does seem that FGC eliminates a need for public aid or support, but it does seem to supplement these measures substantially with efforts from the family and the family's network.
- Relief measures, practical help, support and counselling are the most common measures provided by family members.
- Family members are generally satisfied with their action plans.
- The children and young people also seem to be satisfied with the action plans, but they are less concerned about the plan itself and more concerned about the relational and processual aspects of the conference.
- Satisfaction over time wanes, due to a lack of implementation and completion of plan the content. This applies just as often to the public services as private operators.
- Failure to implement an action plan did not reduce did the positive opinion family members had about family group conferencing.

7. Participant experiences from family group conferencing

In this chapter we summarize what parties involved in family group conferencing report about the experiences. We divided the chapter into different participant groups but we thought it best to present the experiences of coordinators in a separate chapter (chapter 8), due to the very special role coordinators play in conferencing. Our presentation is based on reported interviews and surveys and from questionnaires usually filled out by participants after their conferences ended. The researchers also observed the family group conferences in some studies. In addition to informing us about participant experience, both studies and our own presentation elaborate on the roles of each participant, often based on viewpoints from other participant groups.

7.1. Experiences of parents and extended family members
In the introduction to one of the most recent articles published on the experience of parents from family group conferencing (Darlington, Healy, Yellowlees, & Bosly, 2012) we read: *"While there has been limited research on FGC (Family Group Conference) outcomes, there has been considerable research on conference processes and participant experiences. Studies suggest that parents and family members are generally satisfied with their FGC experiences"* (p. 332).

Similar summaries are found in a number of articles that outline family group conferencing (for example, see Barnsdale & Walker, 2007; Crampton, 2007; Frost, Abram, & Burgess, 2013b; Huntsman, 2006; Merkel-Holguín, 2003). In our review we try to show how the researchers arrived at their findings and we will show indicate what family group conferencing factors the various studies focused on. We will put most of our effort into presenting the Nordic studies. The Nordic studies convey experiences from our own context and professional policies and are rarely included in international articles that look at FGC from a general perspective because so little

from our part of the world has been published in English. Even though it has become consistently clear that parents and adult family members who have negative experiences are the minority, we will also take a look at these. That will allow us to provide a comprehensive view of the field and because less positive experiences may point to possible pitfalls and potential areas for improvement in FGC practice.

The subchapter focuses on what parents and other adult family members felt about interacting with professionals (especially with the child welfare services) before, during and after their conferences. This also involves their own experiences of participation and whether they felt they had an influence on the conference. This issue also involves how participants felt about interaction and communication with other family members and with the coordinator. The chapter will conclude with a look at experiences overall, the nuances of experiences and viewpoints about conferencing in general, e.g. different types of meetings and contact.

When the studies convey the experiences and viewpoints of family members who participated in conferencing, the study usually lets us know whether the respondents are parents, children and/or extended family members. Not all the studies however elucidate on this factor. While the Norwegian evaluation study only used asked parents to respond (for the private participants) the studies conducted in Sweden and Denmark also chart experiences and viewpoints of extended family members. In most cases the parents and other adult family members are fairly attuned, so we will point out any occurrences we encounter in a report when this is not the case. The experiences and viewpoints of children are presented in the next subchapter.

Studies that report the experiences of parents and family members have either used surveys/questionnaires or interviews, or a combination of these methods. The table below shows an outline of the research design for the studies as they are referred to in this subchapter.

Table 2. Overview of studies referred to in this chapter about how parents and the extended family experienced FGC.

Reference	Where/when	Model	Selection and method
Sundell and Hæggmann (1999)	Sweden, 1996-1998	FGC	Family group conferencing with 74 families Questionnaire filled out by 460 persons from the family/extended family (approx. 65 % of those who had been present). Interview with 36 parents
Havnen (2006)	Norway, 2004-2006	FGC	Telephone interview with parents at two points in time. T1: 79; T2 (one year later): 39
Hansen & Hansen (2003)	Denmark, 2000-2002	FGC	Family group conference with 65 families. Questionnaires from 58 parents. Unknown number interviews
Morthorst Rasmussen & Hansen, 2002	Denmark, 2000-2001	FGC	Family group conference with 40 families. Questionnaire filled out by 29 parents. Interview with the parents of 8 families
Walton, E., & Roby, J. (2003) Walton, E., Roby, J., Frandsen, A., & Davidson, R. (2004)	Utah, USA, uncertain, probably 1999-2001	FGC (FGC) implemented with variations	Family group conferencing with 21 families Interviews with one parent and one in the extended family at two points in time. T1: 37; T2 (one year later): 24
Litchfield, M. M., Gatowski, S. I., & Dobbin, S. A. (2003)	Miami, USA 1999-2000	FDMC (Family Decision Making Conferences)	Questionnaires from 53 parents and 81 members of the extended family
Pennell and Burford (2000)	Canada, mid-1990s	Family Group Decision Making (FGDM),	32 conferences Interviews with 115 adults from the immediate or extended family about one year after the FGDM.
Velen, M., & Devine, L. (2005)	Arizona, USA, 2001-2003	FGDM "KIN-nections"	61 conferences Questionnaires from 380 family members (child excluded)
Titcomb, A., & LeCroy, C. (2003)	Arizona, USA, 2001-2002	FGDM	Questionnaires to participants of the conference, answered by 672 family members. Interviews with a small selection family members
Sheets, J., Wittenstrom, K., Fong, R., James, J., Tecci, M., Baumann, D. J., & Rodriguez, C. (2009)	Texas, USA, 2003-2005	FGDM	Questionnaires to participants in 200 conferences: 303 parents and 636 family members And to a comparison group: participants in 194 Permanency Planning Team (standard practice): 121 parents and 50 family members
Quinnett, E., Harrison, R. S., & Jones, L. (2003)	San Diego, USA	Family Unity Meeting	28 FUM meetings 39 parents interviewed before and after meeting
Darlington, Y., Healy, K., Yellowlees, J., & Bosly, F. (2012)	Queensland, Australia, 2005-2010	Family Group Meetings (FGM)*	Interviews with 10 parents as soon as possible after conferences.

*No children participated (they were younger than 8), few members of extended family and they seldom used family's own meeting

Preparing a family group conference

With the exception of the Scandinavian evaluations, the studies and reports seldom refer to the experiences of private participants from the preparatory phase. If we look at FGC literature as a whole, it is quite common to stress the significance of the preparatory phase for how a meeting is experienced by participants (Crampton, 2007; Frost et al., 2013a; Marsh & Crow, 1998).

Eight of ten family members in the Swedish study (Sundell & Hæggmann, 1999) and nine of ten parents in the Danish study (Morthorst Rasmussen & Haldbo Hansen, 2002) said they had been given enough information about what they were getting involved in when they agreed to

participate in family group conferencing. In both of these studies about eight of ten respondents said they did not feel pressured into participating in family group conferencing. In the Norwegian study the question was phrased somewhat differently. That is, what did the parents think when FGC was recommended (Havnen, 2006). 70 % said they were positive, 22 % were skeptical and 8 % were negative. Of particular significance to whether parents were positive, skeptical or negative was how they felt about involving relatives in their family problems. In the Danish study 41 % of the parents had second thoughts about participating in conferencing.

Walton and her colleagues (2004) all registered positive experiences among family members. She pointed out that 29 % of them would have liked to be better prepared. Researchers point out how many people are unaccustomed to the basic idea of the FGC model (involving the extended family in a family's own problems and asking them for help to find solutions) among (Caucasian) Americans in a culture characterized by individualism. Morris and Connolly (2012) point out similar challenges in societies where the nuclear family is the core unit of social structure.

The idea of using FGC to help a family solve its problems usually came from the child welfare services or another authority. Coincidently, one aspect of the model dedicates time preparing an assignment/questions together with the family, which in practical terms usually involves the parents. 67 % of the parents in the Danish pilot project said they participated in formulating the questions (Hansen & Hansen, 2003). One-third did not do so. In any event, 81 % said the questions the conference would address were the right ones. In the Norwegian evaluation, the parents were asked if they agreed with the child welfare services about what problems needed addressing. 79 % answered Yes to this (Havnen, 2006).

The FGC meeting itself

Information from public aid services

Another aspect often stressed in studies is the way information is presented by the child welfare services and other services at the first part of the conference. For example, aid services stress how important it is for participants to understand the content of the FGC before the meeting, and that information should be presented in an understandable and non-judgmental language. Only a few studies asked the parents or other participants about this aspect of FGC. Havnen (2006) however found that two-thirds of the parents in the Norwegian evaluation felt «it was okay» to hear a representative from a public agency describe their case. The others said «it was okay but difficult» or «it was just difficult».

In a study from Miami, USA, Litchfield and co-authors (Litchfield, Gatowski, & Dobbin, 2003) found that almost all parents (95 %) and almost all the other family members (97 %) felt FGC as a whole contributed to a better understanding of the social workers' concerns. They also felt social workers understood their situation better after the conference ended.

Interaction among family members

Pennell and Burford (2000) interviewed 115 nuclear and extended family members who participated in conferencing about one year earlier. The most obvious aspect of conferencing these participants pointed out was the unity re-established between family members. When things improved at home for child and family in the course of a year, the participants consistently mention «family bonding» as the specific reason for this improvement.

Researches who evaluated family group conferencing in Utah, USA (Walton et al., 2004) reported that conferencing improved relationships and communication among the extended family as well. Nine out of ten family members who participated in conferencing said the other family members were willing to listen to what they had to say after participating. Despite the fact that private family meetings were only practiced in 4 of 21 conferences studied, almost half of all family members said the conference helped them overcome adverse ways of interacting, and just as many thought they would probably conduct their own meetings at home in the future.

The Danish and Swedish studies also indicate how most conferences were characterized by positive communication between family members. Sundell and Hæggmann (1999) found that seven out of ten parents and other family members felt their opinions were respected and their effort at the conference recognized by the other family members.

These topics were further illustrated in the first part of the Danish evaluation (Morthorst Rasmussen & Haldbo Hansen, 2002).

Nine out of ten parents characterized the mood of private family meetings at their conferences as good, and half of them felt closer to extended family members after the conference. 86 % of parents said getting help from their family seemed easier after the conference ended. Family unity and expecting more support were common feelings among extended family members when they were asked this question.

39 parents were interviewed one year after conferencing in the Norwegian evaluation study (Havnen, 2006). About half of them said the conference led to better contact with the family members who had been present at the meetings. Only one of the parents was emphatic that contact got worse.

Empowerment through participation and influence

Some basic goals of family group conferencing are to reduce the power imbalance between family and child welfare authorities, to appreciate and value knowledge and resources within a family and to help parents and children feel that with some help and support from their own network they will be able to change their situation (see Lupton & Nixon, 1999).

To investigate whether these goals were achieved, parents and family members in many of the evaluations were asked if they felt their opinions were being heard during the meetings, whether the meetings were characterized by the family's own ideas more than the opinions of professionals, and whether they felt they had any influence on the outcome of the conference, i.e. the action plan. We see these topics in particular in the American evaluations from the end of the 1990s and early 2000s. For example, 98 % of parents and family members in a study from Miami (Litchfield et al., 2003) said they thought they played an important role in preparing the plan and almost the same number of people (89 %) felt they were an important part of the solution to the family's problems.

The Velen and Devine study (2005) from Arizona asked 655 participants for their opinion on the following assertions: «I felt that this was my family's meeting»; «I had something I needed to say about the plan being drawn up», and «The plan we developed addresses my concerns about the child». 95-97 % of participants confirmed these assertions.

In a previous evaluation study from the same state, family members (n= 670) and case workers/coordinator (n= 232) were asked to respond to this question: Who do you think had

the greatest influence on the plan which was drawn up? (Titcomb & LeCroy, 2003). Among both respondent groups the majority felt the family had greatest influence (56 and 62 percent, respectively). Only 4 % of family members and 3 % of professionals thought professionals had more influence, while the rest felt both parties had an equal influence.

Walton and colleagues (2004) used the term Empowerment in the evaluation; they say a majority of the family members (59 %) «felt empowered» (p. 11); e.g. because their opinions were heard and the conference provided tools to solve problems or fortifying family bonds.

The Danish evaluation also uses the term Empowerment (dimension of power, maktdimensjonen). Hansen and Hansen (2003) found that the majority of parents felt less antipathy toward the authorities. Experiencing psychological support from one's network seemed to be the main reason for this. 70 % of the parents felt they had more opportunities for getting the help they assumed they needed, and 42 % thought their position in relation to the child welfare authorities/social services had improved.

Parent interaction with the child welfare services, short and long term
The positive experiences of parents and other family members we read about is to some extent contrasted by the negative experiences of some users when interacting with the child welfare services. In a study from Texas, Sheets and co-authors (2009) compared the conferencing experiences with experiences from traditional practices. Both groups involved children in out-of-home placement where a more long-term care plan was desirable. The traditional practices involved Permanency Planning Meetings (PPM), usually held 45 days or so after placement. 303 parents and 636 family members who participated in 300 conferences responded to a questionnaire, as did the corresponding 121 parents and 50 family members from 194 PPM meetings. Parents and family members who participated in conferences were much more satisfied than those who participated in regular PPM meetings. They responded after being explained the purpose of the meeting and what was expected of them, participating actively and influencing in the meeting, and in relation to whether they felt the plan prepared for them addressed what they thought was important for the family and the child.

Another American study however found no significant correlation between participating in conferencing and having more positive experiences when interacting with the child welfare services (McCrae & Fusco, 2010). However, this study was based on a different kind of data than the study by Sheets et al., namely, on data from the National Survey of Child and Adolescent Well-Being (NSCAW) that involved children who were examined for abuse and/or neglect. The parents and caregivers of more than 4000 children were interviewed about their experiences with the child welfare services; if they felt the coordinators listened to them and treated them fairly and respectfully, how well the coordinator understood their situation and informed them about the child welfare services, and if they thought they their contact with the coordinator was adequate, were involved in decision making processes and had sufficient time to make changes.

Ten percent of these parents had participated in Family Group Decision Making (FGDM). Their experience of family group conferencing was not necessarily the same as we know it from Norway, but they were active in different variants of the model (see chapter 4). When their responses were compared with responses from the others, there was no difference in favor of FGDM, with the exception of the question of whether they felt they had enough time to make

changes. The authors emphasized that this is not a direct evaluation of FGC/FGDM, but it does show that participating in this type of meeting is not enough in itself to overcome obstacles inherent in interaction between parents and child welfare services on a general basis over time.

The Nordic evaluations did not study interaction and contact with the child welfare services in the same way as the studies referred to by comparing FGC/FGDM with other/traditional case work procedure. In the Norwegian study, case workers were asked questions about their relationship to the parents in cases where FGC was used and in the comparison cases (Falck & Clausen, 2006). Case workers from both groups described the relationship as good immediately after the conferences ended, and one year later.

The coordinator is important to family members
One characteristic we see again and again when parents and other family members are asked about their experience is the importance and significance of the coordinator. Sundell and Hæggmann (1999) indicated that there is one question family members seemed to agree on, regardless of whether they had a positive or negative experience with FGC. That is, whether the coordinator had acted as an impartial party. Morthorst Rasmussen (2002) says coordinators are very important for parents and that 93 % of them were very pleased with their coordinator. Similar conclusions can be found in a number of other studies (for example, see Darlington et al., 2012; Marsh & Crow, 1998). We will take a closer look at the coordinator's role in chapter 8.

Nuances in the positive experiences of parents
Despite the fact that the majority of parents and adult family members expressed positive experiences with FGC, it is also important to acknowledge the more subtle or purely negative experiences voiced by a minority of participants. In the first report from the Danish evaluation study, Mortholt Rasmussen (2002) pointed out that 25 % of the family members felt pressured to participate in FGC, 29 % of parents felt they had not really participated in formulating the questions for the conference and that 28 % of the parents said they thought people who could play an important role in resolving problems did not participate in the conference.

The most recent study of parent experiences we could find presented findings from the State of Queensland in Australia (Darlington et al., 2012; Healy, Darlington, & Yellowlees, 2012). The study includes observations from 11 meetings and the interviews with 10 parents. As the researchers write, the study shows more differentiated experiences than the ones we usually find in research literature. It is important to note that these meetings were not family group conferences in their original form; they are so-called Family Group Meetings (FGM). FGM is mandatory in Queensland in cases where a child is at risk of neglect or abuse. In the cases included in this study the children were 0-8 years old and none of them participated in meetings. There were also a limited number of family members present, and only one meeting had private family time without professional supervision. Healy and colleagues (2012) reported several conditions from their observations that seemed to limit family participation and influence. They referred to a lack of preparation by parents and family members and big differences when it came to how the goals of the meeting and the participants' roles were explained. Moreover, there were big differences when it came to how participants were presented and introduced to one another at the start of the meeting. In most meetings the professionals had a dominating role.

The interviewers also asked the parents to give a score on four themes: «The coordinator treated me with respect»; «The professional listened to my opinions about what was best for my family»; «My opinion was taken into account when the plan was drawn up»; and «Decisions that were made at the meeting were the right ones for my child». All in all, three out of the ten parents had predominantly positive experiences, four had mixed positive and negative experiences, and three had predominantly negative experiences. As we suggested earlier, respect shown by the coordinator made the difference. Most of the parents also felt respected by their case worker. Respect is expressed in straightforward and direct communication without judgmental attitudes, and language should not be characterized by professional jargon. The lowest scores and most negative experiences had to do with being listened to and having a say in decision making. A number of the parents felt the questions were decided in advance and that their viewpoints were not of much interest to the professionals.

Even though it is important to recognize the meeting type studied here is different from FGC in many ways, the more complex or direct negative findings in this study support important viewpoints about FGC, which the researchers also pointed out. For example, professionals and participants were well prepared and had understood what was distinct about the model, most of the participants were family members or part of a family's network and that the family could meeting privately during the conference.

How parents perceive FGC – as a whole
Despite these nuances, our review of the literature (like the reviews of many others) indicates that a majority of parents across all studies had positive experiences and opinions about FGC. Sundell and Hæggmann (1999) reported that two-thirds of all the 460 family members (including parents) in the Swedish evaluation study had purely positive experiences, and just six percent had purely negative experiences. The participants were also consistent in how they experienced the different aspects of FGC. As mentioned before, the only thing that was clear is that almost everybody, regardless of their experience, thought their coordinator had been impartial.

In many studies the parents and other family members were asked if they believed FGC was a suitable approach to help them in their situation. 79 % of the parents in the Norwegian evaluation study confirmed this one year after the family group conferences had ended (Havnen, 2006). Correspondingly, 76 % of the Danish evaluation (Morthorst Rasmussen & Haldbo Hansen, 2002) and 99 % of the Miami evaluation (Litchfield et al., 2003) said FGC was a good way to find solutions.

The parents in the Norwegian evaluation were asked immediately after and one year later if they would recommend conferencing to others. Their response was mostly positive, and even more positive after one year (92 % sail Yes, absolutely) than right afterward (84 % Yes, absolutely). In the Swedish study, 72 % of those who were asked one year after the conference if they could imagine participating in a new conference.

Some studies summarize pointed out what parents and other adult family members thought were the most important aspects of FGC. For example, Litchfield and colleagues (2003) carried out a logistical regression analysis on evaluation data from 134 parents and family members and identified the following factors as significant for a positive outcome of FGC: experiencing group unity during the conference, the opportunity to express one's opinion and participating in solving

problems. Quinett and colleagues (2003) found that parents (n = 39) especially appreciated the ability to bring the family together, a form of communication characterized by openness and willingness to listen, the family's contribution when it came to drawing up the action plan, defining specific goals and the experience of social support as a direct result of this kind of meeting.

We will end this chapter by taking another look at the Norwegian evaluation study. At the end of the interviews the parents were asked to explain what they thought were the most positive aspects of FGC, and also what drawbacks they saw in the model (Havnen, 2006).

Many parents did not see any particular drawbacks, but those that were mentioned are included here:
- FGC is a suitable forum for talking about important issues, if the meeting has been prepared well in advance and if everyone understands the purpose of the conference and their roles.
- FGC helps keep the focus on the children. Coincidently, there are some cases in which the child's participation was unfortunate.
- FGC involves strengthening the family's network and improving contact with the father and the father's family. Getting an opportunity to improve understanding and gain the respect of important persons in the network was also important, which FGC seemed to provide. Some pointed out another drawback, that the conference could worsen a conflict between family members and create an uncomfortable situation at home by bringing the family's problems out in the open.
- FGC triggers commitment, support and help from the family; they thought it was easier to get help from family than from the child welfare services. The negative aspect came from feeling pressured to participate and accepting tasks unwillingly. Or that the tasks in the action plan were not followed up on or not being done.
- The process needs to be managed by skilled professionals responsible for preparation and implementation. Some people who had an adverse relationship to the child welfare services did not like putting the child welfare services in charge of the FGC process.

Summarizing the experiences of parents and other adult family members
When parents and other adult family members were asked about their experiences and viewpoints about FGC, the majority reported positive experiences. This seems to be true regardless of geography, and essentially regardless of which FGC model one uses. The family group conferencing contributed to:
- Improve the relationships and communication between family members that resulted in more family unity.
- More influence in making decisions, feeling more empowered and being treated with respect.
- More opportunity for individuals and family members to contribute and solve problems.

However, research is still lacking that could confirm whether such consequences of FGC will persist over time. To the extent negative experiences were reported, these were generally linked to:
- Reluctance in involving other family members in one's problems.
- Lack of preparation and information about what FGC involves.
- A lack of follow-up on action plans.

7.2 Child participation and experiences

Earlier literature on FGC dedicated little attention to child participation or the child's role in family group conferencing. The word «family» was consistently used as a unit, with the implied risk of ignoring various positions and interests within a family, i.e. child or parent, such as was pointed out by Lupton & Nixon (1999).

Simultaneous with FGC implementation in the Nordic countries interest was growing within child welfare professions and research to consider the child's position and an increased understanding that children could participate with own opinions and own ideas in their case to a greater or lesser extent (Sandbæk, 2002). Sundell and Hæggmann (1999) introduced child perspective as the fifth cornerstone of the family group conferencing model (see chapter 2), and later we saw how the Nordic researchers in general and Norwegian researchers in particular studied child participation and child experience in family group conferencing.

In this subchapter we present studies that look at professional practices in terms of child participation; How common is it for children to participate, and what factors have an impact on whether participation takes place or not? We will also present factors that influence the experience of participating in a conference and what children think are the most beneficial aspects of family group conferencing. We will also look at how other themes like whether children should always participate or not, and the role of a child's support person should have in the process.

Studies on child participation are mainly based on interviews with children and young people to some extent supplemented with observations from conferences. That means findings are based on limited samples, but they were also able to identify nuances of experiences and particular points of view. One Nordic project included and compiled separate studies from all the Nordic countries (see Heino, 2009) into one was a vital contribution to our review. In addition to that, we should mention that in Norway two doctorates have been submitted on the participation of children and young people in family group conferencing (Horverak, 2006; Strandbu, 2007).

When referring to child viewpoints and experiences in this subchapter we are mainly basing our comments on these studies:

Table 3. Overview of studies referred to in this chapter about how children participate in and experience FGC.

Reference	Where and when	Selection and method *	Age
Lupton, C., & Nixon, P. (1999)	England	Interviews with 19 adolescents	
Dalrymple, J. (2002)	England, 1998-1999	Interviews with 10 children	6– 13 years
Bell, M., & Wilson, K. (2006)	England, 1st half of 2000s	Starting Point: 20 conferences Questionnaire: 15 children Interview: 9	6– 16 years
Holland, S., & O'Neill, S. (2006)	Wales,	Interview with 25 children, one month after FGC and with 13 of them 6 months later, included filling in an SDQ	6– 18 years
Horverak, S. (2006)	Norway and Denmark -2005	Interviews with 20 adolescents, 9 from Denmark, 11 from Norway. 18 had participated in FGC.	12 – 21 years
Strandbu, A. (2007; 2008)	Norway 2002-2005	Starting Point: 7 conferences. Interviews with children at two times: approx. two weeks and 6-12 months after FGC/FR. Field work / observations associate with family group conferences. Interviews with 6 support persons.	8– 16 years
Mortensen, B. (2007)**	Denmark, 2004-2006	Interviews with 10 children at 4 different points in time Observations from FGC, including the private meeting in 5 FGCs and 1 follow-up FGC.	11 – 16 years
Heino, T. (2009)**	Finland, mainly in 2005	Starting Point: 4 conferences, 7 children. Observation in FGC, including the private meeting in 3 FGCs and 3 follow-up FGCs.	7– 17 years
Omre, C., & Schjelderup, L. E. (2009)**	Norway	Starting Point: 7 conferences. Interview with 11 children at 4 different times. Observations, including private meeting in all FGCs, also follow-up, total 13 FGC/FR.	7– 15 years

* In addition to the methods mentioned here, various studies also involve interviews with other involved parties like parents, case workers and coordinators. Case documents were also reviewed on some of these studies.

**These studies are a part of the Nordic project Family Group Conferencing from a Child's Perspective, summarized by Heino (2009). Most of the cases used in these studies involve four interviews with each child: (1) just prior to the FGC, (2) one month after, (3) after six months or within one month after the follow-up, (4) one year later.

How common is it for a child to participate in a conference?

It seems practice differs greatly around the world with respect to whether children participate in family group conferences or not. This was the conclusion of Nixon and colleagues after their survey (Nixon et al., 2005); see chapter 4 of our review. The majority of respondents from their survey were from the United States, so the frequency of child participation in their report is not representative for Norwegian conditions. The majority of respondents reported practices that limited child participation. Restrictions primarily involved the age of the child and ability to understand complex issues, and/or understand the questions or situations the conference dealt with. Nixon and colleagues found that formal guidelines rarely existed to determine whether a child should participate or not. It was primarily the topic of assessment by those organizing the conference, to some extent also by parents and to a lesser extent by the child him/herself.

In their report from four FGC pilot projects in England and Wales in the mid-1990s, Marsh & Crow (1998) looked at child participation in 80 conferences involving 99 children. When they compared data with the studies from «ordinary» meetings organized by child welfare services (such as child protection conferences), there were more children participating in FGCs than in ordinary meetings. All children 10 years old or older were invited to participate. Four did not want to participate.

Norwegian data on how often children participate in FGCs is very limited. In the national FGC evaluation (Falck, 2006) we read that 73 % of the 120 children who were the subject of a family group conference were present at all or part of the conference, 64 % of children younger

than 10, and 82 % of children older than 10 (Havnen, 2006). Children five years old or younger were present just as often as 5-9 year olds. Based on information provided by parents, many children below the age of 10 participated in parts of the meeting, which was not true of the older children and adolescents.

The study by Sundell and Hæggmann (1999) found similar numbers for participants for 111 children in 74 conferences, as in the Norwegian study. Participation however was higher for children 10 years or older (90 %), while somewhat less (40 %) for those who were younger. The Danish evaluation study from the end of the 1990s (Morthorst Rasmussen & Haldbo Hansen, 2002) show numbers that were nearly equivalent with the Swedish study. There are no comparable figures for standard practices of child welfare services in Norway, Sweden and Denmark for the same period. But based on the general lack of involvement of children in child welfare cases such as Sandbæk (2002) reported for the same period, one can assume FGC in the Nordic region and in England (Marsh and Crow, 1999) increased child participation in such cases.

Should the child always participate?
More professionals are recognizing the importance of the child's perspective and the possibility of being an active part in his or her own case, which implies children should participate more - perhaps even always - in their conferences. In the first FGC evaluation studies by Marsh and Crow (1998) we read how virtually all coordinators and social workers thought children and young people should be given the opportunity to participate. There were however some differences among their views. Social workers felt that there were certain situations in which the children should not participate due to conflicts in the family or the risk that they might feel rejected. The coordinators however felt that in such situations it was their job to make certain the child would not suffer or be influenced negatively by what happened at a conference, and that it was their job to keep all the participants focused on the child's situation and needs.

To summarize, we can say the researchers reached different conclusions about their studies. Ryburn and Atherton (1996) believe children should always be present at the conferences, while Omre and Schjelderup (2009) found no reasons to exclude children after reviewing the material from their research (interviews and observations). Other researchers took a more nuanced view on the situation (see Bell & Wilson, 2006; Dalrymple, 2002; Strandbu, 2007). Skivenes and Strandbu (2005) researched the theme of child participation based on data from family group conferencing and other sources. They thought we should redefine the concept of participant with more clear-cut content. They outlined four elements for a model that responds to child participation: 1) the child be given information and assistance in formulating an opinion, 2) the child be given the opportunity to express his or her own opinion, 4) the child's opinions are included in the basis for decision-making, and 5) the decision will be explained to the child, the child be given the opportunity to respond and will participate in the implementation of decisions (read more about child perspective in Strandbu, 2007; Strandbu, 2011). These elements can be related to various phases of FGC from preparation, implementation to follow-up. Strandbu (2007) felt that answering yes or no to the question of child participation must be reformulated

to a question about HOW children shall participate, and that participation can occur with and without their physical presence.

What conditions influence the child's opportunity to participate and positive experiences?
The interviews of the children in the Nordic project indicate that most children were informed about and involved in preparing the conference (Heino, 2009). However, they had little or nothing to do with preparing the questions for the conference, but the Norwegian and Danish children told us they thought the questions were important and appropriate (Mortensen, 2007; Omre & Schjelderup, 2009). The children in the Norwegian substudy said they were asked who they wanted for their support person at the conference, while they had little influence on who would be invited to the conference (Omre and Schjelderup, 2009).

The summary of the Nordic project (Heino, 2009) points out the importance of the child being able to talk with the child welfare worker (whose task it was to present the case at the first part of the meeting) before the conference was to start. The child should be told what the child welfare workers were going to say, but also be allowed to provide input on the presentation and express his or her point of view about his own situation and what they wanted to happen. In other words, the coordinator is not the only professional to talk with the child in the preparatory phase.

Based on what the children and young people said and based on conference observations, several researchers highlighted the importance of having the adult participants in a conference acknowledge and understand the idea and objectives behind the conference. One important objective is to attend to the child's needs and remember that the child is the person who will benefit from the conference. Where the first part of the conference is concerned, several of the researches pointed out typical problems that occur because representatives from other services often failed to understand the specifics of the family group conferencing model to the same extent as the representatives of the child welfare services do. The way teachers and other professionals refer to a child is also important; their words should be realistic but not exclusively negative, they should highlight the child's/young person's strengths and they should express a belief that positive changes can happen, and they should convey how important the child is to them - that he is not only a burden (Heino, 2009; Holland & O'Neill, 2006; Horverak, 2006; Omre & Schjelderup, 2009).

It is also important for professionals to use a language the children can understand, and that they talk to the children and not about them (Horverak, 2006; Heino, 2009).

The preparation and understanding by the professional during the first part of the conference is important. But it is also important for family members to remember to stay focused on the child's needs and be aware of how they express themselves when conducting their private meetings. The child must not consider himself the only source of a problem or feel that he or she is only reason for concern (Heino, 2009; Holland & O'Neill, 2006). Holland and O'Neill said that many of the people in their sample had the opposite experience, which was very important and positive for them. Horverak summed up his interviews of 20 young people in the same way (2006), that the participants in the private meetings must be able to discuss a situation without offending the young person.

As previously suggested, one of the questions related to child participation is what affect an adult conflict at the private meeting can have on a child. All the reports and evaluations seem to

indicate that this conflict can occur in some or many of the conferences. Strandbu (2007) writes that conflicts between parents were part of the reason for setting up a family group conferences in five out of seven cases. Strandbu (2007), Horverak (2006) and Holland and O'Neill (2006) report on some conferences where a high level of conflict was characteristic of the child's/young person's negative experience, and how they felt marginalized at the meeting they were told was going to be about them (Holland & O'Neill, 2006, p. 109).

The Nordic project, which is one of the few in which researchers were observers at the private meeting, highlighted the importance of the atmosphere that characterized this phase. Omre and Schjelderup (2009) point out that the interviews with children and their own observations indicate children «were in an atmosphere of caring» (p. 155). Mostly based on their own observations, the researches saw how the conferences in all these cases had elements of reconciliation, forgiveness and greater understanding between family members. Similar findings were made by Finnish researches in their part of the project. It was common for those present - including the child - to experience tension between the individuals, but the atmosphere was primarily one of caring (Heino, 2009). Several researchers in the Nordic project were surprised at how the private network was able to balance internal conflicts within the family.

Holland and O'Neill (2006) found that some older children who participated in family group conferences learned their family was unable to attend to their needs, and that this expressed itself in a feeling of loneliness. It is important to note here that only a few of the 23 young people who were interviewed had their own designated support person. It was more common for young people to have the opposite experience. They experienced a togetherness in the family and network, which was one of the most positive experiences acquired from the conference (p. 102).

Schjelderup and Omre (2009) observed how the nine children (10-15 years old) hardly spoke themselves, which was true in all the phases of the conference. But there were plenty of adults who wanted to speak on behalf of child; at some of the conferences the adults seemed to compete for who would speak on a child's behalf. The fact that children often had little to say does not necessarily mean they found it difficult to speak for themselves, according to the children themselves, but observers felt the children's opinions were not sought to the extent the researchers expected.

The child's support person
It is standard practice in Norway to appoint a support person for the child, which is a fixed element of our family group conferencing model (Strandbu, 2008). Many have stressed the importance of this element to ensure that a child gets the opportunity to participate in the conference. Dalrymple (2002) and Holland & colleagues (2005) pointed out that the power balance between children and adults can be just as imbalanced within a family as it is in relationship between the child and the child welfare services or other authorities.

In the study Dalrymple (2002) bases his observations on, the children had the opportunity to choose between a support person they knew from before or an impartial support person who was trained to help children in difficult decision making processes. Children chose an impartial support person in 29 out of 35 conferences that involved children over four years of age. When these children were interviewed later, Dalrymple found that the children experienced more influence during the conference than what they were accustomed to and the support person had

communicated the child's opinions during the conference if they did not want to do it themselves. Strandbu (2007, 2008) interviewed children and their support persons in his survey. All the support persons were from the child's private network, they had no knowledge of family group conferencing from before, and they felt there were many challenges to this task and a they felt a great obligation to support the child. Strandbu (2008) considered this when he asked whether the support person from the private network had enough knowledge, skill, experience and strength to help the child in the process.

From the information we have available today, using neutral support person is still not common in Norway or in the other Nordic countries. The Nordic project however stresses the importance of not getting personally involved in a family's home life or conflicts if the support person comes from the extended family, and that he/she has been instructed in the role she/he will have in the conference (Heino, 2009).

In the Danish subproject, Mortensen (2007) paid special attention to the support person scheme in her observations and interviews of ten children (11-16 years old when they were interviewed for the first time). She stressed the importance of these functions and competences for the role of support person:

- the relational aspect: showing the child support, attention, feeling comfortable and being the voice of a child who needs it.
- the processual aspect: together with the coordinator, to help the participants look to the future.
- the diplomatic: be able to balance the child's opinions, attitudes and desires with those of others - especially those of the parents. Several children expressed the importance of a support person being relatively impartial, even if it meant she/he would argue against the child (p. 90-91).

The Danish children were asked if the support person should be part of the family network, or if the support person should be a professional. The children had no real experience to base a comparison on, but they thought it was important the person knew about the child's/family's situation in advance and that it was someone they could meet with and talk to later (Mortensen, 2007). Contact between the child and the support person after the conference was the exception, according to Mortensen. But when such contact did exist the support person had been important to the child, being someone the child could contact if she/he thought the plan was not being followed up on.

When Horverak (2006) sums up how the 20 young people he interviewed experienced their support person, his conclusion was that the most important thing for young people was not having a spokesperson who spoke on their behalf; it was having someone who supported them, who they were able to discuss things with, and who made certain the young person's opinions were heard at the conference. An increasing emphasis on support and less emphasis on the tasks of a spokesperson may be related to the fact that Horverak's sampling was comprised of older children (12-21 years old) compared to the other studies.

Several studies show that children have different needs and experiences relating to their support person. The researchers found that support persons design their role and perform

their tasks in different ways (Dalrymple, 2002; Mortensen, 2007; Omre & Schjelderup, 2009; Strandbu, 2007).

Strandbu (2007) refers to how this should be seen in conjunction with the balance between protection and participation. Support persons seemed to exaggerate the child's need for protection when the children were young, which resulted in the child losing presence at the conference and not being given additional opportunities to express his/her opinions. Schjelderup and Omre (2009) asked children to assess the importance of having a support person. Of the 10 children who responded, researchers saw how children in the most serious situations were more likely to consider support persons important.

To summarize, research literature tell us that the support person has two basic functions: First, to help the child participate in the conference and ensure that their opinions are included when the action plan is being prepared. Secondly, to give the child the support he or she needs throughout the conference process. Both functions depend on a support person who has learned how to fulfil his or her role, and that the child and support person meet more than once prior to a conference taking place. Dalrymple's survey (Dalrymple, 2002) implied that an impartial support person may be more suited to safeguarding these functions than a member of the extended family/network, but the study does not provide any basis for such a conclusion on its own. Children may have different needs where real participation in a conference is concerned, while the all need support throughout the process and the meeting.

What do children think the most important benefits of FGC are?
The action plan is the visible result of the conference. Heino summarizes the Nordic project (2009) saying - for the child's sake - it is important to make a plan that is as specific as possible. It should focus on what will happen in the future, when things will happen and who is responsible for making certain these things happen. Heino pointed out that a second follow-up conference is quite important in this regard. It was observed that the children were more active in family group conferences probably because they were more familiar with the meeting structure and because, in those cases positive changes had taken place, the mood at the conference was even more positive.

The Nordic project had a longitudinal design of three or four interviews with children in which the last interview took place approximately one year after the conference. One of the main questions in the project was what changes children wanted the conference to produce and what changes did conferences produce based on past experience. Focusing on the needs of the children was a basic objective in all countries, above all that their home situation would normalize and thus that their biggest concerns would be minimized (Heino, 2009).

Relationships within the family and with friends were of the utmost importance. These relationships were of significance to other aspects of their lives, including aspects of the assignment formulated by the adults. There were differences to the extent in which children experienced positive change and to what extent these changes were attributed to the conference. The majority experienced positive changes, but the youngest children (e.g., under 10 years of age) found it difficult to see their situation in the light of what had happened at the conference. The Finnish study pointed to a seeming correlation between a child's experience of a safe and caring atmosphere as the basis for dialogue on the one side and the positive changes in the aftermath of the conference on the other.

Horverak (2006) found that the young people he interviewed had different experiences when it came to family group conferencing, their level of participation and influence, what came out of the conference, what changes had occurred in the past and to what extent the young people associated any positive changes to the conference. There was no clear correlation between these elements, but Horverak thinks he identified a tendency for young people who entered the process actively at the planning stage were more likely to feel positive about the results of a conference. These young people did not necessarily remember what actions the conference brought about, but they could describe what happened at the conference. Horverak (2006) speaks of the importance of family group conferences in terms of family ritual and ceremony, and he found that for the young there was value in being the center of attention of a ceremony - being seen and heard. «This led to the hypothesis that for young people it was more important for family members to meet and discuss their situation than to contribute in any specific way; it is more important to be seen than to be helped.» Horverak claims (2006, p. 202).

In the evaluation of the pilot projects in England, Lupton and Nixon (1999) compared the experiences expressed by 19 adolescents with the experiences of the adults. They found certain differences. The adolescents thought the first part of the conference was more difficult than the adults did, partly due to the language and concepts used by professionals. On the other had, they appreciated the opportunity provided by the private family time (part 2) for discussion - without professionals present - even more than the adults did. All the adolescents felt their participation was appreciated by the others. That the processual and relational aspects seem to be just as important to children and young people as the measures a conference tries to formulate at the end is also verified in other studies (Bell & Wilson, 2006; Heino, 2009; Holland & O'Neill, 2006; Omre & Schjelderup, 2009).

In the Holland and O'Neill study (2006) 16 out of 23 children said they felt they were heard to a large degree, while only six felt they had had a greater influence. Researchers also interviewed the adult participants. In keeping with Lupton and Nixon (1999), they found that children and adults focused on different aspects of the family group conferences. The professionals and adults focused on the conference's functional aspects, and that the conference found a solution to the family's specific problems.

When the children talked about the outcome of the conference, the most important thing they recall was how the conference helped them reunite with family members they otherwise rarely saw. Similarly, Heino (2009) expressed excitement the children felt about whether the people they wanted to participate would actually come to the conference or not. Holland and O'Neill (2006) write: «This longing for contact with family members as the strongest theme emerging from the interviews with these children suggests that the meeting of their emotional needs was at least as important as their formal rights to take part in a meeting about their future.» (p.105).

Summarizing the experiences of children

Interviews with children and adolescents who were involved in and observed at conferences provided the following main characteristics:
- It is important for the child that all adults - professional or family - are prepared for the conference and acknowledge the idea that the child is the center of attention of the conference.

- For the child it is important that information, attention and discussions about them not only focus on problems.
- The child's support person is important in two ways: ensuring the child real participation and supporting him/her and being someone the child can talk with.
- The relational aspect (that many adult family members are meeting for their sake) and the processual aspect (that they were seen and heard within a positive atmosphere) is more important for the child than the measures set forth in the action plan.

Researchers have different opinions as to whether children should always be present at the family group conference. A high level of conflict among family members becomes a trade-off between the burden this can represent for the child versus what he or she can gain from participating.

7.3 The roles and experiences of case workers and other professionals

In the previous subchapter we looked at the experiences of the private participants, such as parents, children and extended family members. It stands to reason that we would focus greater attention on the experiences of the family than on the professional participants. The theoretical and ethical foundations on which FGC is based are intended to help the family. While that is true, feedback from private participants indicates that their experiences are strongly connected to how the professionals, especially coordinators, communicate and interact with family members to prepare, implement and follow-up on the conference. When family group conferencing is used in child welfare cases we need to recognize that the conference should not deprive the child welfare services (meaning case workers) of their formal responsibility for a case, which includes follow-up after the conference has ended.

In this subchapter we review the roles and experiences of the professional participants. This mainly applies to case workers employed by the child welfare services who play a vital role in several aspects of conferencing. This role entails whether the conference should be recommended for the entire family, how the assignment should be formulated, how information is communicated during the first part of the conference and whether the action plan should be approved at the end of the conference. The subchapter also takes a look at other professionals who may participate in family group conferences. These are directly involved in the first part of the conference, but as teachers, therapists, doctors or people in similar professions they would also be interested in and benefit from the consequences of the conference.

As with the previous chapters we will mainly review evaluations of pilot projects that constitute the written extent of our knowledge on the subject. Case workers were not the only respondents in many of these projects, in some studies other professionals are also represented. In certain studies all of professions are combined in one respondent group, such as in the Swedish evaluation study by Sundell and Hæggmann (1999), where everyone is designated a person of authority (myndighetspersoner).

We will not look at the methodological aspects of these studies in any detail. Most of the studies are based on surveys or interviews which we have referred to earlier in this report, so we should be satisfied here by pointing out certain characteristics of the sampling in a study or the distinct properties of a certain approach if we consider it of particular importance.

Positive attitudes and experiences, limited practice

The standpoint child welfare workers have to family group conferencing is decisive for whether the case manager decides to use conferencing in child welfare cases and what they think of the family group conferencing model. If case workers and/or their agency do not have a positive opinion about FGC it will not be proposed to the family.

Sundell, Vinnerljung and Ryburn (2001) carried out a survey at the end of the 1990s on attitudes toward FGC among child welfare workers (social workers responsible for investigating cases of neglect and abuse) in Sweden (n= 110) and England (n= 109). All the respondents worked at a public service that had been using FGC when they responded to the survey. Attitudes among English and Swedish child welfare workers were consistently congruent and positive. 77 % consistently expressed positive attitudes toward the FGC model, and 88 % in Sweden and 81 % in England believed FGC was a suitable way to find solutions in abuse cases. There were significant differences between the two countries on certain questions/assertions. There were more English than Swedish employees who thought the child should participate in the conference, while there were more Swedish than English employees who believed the coordinator should have access to detailed information in a case and that the action plan the family arrived at should always be implemented.

Despite the overwhelmingly positive attitude toward FGC, only 42 % of the respondents had completed conferences in one or more cases during a period of 18 months. The authors had no data that could help them explain why such a large discrepancy existed between enthusiasm for FGC and its actual use. They do however refer to other studies from Sweden that point to a large proportion of parents who declined participation (85 % according to Sundell and Hæggmann, 1999). The authors also thought the employees were resistant to handing over a significant amount of power to the family when they knew they could not share any formal responsibility for a case with the family.

Marsh and Crow (1998) refer to similar findings from implementation of FGC in England. Social workers from the project municipalities were interviewed. They were unanimously positive to FGC as a way of meeting and empowering a family. Still, only 55 % had participated in FGCs themselves, and within a two-year period 1/3 of them had not referred families to FGC.

The general positive attitude toward FGC can also be found in studies that looked exclusively at social workers/child welfare workers who had experience working with FGC. The proportion that expressed positive experiences seemed to be just as large as the proportion of parents and other family members who expressed positive experiences. From Denmark, Morthorst Rasmussen and Hansen (2002) reported that 74 % of the social worker were satisfied or very satisfied with FGC, while 79 % of the social workers in the study by Litchfield and colleagues from Miami, USA (2003) agreed that family group conferencing was a positive experience.

95 % of the same social workers believed FGC had improved their relationship with the family. We found similar positive results from other evaluations from the USA (Burke et al., 2003; Sandau-Beckler, Reza, & Terrazas, 2005; Walton & Roby, 2003). Sundell and Hæggmann (1999) did not find equally positive results. It should be noted here however that they refer to 98 «persons of authority» (myndighetspersoner), which included other professionals who had participated in FGC, not just case workers. All in all, as group these professionals were somewhat less positive than the family members from the same conferences.

What elements of family group conference get the most attention?

What do case workers in the interview surveys characterize as particularly positive about FGC? To the extent more negative experiences or challenges exist, what do these concern? There are very few Norwegian studies that systematically asked case workers about their experiences. In the Norwegian evaluation study, 44 case workers were interviewed after filling in questionnaires about cases they were assigned that involved FGC (Hyrve, 2006). This report primarily focused on cases that were referred to FGC, how the assignment was formulated (see chapter 6) and the experiences of case workers in the role of coordinator (see chapter 8). However, Hyrve points out several experiences that one could also find in other interview surveys that involved case workers. When it came to experiences and opinions that support the generally positive attitude case workers had to FGC we can mention:

- FGC mobilizes adults that are important to a child and the child's life by conducting serious and formal discussions about what can be done.
- It is the child who is the main focus of the family group conference.
- Family conflicts are reduced and the family gets a new start on family unity and communication.
- The family has greater influence in defining problems and actions.
- This implies less imbalance of power and thus a better framework for collaboration between the child welfare authorities and the family.
- New information arrives that could help and improve the decision making process.
- Unknown and untapped resources in the family are triggered, which is often a surprise to case workers.
- The family gets and takes greater responsibility. In a few cases it led to closing the case.
- Negative experiences and challenges do exist to some extent, but to a far lesser degree than the positive experiences. Some individuals did not succeed in getting the extended family and network to participate. Others experienced that the family's possibility to help the child, as specified in the action plan, was not enough to give the child the help needed or that help was not given later.

Is conferencing only used in cases with an air of cooperation?

Negative experiences are far less conspicuous in FGC studies than positive. Some researchers have been asking themselves whether this is because case workers find certain cases suitable for family group conferencing. The Norwegian, Danish and Swedish evaluation studies seem to indicate that conferencing was conducted in cases where the relationship between the family and the child welfare services was positive as a starting point. Based on responses from case workers on 44 conferences, Hyrve (2006) was able to point out how four out of five cases had an atmosphere of cooperation at the start, and in only one case the relationship between the family and the child welfare services was characterized as conflictive. In the other cases the relationships alternated between cooperative and conflictive. When asked whether or not the parents and the child welfare services had common or differing viewpoints of the family's situation, a common understanding seemed to predominate.

Morthorst Rasmussen and Hansen (2002) got the same answer from the Danish evaluation, while Sundell and Hæggmann (1999) found that the relationship was good at the start for most of the FGC cases in the Swedish evaluation. The truth however is not so clear. Sundell and Hæggmann were the only researches to compare cases in which FGC was offered with cases where FGC was not offered. They found there were even more people cooperating well with the child welfare services in the group of parents who were not offered FGC than among parents who got the offer. It should be also noted that the evaluation studies from the United States often dealt with cases where children were placed or would be placed outside the home, which would imply a more strained relation between the family and child welfare authorities (for example, see Sheets et al., 2009). In these studies, researchers consistently found even more satisfaction with different aspects of FGC than in the Nordic region.

The reason why more parents with good relationships with the child welfare services are involved in FGC cases is not entirely clear. It may be due to the fact that child welfare employees ask parents to participate when the relationship is not strained in the first place.

But it is also possible that parents in cooperative relationships are more willing to say yes to FGC, while those in more negative relationships would say no. The latter may be true, seen in light of several studies that reported difficulties getting parents to agree to participate (Brown, 2003; Sundell & Hæggmann, 1999).

Important aspects of the role of case worker
Up to now we have been examining how the case worker's role influences how parents, children and other family members experience FGC. Together with what we have presented so far about attitudes toward cases and how they are selected and their scope, we can say that case workers have several important roles in the FGC process; these roles can be called the gatekeeper, the facilitator, the informant and authority figure.

The gatekeeper: The case worker is decisive in determining if a family is offered family group conferencing or not.
The facilitator: Even if the coordinator is primarily in charge of planning, preparing and inviting the participants to the conference, the case worker can have a direct or indirect influence in these functions by providing recommendations and instructions that could influence these processes. Especially in how a case worker controls the wording of the FGC assignment.

The informant: What the case worker says in the first part of conference and how he/she says it are of great significant to future meeting processes. This includes what is being said about the child and family, to what extent the descriptions of the problems are balanced by the descriptions of resources, whether the information stimulates hope and instills a belief in the solutions and whether parents are given realistic and adequate information about what services the public can provide.

The authority figure: The case worker, as a representative of the child welfare authorities, has a veto right over the action plan.

In their study from Wales, Holland and colleagues focused on what it is like for social workers to implement the basic democratic and empowering philosophy in a child protection context that also has other agendas (Holland et al., 2005). Thirteen social workers were interview for this study in addition to parents, children, and some coordinators. Empowering the family and assuming the role of facilitator and informant in a system that is characterized by professional power structures is challenging. The researchers discovered a tendency among social workers to exert influence over the wording of the assignment, the agenda of the private meeting and the final content of the action plan.

The roles of other professionals
Based on the lessons learned from the English pilot projects, Lupton and Nixon (1999) pointed out the special challenges faced by the other professionals who are invited to participate in a conference, whether they represented a school, health service or the social welfare authorities. Gallagher and Jasper (2003) were able to supplement our knowledge of these challenges based on interviews with four public health nurses from one of these pilot projects.

First of all, they pointed out the importance of finding the «right» professional participants. That means finding employees from services who have relevant information to give about the child/family and about what resources their service can offer the family. Secondly, the challenge for these professionals is to provide specific information in a way that is understandable to everyone without too much technical jargon and without having to add conditions to any solutions based on their own assessment of the situation. The third and most basic challenge faced by those responsible for the conference is including the employees of other services in the implementation of the conference where information, learning and training are concerned. When this was not possible the professionals felt unprepared for what awaited them and what their role should be. They felt they were expected to get the point of the FGC model and philosophy whether they knew anything about FGC or not. Gallagher and Jasper (2003) showed how this led them to feel unqualified for the task and skeptical as to whether the family was able to prepare a proper plan for the child. One specific problem experienced by some of them was how they should handle confidential information when talking with the extended family.

Both Lupton/Nixon (1999) and Gallagher/Jasper (2003) indicated however that professionals from different services had positive experiences from FGC, especially where mobilizing the extended family was concerned and experiencing a positive and relaxed mood during the conference, compared to meetings they were generally accustomed to.

Summary of the experiences of case workers and other professionals
Case workers and other professionals who have been involved in FGC tend to convey the same positive experiences and viewpoints as private participants.
•   Mobilizing the family network is highlighted as especially positive.
•   FGC produces more useful information, reaches into untapped resources and gives the family more responsibility for the child.
•   The basic obligations inherent in the core values of FGC may sometimes lead case workers to approves action plans even if they have doubts about whether the plan is robust enough for the family's situation.

- All the professional participants need to acknowledge and understand the basic ideas behind FGC to see how meaningful their participation can be and so the family is given the best opportunity to address the assignment and resolve its problems.
- Nordic researchers asks whether FGC is primarily being offered in cases where there is already good cooperation between the family and the child welfare services. International research however has not confirmed this.
- Research indicates that there is a mismatch between the general enthusiasm for family group conferencing and how the method is actually used.

8. The role of coordinator

Informative literature and research on the subject point out how important impartiality is in the role of coordinator. Appointing a coordinator who does not work for child welfare authorities on a daily basis is a cornerstone of the FGC model (see chapter 2). In other words, the function of coordinator is regarded as one of the strength's of the model, but it can also be a weakness. In an informative article about FGC, Frost (2013a) expressed this by citing what Barbour said about family group conferencing: «It's heavy reliance on the strengths and commitments of the coordinators is its weakness». (p. 8.).

The coordinator has a variety of tasks starting from the time she/he is introduced to the family until she/he has made sure that everyone who was present at the conference has received a copy of the action plan. The tasks consist of assisting the family with planning and conducting the conference, collaborating with them to clarify who is invited, talking to anyone who will be invited and preparing them for the meeting, ensuring that the practical aspects of conducting a meeting are attended to and leading the meeting's first and last parts (see Falck, 2006; Vik, 2009). In addition to those tasks, the coordinator can contribute by trying to instill a positive and constructive atmosphere during the conference. The coordinator will often also have a role in the follow-up process.

In this chapter we summarize what the participants convey about their experiences with coordinators, but the chapter is mostly concerned with what coordinators can tell us themselves about the most important aspects and challenges of their role. We will also present what are considered the most important qualifications for a coordinator and we will be referring to discussions about impartiality and neutrality as an important element of being a good coordinator.

Participants' experiences with coordinators are usually reported through surveys done at the end of conferencing. Coordinators' experiences are usually studied through interviews with small numbers of coordinators. It may be important to note that the research and reports we have on coordinator functions are from the past when family group conferencing was emerging internationally. We can imagine that the way coordinators approach their tasks has changed as they gained more experience. However, we have been unable to identify any differences in what has been communicated in studies about trial/implementation phase versus studies from more established programs.

8.1 General satisfaction with the coordinator
As far as we could discern, the majority of FGC participants - whether private or professional - were very satisfied with the way the coordinators performed their tasks.

Litchfield and colleagues evaluated FGDM in Miami, USA (Litchfield et al., 2003), finding great satisfaction among the 210 participants who filled out the questionnaire after their FGDMs had ended (parents, extended family members and professionals). Using regression analyses they discovered that a participant's perception of how the coordinator did his job was one of four factors that led to a positive outcome of the FGDM. This is the only study that has been able to statistically document the correlation between the role of coordinator and outcome.

Studies from Sweden and Australia however also indicate the special importance of the coordinator function. When Sundell and Hæggmann (1999) examined the experiences of all family members (n= 455) they found a pattern in the responses; those who were satisfied with one aspect of the FGC process were also satisfied with the other aspects. The opposite was also true; those who were dissatisfied with one aspect were consistently dissatisfied with the other aspects examined by Sundell and Hæggmann. There was only one exception to this pattern: Regardless of how they experienced the other aspects of FGC, all the family members experienced the coordinator as impartial.

Darlington and Healy (2012) studied a special variant of FGC used in Queensland, Australia (the family group meeting). Ten parents were interviewed and asked to fill out a form that included four assertions about FGC (read more about this in chapter 7.1.). The parents had mixed experiences, but the assertion that got the greatest consensus was whether they felt the coordinator treated them with respect. Nine of ten parents, even the parents who had negative experiences by the way, felt the coordinator treated them with respect. They stressed how the coordinator made them feel like an important part of the meeting and how they communicated clearly without using too much professional or technical jargon. They also stressed the non-judgmental attitude of the coordinator and other professionals and being aware of the family's cultural background.

Similar feedback came from the parents in the Danish evaluation, where 93 % believed the coordinator's efforts were good (Morthorst Rasmussen & Haldbo Hansen, 2002). In the interviews they spoke of how they were met with respect and recognition, that the coordinator was attentive to their uncertainties and doubts, that they were given the opportunity to ask questions, that the coordinator was able to make the conference feel like the family's own conference and that they were able to established a belief in and motivation for family group conferencing. Nine out of ten parents and eight of the ten other family members believed the coordinator showed impartiality (Hansen & Hansen, 2003).

Pennell in North-Carolina, USA, also examined the extent to which conferencing was conducted in accordance with best practice (Pennell, 2005). The function of coordinator was also highly praised in this evaluation. Among the 25 assertions there was one, «the coordinator showed respect toward the family», which got the most «totally agree»scores. Only one of 150 disagreed with this assertion.

A number of other studies and reports confirmed the importance of and satisfaction with the coordinators (e.g. Cashmore & Kiely, 2000; Marsh & Crow, 1998; Treichel & Bemis, 2003).

8.2 The coordinators' experiences and challenges

A number of qualitative studies have been conducted on how the coordinators experienced their role. The findings are generally concurrent, so we have chosen to present them as a whole. In cases where one study looked at one aspect in particular we will make reference to that fact.

The studies we base our presentations on in this subchapter are from New Zealand: (Connolly, 2006a, 2006b); from Canada: (Schmid & Pollack, 2009); from Denmark: (Hansen & Hansen, 2003); from Sweden: (Sundell & Hæggmann, 1999) and from England: (Marsh & Crow, 1998). We also base our presentation on four Norwegian studies. Two of them are from the early implementation phase in Norway: Einarsson (2002) and Saasen (2001b). We also include Lundeby's focus group interviews (2013) of three coordinators that he combined with interviews of cws case workers and case managers. The fourth study applies to the coordinators' role in network-centric conferences for adults, as this is used by the social services (Natland & Malmberg-Heimonen, 2013). Even if network-centric conferences are slightly different from FGCs conducted by the child welfare services (see chapter 9), there are obvious parallels where the coordinators' role and experiences are concerned. This study is also of later date and was published internationally as a referee-assessed article.

All the studies indicate that coordinators have many different jobs or are working under different types of contracts and they often have different formal qualifications. These conditions however do not seem to have any impact on their experiences as coordinators.

Enthusiasm and dedication for the model

All the studies show how enthusiastic coordinators were in fulfilling their tasks and the great reliance they had in the FGC model. Many coordinators also pointed out how important it is for the coordinator to share the core values and attitudes that FGC is based on.

Establishing and upholding impartiality

The interview studies on coordinators convey how challenging it is to maintain an impartial position (read e.g. Schmid & Pollack, 2009). This happens in various ways: Coordinators spend a lot of time explaining their role and their independent position in relation to the child welfare service to family members.

This means they are constantly reminding the participants as to what tasks the coordinator has and does not have, and putting the ball back in the hands of the participants. As coordinator, one must learn to accept that the child welfare services and the family may have different agendas and versions of reality and to understand that the coordinator's job is to make certain the family has all the information it needs in part 2 of the conference so their own meeting can be a success and to arrive at good solutions.

Neutrality is upheld by havinglimited knowledge about the case, meaning a coordinator should not read case documents but should be able to fully understand the assignment. Moreover, the coordinator should try to avoid being drawn into either the social workers' or family members' stories or perceptions about what happened in the past. This was an important consideration when faced with the family because their tasks were to interact and to implement positive change over time.

The coordinators in the Saasen study (2001a, 2001b) said this was at times a very difficult thing to do in practice. By emphasizing their impartiality and at the same time working to assist the family in conducting the conference, the coordinator could become a person the participants, especially parents, felt they could trust and talk openly with. When establishing contact with the different family members it is difficult for a coordinator to curtail the stories the family members want to tell about a case and about the child welfare services. This may be less difficult when talking with child welfare employees who have more insight into what the coordinator role actually implies. The consequence of this is that the coordinator can get one-sided information about the case, and according to Saasen and others (e.g. Sundell & Hæggmann, 1999) there is a greater risk that coordinator loyalty goes in the direction of the family than the child welfare services.

While other studies point out how a coordinator may at times feel like an *interpreter for the child welfare service in relation to the family* (Einarsson, 2002). Marsh and Crow (1998) also pointed out that a coordinator who is able to explain the concerns of the child welfare services in a meaningful way is something the families appreciated. Using everyday language (not jargon) and being receptive and empathetic helped establish trust from family members, which again was a prerequisite for being perceived as impartial (Natland & Malmberg-Heimonen, 2013).

An important task, as coordinators see it, is to helpkeep everyone focused on the child throughout the process. This is one way to limit the desire to tell one's side of the story and relive the past, and it is an important element when the coordinator invites members of the family's network to participate in the conference. Hansen and Hansen (2003) cite coordinators who stressed how important it is to the children that coordinators participate in the conference.

Mediating between family members
One primary task of a coordinator is to recruit participants to the conference from the extended family. Some coordinators said that getting many members of the extended family to participate made them feel like they had succeeded. Sundell & Hæggmann (1999) deduced from the Swedish evaluation that it was easier to mobilize family members when the coordinator did the inviting, instead of assigning this task to the parents or children.

Mediating between potential participants from the extended family during the preparation phase proved to be a normal part of the coordinator's role. The coordinators in the Swedish evaluation said there were serious conflicts between family members in just over half of all the 74 family group conferences. One important way to build bridges between participants was to continually remind participants why the conference was being arranged: it was for the child's sake.

Sticking to the role of coordinator
In most of the studies one of the topics stressed by coordinators was the challenge of sticking to the one's role as coordinator and focusing only on one's tasks. For some, taking on other roles is tempting: helper, therapist and even case worker. This involved a desire to use one's professional skills or expertise to give advice and come with suggestions for solutions. In certain situations the coordinators got information during the preparation phase that made it appropriate to recommend changes to the assignment, which some actually did (Natland & Malmberg-Heimonen, 2013).

Schmid's respondents (2009) felt that one important strategy was to make certain their own role was not essential in the process.

In Lundeby's focus group interview (2013), coordinators worried that some coordinators had developed a practice of «making up their own mind»; in other words, not sticking to the FGC model or maintaining a clear distinction between the role of coordinator and other roles. They pointed out that it was important to be part of a team of coordinators, and evaluating and sharing experience with other coordinators was common practice.

8.3 The coordinator's qualifications and impartiality

Even if it is implicit throughout the family group conferencing model that the coordinator is of central importance to the success of a conference, there is no research that has looked at the possible correlation between specific qualifications or personal characteristics of coordinators on the one hand and satisfaction/outcome on the other (see chapter 5).

Marsh and Crow (1998) asked coordinators what skills they believed a coordinator should possess. Communication skills and personal qualities were most often mentioned as important skills. Somewhat more specific skills were: the ability to negotiate and mediate, to be a good listener, to be able to mobilize commitment quickly, to have great confidence in the FGC model and the family's potential for finding solutions, and to be able to work in groups. Specific skills or knowledge as a social worker were not mentioned. To the contrary, many of the coordinators thought it was an advantage not having much background as a social worker because it made it easier to limit oneself to the coordinator role and tasks. The coordinators interviewed by Saasen (2001a) in Norway and 28 key resource persons working with FGC who were interviewed for a Scottish report (Barnsdale & Walker, 2007) pointed to skills or characteristics that corresponded to those pointed out in England. Most of these experts believed a certain level of work experience as a social worker was necessary to develop key skills, and a few of them believed coordinators should be educated social workers. It should be noted that almost all of the 28 respondents interviewed in the Scottish report were professionals.

The English FGC pilot project strived to match coordinators with individual families by considering ethnicity, gender, language and religion (Marsh & Crow, 1998). However, it was difficult to do this in practice, partly due to the limited number of coordinators available. Coincidently, if we look at ethnicity one could not be certain the family wanted a coordinator from their own ethnic group, out of fear their community would eventually learn about their problems. Based on experience gained from the English pilot projects, Marsh and Crow (1998) came to the following conclusions about matching: The possibility of real-world matching would be limited by the number of coordinators who are available, and it would also be difficult for the family to know what kind of person they would want because the person would take on a role and tasks they have no experience with and which is different from what they are accustomed to.

One of the cornerstones of the family group conferencing model is keeping the coordinator out of case work. As mentioned in chapter 4, several model have developed around the world in which the coordinator has intimate knowledge or involvement in a case. In several countries where non-governmental organizations commonly take responsibility for parts of the country's child welfare services, the coordinator is normally associated with the organization at an administrative level. This is true for the Netherlands (Eigen Kracht), England (Daybreak) and

Scotland (Children 1st). In Norway and the other Nordic countries coordinators are paid by the government, but they are not employed by the child welfare services and have nothing to do with case processing or case work. Internationally however we also see variants where the coordinator is an employee of the child welfare services (but not responsible for case investigation or family intervention measures), and there are models where the coordinator also organizes and leads the conference (e.g. Adams & Chandler, 2004; Belser, 2013).

Belser (2013) carried out a study on the coordinators of Family Meetings in the state of New York, USA. He describes this model as «a reduced form of Family Group Conference» (p. 13), in which the coordinators are actually employees of the child welfare services. At some offices the coordinators are responsible for case work, while at other offices the coordinator is the person who organizes and leads the meeting. Belser conducted interviews with four focus groups; two groups with coordinators who did not do case work and two groups of coordinators who did. The purpose of the interviews was to explore whether differences could be identified regarding impartiality in the different roles for Family Meetings. He summarized that there were no obvious differences between the two main groups. Both types of coordinators influenced the meeting process and content, and that it was generally difficult to characterize coordinator functions as impartial where Family Meetings were concerned.

The Family Meeting model deviates from the FGC model as it is practiced in Norway and several other countries, especially regarding who may function as coordinator. While, as we have explained earlier in this report, many researchers point out how coordinators working within the framework of the standard family group conferencing model are not impartial or independent of case work either (see Lupton & Nixon, 1999; Omre and Schjelderup, 2009). Thus far, researchers have not been able to tell us whether independence from case work or the way the coordinator interacts with the family are significant for the experience and outcome of conference. In other words, further studies are needed to test the different coordinator schemes and qualifications against outcome and experiences. However, this would be a demanding research project to design. It is therefore important to note that studies are also lacking which systematically ask a broad range of respondents (parents, children, family members or professional participants of FGC) what requirements should be set for future coordinators or what qualities they appreciated in particular.

What the coordinators and professionals seem to agree on (coordinators, leaders, FGC project managers) is that the role of coordinator is so significant to the family group conferencing model that good training, guidance and follow-up are prerequisites for performance.

Summarizing the role of coordinator

A coordinator should be independent of the service that organizes the conference; this is a cornerstone of the family group conferencing model. The way in which a coordinator performs his or her role is of great importance to how the conference is implemented and how it is experienced by participants. The participants gave the highest scores for the function and impartiality of coordinators in several studies. There is no research that shows the importance of formal qualifications or organizational affiliations for coordinators.

Coordinators are most concerned about:
- Maintaining impartiality. When this is difficult, there is a greater risk they become sympathetic to the family, more so than to the child welfare services.
- Keeping the focus on the child.
- Including the most important family members and mediating among them.
- Not departing from one's role and not acting as a case worker or helper.

9. FGC in other services

FGC has been tried out in many different sectors and services outside of child protection agencies; domestic violence centers, elder care, end-of-life care, services for the homeless, long-term social clients, mental health care, family counselling, in schools and as crime prevention programs for youth in the justice system (Malmberg-Heimonen, 2011; Nixon, 1999; Nixon et al., 2005; Van Pagee, 2014). We found many studies from the justice sector in our literature search - so-called Restorative Justice - while studies from other sectors are conspicuously lacking. As with FGC in the child welfare services, the evaluations and reports for the other sectors and services are characterized by descriptions of implementation and user experience, while only a few studies investigated the possible outcomes and effects using proven scientific methods. While FGC in the child welfare services is primarily used for decision-making which can empower the family, information and experience from other sectors highlights other objectives like supplementing psychosocial processes or in relation to rehabilitation, mastery, social support and social inclusion (Johansen, 2014).

9.1 FGC in the justice system
FGC has been used in the justice system since its emergence in New Zealand, becoming a law (the Children, Young Persons, and Their Families Act of 1989) which determined that FGC would not only be used in serious child welfare cases but would also be used to deal with young lawbreakers (Maxwell & Morris, 2006; A. Morris, 2004). FGC would be used as an alternative to court hearings (for young people who had not been arrested) and to provide recommendations to the court before a formal judgment was made (for young people who had been arrested). The purpose here was to empower the juvenile offenders, their families, and the victims to give all affected parties a role in decision making and find the best way to deal with the offense, thereby reducing the power of professionals who were obligated to take the proposals of all parties into account (A. Morris, 2004). The composition of a conference in the justice system is basically the same as a family group conference at the child welfare services. But it also embraced the offender's family/network, and the victim and his or her family/network and any parties from public agencies from the police and social services. Teachers and other support persons from the community were often invited. A coordinator or facilitator was responsible for the preparation phase and execution, who often had experience working at child welfare services or other social services. Private time for offenders and their supporter persons was common practice.

This practice has spread to various countries and continents in a method that became known as Restorative Justice, a movement that emerged in the 1970s as an alternative to ordinary criminal proceedings for youth (Christie, 1977; Fox, 2004; Marshall, 1996). One definition we often hear of restorative justice is: «Restorative justice is a process whereby all the parties with a

stake in a particular offense come together to resolve collectively how to deal with the aftermath of the offense and its implications for the future»

(Marshall, 1996, p. 17). The purpose of this process is to restore a victim, offender and the local community in a way all affected parties consider fair (Braithwaite, 2002). Specific models of restorative justice are: the circle models (peacemaking circles, sentencing circles), which gather affected parties within the local community to agree on a solution, local community board (reparative boards, community boards) and different mediation models (Bradshaw & Roseborough, 2005; O'Brien, 2007). In Norway the conflict resolution board (konfliktråd) is quite similar to restorative justice, but FGC has not yet been incorporated into our justice system.

Although there are many similarities between the principles and models of Restorative Justice and FGC and several authors stress how fundamental differences in the purpose and mission of the justice sector and the welfare sector can have an impact on how the conferencing models have developed in both sectors (Connolly, 2009; Fox, 2004). According to Fox (2004), different hybrids of FGC have arisen in Canada, Australia and England that distinguish themselves from the original model with a more limited (and legal) focus on offender and offense and less focus on the needs of the victim or the relationship between the offender and the victim/local community. They refer to the most commonly model, the Wagga Wagga Model from Australia (New South Wales), which - although developed from the original New Zealand model - does not require the use of private family time and is often coordinated by an employee of the police who is not considered neutral in relation to the offense. They also refer to different practices to involve victims and representatives of the local community. Fox (2004) says if we want FGC to have an optimal effect on juvenile crime we will need to have an even stronger and more holistic focus on the needs of the young person and less on punishing an offense, regardless of whether FGC is carried out under the auspices of the justice system or the child welfare services.

Experiences from FGC in the justice system are positive if we listen to the participants (Bradshaw & Roseborough, 2005; Mutter, Shemmings, Dugmore, & Hyare, 2008), while the results are still unclear as to whether it deters new crimes (Bradshaw & Roseborough, 2005; Jeong, McGarrell, & Hipple, 2012; McGarrell & Hipple, 2007).

Positive experiences of the victims: Victims say the felt the cases were dealt with fairly, and that FGC procedures allowed them to feel respected and generally appreciated (Van Camp & Wemmers, 2013). Reports from New Zealand describe a major reduction in the number of convicted and imprisoned adolescents in the first decade after FGC became a part of criminal procedure (Maxwell & Morris, 2006). This development is not only associated with the use of FGC, but with a general change in attitudes and practices toward find solutions for juvenile offenders who are not subject to ordinary criminal procedures.

When it comes to the effect various restorative models have on recurrence of criminal behavior, we refer you to the first meta study in this area that included 19 studies from 25 services in 4 countries (a total of 11950 adolescents) (Bradshaw & Roseborough, 2005). The findings from all these studies combined indicate a mean effect size of 0.26, which according to the authors is more than twice as high as previous figures for traditional programs within the justice sector. Effect size for mediation models (0.34) however was significantly greater than for FGC models (0.11), in that 11 out of 15 mediation studies had positive effects, versus only 2 of the 4 FGC studies. The meta study concluded that mediation models are a valid and empirically-

supported intervention to reduce recurring juvenile crime, while FGC can be seen as a promising but still experimental intervention that needs more research.

While most of the studies included in the meta study had relatively short follow-up periods (the average was 17 months), we found one study from Indiana, USA with a 12-year follow-up (Jeong et al., 2012; McGarrell & Hipple, 2007). According to the authors of this study, Indiana was one of the first US states to adopt FGC in the justice system at the end of the 1990s. The model they used was originally from Australia (Wagga Wagga, New South Wales). The sampling consisted of 782 adolescents who were randomly sent to FGC or one of the other preventive programs in the justice system from 1st of September 1997 to 30th September 2000. Criteria for participating in the study: the young person was a first-time offender, 14 years old or younger, who had committed a crime like assault, trespassing on a prohibited area, aggravated theft or disorderly conduct. The first follow-up survey conducted 24 months after the intervention found that young people who participated in FGC had a lower incidence of crime recurrence than the control group, both in terms of incidents and severity of violations (McGarrell & Hipple, 2007). The effect of FGC was greatest the first 6 months, but declined somewhat after that. In the follow-up study done 12 years after the intervention there was no longer any difference between the FGC group and the control group for recurrence or time before re-currence (Jeong et al., 2012).

Although the findings are disappointing to the proponents of FGC, according to the authors the results are not surprising when one considers the brief period of time in which FGC intervention was being implemented. Positive results included the fact that participants of FGC did not have a greater risk of recurrence than the control group, and it was suggested that FGC would have had a better and more long-lasting effect if it was followed by several conferences.

9.2 FGC at school

Even though international evaluations indicate that family group conferencing is being used in the educational sector (Barnsdale & Walker, 2007; Nixon et al., 2005), we have only found reports from the United Kingdom in this area (Hampton and Northern Ireland), and only one of these studies compared the effects of FGC with other methods (Hayden, 2009). In the context of FGC at school, an educator or pedagogical employee is assigned to cooperate with the pupil and his or her family to determine the need for a conference. Common problems for referring a child to FGC are bullying, absence and behavioral problems which can lead to expulsion, or other situations that can impede teaching and learning. The professionals who may be invited to participate in a conference would be the child's teacher and, if necessary, other adults who know the child at school. Incidents of bullying can also imply participation by the other pupil and his/her family. Otherwise, FGC at school is done in the same manner based on the same model as is done at and by the child welfare services.

We learned that the implementation project that started in Hampshire in 1998 (Crow 1999, 2000, 2001 referred to in Barnsdale & Walker, 2007) inspired many head teachers/principals, and they felt it was an advantage having FGC infrastructures in place in the county. The perceived challenges were limited involvement by the social services, involvement of too many schools and limited budgets. 44 conference had been completed in the first 18 months of the project. Boys were more often referred than girls and more often for behavioral difficulties, while girls were

more often referred for problems of absence/truancy. The main experiences gained from FGC at school were positive seen from the perspective of families and professional. The participants were satisfied with the action plans, and positive changes were experienced at home and at school. There were also some participants who said they did not get enough support or respect from professionals, or that the child's opinion was not heard.

The effects FGC had on 50 students about 6-12 months after the conference were evaluated (Crow 2001 as referred to in Barnsdale & Walker, 2007). Positive changes were reported for just over half (52 %) of these pupils; for 28 % there was no change and for 20 % the situation got worse either in relation to behavior, truancy or both. Even if there were more negative results for behavior problems, no significant differences were found in the outcome for behavioral problems and truancy when a control was done for gender and age.

School Restorative Conferencing (SRC) was tried out at 5 secondary schools in 2000 in Northern Ireland, growing to 18 schools in 2005 (McGrath, 2004). This program developed from the youth court model previously introduced in the country, but implementation was very similar to the family group conferencing model used in Hampshire. 27 SRCs were conducted during the first 2 years, which resulted in the same number of action plans. The most important grounds for referral to the program were bullying, aggressive behavior, drugs and truancy. According to Grippen (2005) (referred to in Barnsdale & Walker, 2007) positive changes were reported for most students but we do not have more detailed information on this assertion.

Hayden (2009) also reported on a study of children aged 5-15 (n= 78) where the effects of FGC were compared with assistance provided by the Education Welfare Service. The study was conducted in a large county in England where FGC was already in practice at the child welfare services and in schools. A quasi-experimental design was used for various reasons (skepticism among practitioners, importance of getting enough cases to FGC, bad experiences from previous attempts) but mostly because it did not seem suitable to do a randomized distribution between FGC and EWS. Outcome measures in this study were registered attendance and exclusion before and after FGC/EWS based on data from the institution that was verified by researches. The groups were equally divided at the beginning for truancy, age and gender, while information about exclusion from school was more uncertain. The FGC group initially had 41 cases (only 30 of these were completed), while the EWS group had 37 cases. Data on attendance was measured over a period of 50 days before and after being referred to EWS/FGC, while exclusion was measured one semester before/after referral.

The results from the study showed that the EWS group increased attendance after intervention, while there was no change in the FGC group. We also saw an improvement in the 11 cases that did not complete family group conferencing, for which one proposed explanation was that these children actually got help at their first meeting with a coordinator and therefore did not need further help. When it came to exclusion, the FGC cases had twice the risk of expulsion after intervention than the EWS cases, while the cases that did not complete conferencing showed more expulsions than before and after the intervention. The complicated relationship between attendance and exclusion was illustrated in that a higher rate of attendance for the children with the worst problems could lead to expulsion because the school did not have the resources to cope with these kids. The interpretation of the negative outcome for FGC was that these cases were

as a starting point probably more serious than the EWS cases, which was not checked when the children were divided into the two groups.

In addition to the outcome study, a questionnaire survey was done on 60 people who referred children to FGC, along with interviews of 9 EWS staff members and 20 FGC coordinators. The people who referred children to the program felt that truancy and bullying were more suited to FGC than behavioral difficulties and exclusions. Those who were interviewed believed it was important to have FGC as an option for all types of cases and age groups, and it was important to focus on individual cases rather than make generalizations on different groups. An important theme was the time of the meetings, whether they were going to be done during the day to comply with the wishes of teachers, or afternoon/evening to meet the needs of the others. Another question was whether FGC was being implemented too late, after the problems had become too serious to have any effect. There was also some difficulties carrying out follow up meetings.

The children's experiences from FGC and from the school programs were collected in a questionnaire in 20 cases and in a group interview of 7 participants. Despite the children's problems and experience of standing out from the other pupils at school, they also spoke about positive experiences. This was especially apparent in the statement, which was confirmed, that there was at least one teacher or adult at the school they could talk to if they felt they had a problem. Most of the youngest pupils also confirmed they usually were very happy and that they thought most of the teachers really liked them. We learned that self-awareness and the need for support from friends were prominent themes from the group interview. Several children also said there were too many adults from the school present at the conference and they would have liked to have a friend with them at the meeting, which was not allowed during school hours.

Despite the limited results from the effects of FGC at schools compared to the standard practice (EWS), it was concluded that FGC and its principles of partnership and mediation could be a useful tool in a school's approach to changing behavioral problems and truancy.

Conferencing for adults

Conferencing for adults is based on the same principles as conferencing for children, but it focuses on the protagonist desire to change. We can summarize the idea by saying the adult conference is the protagonist's meeting (determine what will be discussed, who should be invited etc.), an independent facilitator/coordinator will assist in the preparation and implementation of the meeting, the extended network and any employees of public services will be invited, the protagonist and the private network should arrive at an action plan without any employees of public services being present, and the action plan will be reviewed and signed by the network.

A follow-up meeting will also be agreed on during the final phase of the meeting. When we refer to Conferencing for Adults we will primarily be talking about trial projects from England, the Netherlands and Norway (Barnsdale & Walker, 2007; de Jong & Schout, 2011; Malmberg-Heimonen, 2011), but as our review will show there is very little research in this field. We should note that conferencing for adults is often called network-centric conferencing (nettverksråd) in the Nordic countries, while the term family group conference is used in English-speaking countries.

9.3 FGC in the social sector

We found 2 scientific studies that dealt with conferencing used in the social sector. Both of these studies are Norwegian, and they are based on the same survey of long-term social clients in Oslo and Bergen (Johansen, 2014; Malmberg-Heimonen, 2011). The earliest study is a randomized controlled trial (RCT) on the effects FGC has when used to help recipients of relief and social assistance and individuals with mental health problems (Malmberg-Heimonen, 2011), while the second is a qualitative study of psychosocial processes that elaborates on the first study (Johansen, 2014). Both studies make use of proven scientific methods and are considered of good methodological quality and reliability.

The data base of the RCT study was 149 long-term social clients chosen randomly in a ratio of 2:1 for FGC (n= 96) or not FGC (n= 53), while both groups received what is considered normal services from the social welfare office. The time of consenting to participate was defined as T1, when the respondents filled out different questionnaires about social support and mental health. New information on the same themes was collected from the FGC group 2 weeks after they completed their conferences and from the control groups 12 weeks after T1. In reality, T2 information was received about 22 weeks after the conference and 16 weeks after T1 for the control group. Of the 96 persons selected for conferencing only 41 completed the entire FGC process, while 23 partially completed their program and 32 broke off completely. To avoid selection bias and to safeguard important methodological principles for the RCT studies, the entire sample was included in the analyses (intention-to-treat basis) and the follow-up study, which had an overall response rate of 68 %. They also collected follow-up data 12 months after T1, but these findings are not published yet.

The following hypotheses were presented for the study based on the findings from previous qualitative studies of conferencing for adults: The conferencing process will - to a greater extent for the participants in the intervention group than for the participants in the control group - lead to:

1. increased support and resources from the social welfare services
2. improve general satisfaction with life
3. reduce mental stress, anxiety and depression

The selected outcome measures were investigated using proven and previously-used scales and questions, and group differences were controlled through covariance analyses (ANCOVA). The results showed positive outcomes from the conferencing process for the intervention group for satisfaction with life and mental stress/anxiety/depression, and a positive tendency for emotional support and an increase in social resources. The conferencing process was also experienced as positive by most participants because they were satisfied with their facilitator, satisfied with the questions they formulated and discussed, and they felt the plans were relevant and offered solutions/answers to their questions.

The most important question the conference was meant to address was: «How can I become more active throughout the day?», while questions related to returning to regular employment were given decidedly less attention. The author considers this reasonable, because most of the participants had been out of the workforce for more than 3 of the last 5 years, and that most also

had a chronic illness. In that context, increased social activity can be an important step on the road toward greater social inclusion for the recipients.

One inherent limitation to the study was that, although social workers were asked to invite all long-term social clients to participate in the study, the overwhelming majority of respondents were single people with mental problems and limited education. Interviews with social workers also supported the viewpoint that there was a tendency to recruit clients they had known over time. Another limitation was that outcomes were measured shortly after the conference was conducted, so we do not know anything about long-term effects. A third limitation was the size of the sample, which was relatively small. Regardless of these factors, the positive findings from the study stress the potential the FGC process has as a method for improving the lives of long-term social clients in Norway.

The qualitative study of the same clients is based on interviews with 15 of the 41 people who completed their conference, as well as observations of 5 conferences (Johansen, 2014). The purpose of this study was to explore the psychosocial processes and outcomes related to the FGC process from a psychological perspective. Empowerment processes were also investigated, but this proved to be an irrelevant theme for these respondents. The processes and effects that stood out as most important were the relational and interactional ones. This involved getting back in touch with one's social network and getting more social support, relationship-based motivation and effects, as well as feeling respected and accepted. The author emphasized a theoretical perspective where social recognition can generate processes that can contribute to and explain good feelings like being part of a community, better self-image and less mental stress.

Considering the fact that long-term social clients are often characterized as lonely, socially isolated and mentally ill, the author questions whether participating in occupational programs is the only or the best way to resolve problems of social inclusion or support for this group of people. FGC or other network intervention programs that mobilize social support are considered a promising supplement to other programs being offered by the social services.

9.4 FGC in mental health care

Scientific publications about family group conferencing within mental health care are almost non-existent. We were only able to find one study on the subject. It is from the Dutch province of Gröningen and has been discussed in a few published articles (de Jong & Schout, 2011, 2013a, 2013b). The first article was based on a literature search and interviews with 10 experts within FGC and mental health care and was designed to explore the potential usefulness of testing FGC in mental health care. 6 good reasons for implementation were summarized: (1) Mental health care employees often have to work with unmotivated clients. FGC can be used to design a plan, even if the client is not present. (2) FGC can be a supplement to ordinary services combining voluntary help and involuntary treatment. (3) Clients of mental health services often have limited networks; this can change through conferencing. (4) FGC can be helpful in a crisis or otherwise. Sometimes the situation needs to be critical to motivate the client to get help through FGC, while at other times the situation has stabilized before conferencing can begin. (5) Clients who feel they have had negative experiences with government services in the past may see an opportunity in FGC because the program works differently. (6) The social network can make a professionals' work easier.

The second article describes a planned research project that would follow 40 FGC cases within mental health care over a period of two years (January 2010 to December 2011) (de Jong & Schout, 2013a). The purpose of this study was to provide an answer to whether FGC was an effective tool for creating social support, preventing involuntary treatment, facilitating the work of professionals and promoting social integration. To address an often heard criticism about FGC that it is limited in scope, a comprehensive mixed-methods design was chosen which included both qualitative and quantitative analyzes of each case. This included semi-structured interviews with all of the participants in the conferences and subsequent validation of preliminary analyses using focus groups, as well as quantitative (impact) analyses of re-established control over a situation, completing the goals of the action plan and the number of professionals and relatives involved before and after the conference.

They had also planned a study of community conferences that would be used to resolve conflicts in neighborhoods, mostly related to juvenile crime at the same time as conferencing was being evaluated. A community conference is different from a family group conference, in that a coordinator is present throughout all three phases of the conference, and that it intends to repair a specific problem. Used in relation to clients in mental health care, the idea was that a community conference could both fix the problem and improve living conditions in the neighborhood.

The third article presents the first results of the study based on qualitative analyses of 18 of the 40 cases (de Jong & Schout, 2013b). The findings from before and after the conference indicate a pattern among protagonists moving from shame to self-awareness, from expropriation to ownership, and from social isolation to social participation. The article illustrates these patterns and processes in a review of 2 case studies. Particular attention is placed on the subject of shame, which on the one hand functions as a driving force for withdrawal and avoiding social contact but which on the other hand can act as a catalyst to stop further disintegration and isolation by avoiding new situations that could cause the feeling of shame. The article claims that when all 40 cases are analyzed a quantitative analysis will be done and the main findings will be published.

10. A summary of our elaborations and the implications of our review

In conclusion, we would like to summarize and discuss some of the main findings from outcome and experiential studies. We will also point out some implications of the many variants of family group conferencing and we will raise some questions about future developments of practices and further research into FGC.

10.1 Prevalent literature and research

We have applied a variety of strategies to identify literature that is relevant to our accumulated knowledge of family group conferencing. These strategies are described in chapter 3. The literature can broadly be divided into three types. One major type contains books and articles that provide an introduction to or that discuss family group conferencing and/or look at a model's core values and theoretical foundations and how FGC should be practiced. Due to the original purpose of this review this literature is not well represented here. The second type of literature amounts to the bulk of our material and consists of many small and some larger evaluations that describe practices and disseminate experiences from the people involved. The evaluations

are based mainly on interviews, but several studies also used surveys and questionnaires that were filled out by the participants. A third type of literature consists of research articles and reports that in various ways aim to record possible outcomes and effects of FGC. They are based on quantitative data and statistical analyses. This report covers the second and third types of literature on family group conferencing.

No geographic boundaries or time limits were set for what we should consider relevant literature. When one aims to assess the value of a multitude of studies and publications, the current Norwegian context must still be seen as quite important. It is therefore worth noting that very little up-to-date literature exists on family group conferencing from Norway or from the other Nordic countries. Research from these countries is based on data collected about ten years ago, or more. This is also true for research publications from the United Kingdom, which, like the Nordic countries, actively implements family group conferencing on a national scale. In general, a large part of research activity is associated with pilot projects and the implementation phase of FGC practices (late 1990s - early 2000s). The exception to this is found in some simple outcome studies done in North America.

In other words, one can argue that research on family group conferencing has primarily emerged in a context of distinguishes itself from the current Norway context. The most recent studies were completed in a different cultural and political context than the Norwegian study, and they were based on a lot of data from family group decision making (FGDM), which is a model that differs in several ways from FGC as it is practiced in Norway. The older studies were carried out during implementation phases, where it was natural to assume there would be teething problems while professionals got acquainted with the model and the new roles the model required.

The FGC situation at the Norwegian Child Welfare Service is in any case different today; conferences were conducted for approximately 750 children in 2013 compared to a couple hundred every year 10-15 years ago[9].

The fact is, we still believe compiling and comparing existing literature on family group conferencing is valuable and relevant. That is because a thorough review shows us how important themes and issues are primarily the same now as they were in the past and are the same around the world regardless of which model or variant a country uses. This applies primarily to the core values and main goals of FGC when put into practice, with more family involvement and reducing the power imbalance as the main issues. But it also applies to what kinds of questions we ask in the evaluations and what is being discussed about the different data sets being explored.

10.2 Limited knowledge about outcome and effects

Our research base is quite limited where the outcomes of family group conferencing are concerned. Few studies have been carried out, and the quality of the research methods vary. The greatest methodological challenge to measuring the outcomes or effects FGC may have appears to be a lack of control groups to compare with and statistical controls of the differences between the groups. Several studies that point to positive effects of family group conferencing are not satisfactory in this regard from a scientific point of view. Moreover, there are only one or a few

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9   These figures were provided orally by Bufdir.

studies related to the various problems being researched. With the caveats stated above in chapter 5, we have still chosen to draw some tentative conclusions.

The strongest evidence gleaned from research implies that FGC increases the likelihood of children being placed with relatives as opposed to public placements and adoption. Furthermore, FGC increases the likelihood of reunification with either the parents or other family members. One study shows how FGC facilitates access to services beyond those offered by the child welfare services in the short term, but not in the long term. There are also indications that FGC is used among minority families just as much as in ethnic majority families.

Existing research findings are not quite clear on other essential child welfare issues. That is whether FGC can prevent abuse and neglect, whether it can help shorten placements or lead to more stable placements, or whether it can reduce the need for involving the child welfare services in family issues. For other basic problems, no research exists that would satisfy current standards for quality. One of these is whether FGC can prevent out-of-home placements, and whether the use of conferencing can have an effect on the well-being and adjustment of children.

Furthermore, there is a lack of studies on whether FGC can promote long-term support from the private network or whether it can lead to better communication and collaboration between families and the child welfare services in the long term.

Research regarding outcome studies only confirms the need for more research. However, this research also includes discussions about the aims and ambitions of using FGC by the child welfare services and other services. We will take a more detailed look at this theme below.

10.3 Positive experiences by participant, but also challenges

If we look at how participants experience family group conferencing, most of the experiential studies at our disposal are difficult to interpret if we want to draw any conclusions from these studies as a whole, which are generally based on interviews or surveys with small groups of participants. The studies are also usually intended to explore the nuances of participant experiences. However, the body of research on the experiences of various participant groups is large. And the findings from surveys and interviews confirm and supplement each other to a great extent. This also holds true when we compare experiences across different participant groups such as parents, children, relatives, child welfare workers and coordinators.

In sum, the majority of the participants have had positive experiences with FGC. Even participants who initially were skeptical have evaluated FGC positively. The aspects most appreciated are the relational and processual ones associated with FGC involvement. Research findings indicate two factors that are crucial for FGC to function as intended: Firstly, all participants should be prepared for the special characteristics and procedures of the FGC model, including their own roles; Secondly, coordinators need to maintain their central role in a qualitatively good way. The most negative experiences were often related to the failure to implement the action plan developed by the FGC. Literature and research on the use of FGC in other services beyond child welfare services reveal that many of the issues and challenges are common.

We will now take a closer look at these topics before we ask some essential questions about the use of FGC in the future.

The relational and processual aspects of FGC

Therelational aspect involves how FGC brings family members closer together - children, parents and others - and how FGC can restore relationships, facilitate renewed communication and provide a basis for hope that help and support can come from one's own network. Many of the children felt it was most important that the adults were focused on their best interests, even relatives they otherwise would rarely see, and that there was a good atmosphere and a sense of family unity at the conferences.

Several studies have concluded that the children consider the relational and emotional aspects of FGC more important than the decisions and actions the conference produces. There are also studies that show how the case workers and other professionals who were present witnessed a mobilization of the family's own network as one of the most positive strengths of FGC. This aspect is also beneficial to case workers because the family members can provide new information on a case and bring new resources or efforts that can help a child and his/her family.

Where the importance of the processual aspect is concerned, one cannot avoid recognizing that this aspect is determined to some extent by which questions and themes researchers focus on when creating questionnaires and conducting interviews. Furthermore, the overwhelmingly positive experiences of FGC found in various studies may be due to the fact that families are chosen for FGC from cases that already have a good atmosphere of cooperation between the parents and the child welfare services. Still, it seems family group conferencing provides an opportunity for improving mutual understanding between the family and the child welfare services; for example, the coordinator often becomes an interpreter to help the family understand the child welfare services' concerns. The experience of being heard and having an influence on what is going to happen in the future is also important.

In Norwegian and Nordic research there has been particular focus on the opportunityof children participating in the process and how they experience FGC. Our research review points to various aspects of significance to how children experience the process. Besides the aforementioned relational aspects, it was essential for children to be heard and to experience that the conversation with and about them not only focused on problems. The need for an independent support person to assist the child seems obvious if we consider the challenges that participation in the conference implied for many of them. How participation should occur in specific terms and how the support person can best provide support for a child may vary and should be a basic topic of discussion between the two. Our review of the research has not found any information that answers an important question: To what extent should the support person be a part of the family network or should that person be a impartial but experienced party?

The participants need to be informed and prepared

Whether directly or indirectly, all the participant groups report how conferencing can be constructive if the participants are well prepared. This is true regardless of whether the participants talk about themselves or whether they talk about how they experience the other participants in their different roles. Essential to preparation is getting an understanding of the basic idea of the family group conferencing model and what role one is to play. This preparation is of significance for how the professionals convey information, how the family members handle family conflicts and how children can participate.

The coordinator's primary objectives

Emphasizing the importance of preparation means highlighting the essential role of the coordinator. Coordinators and how they perform their functions and role is one of the most positive aspect of FGC if we read the evaluations from many participant groups. When negative experiences about FGC are registered, the researchers point out how these factors are ones the coordinator usually has to deal with.

Coordinator impartiality is an important theme in FGC literature and in various evaluations. With that comes the question of whether the coordinator should be an independent party or affiliated in some way with the child welfare services. This is resolved differently within different model-variants and in different countries around the world. There is no research evidence proving one type of relationship or arrangement works better than the other. The same applies to the coordinator's qualifications; for example, if the coordinator should be educated as a professional social worker. There are different opinions about this, but no one has investigated whether any of the various schemes, affiliations or qualifications can be directly associated with a particular outcome or participant satisfaction.

Personal qualifications, thorough training and follow-up to play one's role properly seem to be the most important preconditions for coordinators to be able to perform their tasks. The fact that coordinators are left with a great deal of responsibility and a significant amount of freedom would imply a follow-up process that should consist of supportive guidance and the opportunity to check whether the coordinator is fulfilling his role and is loyal to the central elements of the FGC model.

More nuanced experiences from putting action plans into action

The one aspect of family group conferencing that gets the least positive evaluation is the action plan. It is worth noting that the family members usually appreciate this aspect at the end of the conference process, but when we look at experiences after the conferences or years later we see a far more nuanced and clearly negative response. Family members and coordinators point out that a lot of what is written down in the action plans is not completed.

It is not only the family that fails to complete its tasks. This also applies to the child welfare services and other public agencies. Some studies reported on opinions of case workers that the action plan has certain weaknesses, but that in keeping with the basic idea of FGC they tend to approve it as long as they felt the child's safety and best interests were ensured. These findings may indicate a risk that the case workers are somewhat detached from their conferencing role, even after the conference is completed.

On the other hand, one could argue that attention should primarily be focused on the main intentions of the plan and less on which isolated actions or measures are actually completed and crossed off the list.

The agreed measures or actions are not always thought through completely and not always appropriate, but the intentions/goals of the plan can still be reached through other implemented efforts. Moreover, it is important to appreciate the efforts and actions that the family is able to realize, even if in some cases only half of all the intentions of the plan were carried out or attempted.

Unlike the earliest period of implementation and distinct from what seems to be the practice in a number of other countries, one or more follow-up conferences has become common practice in Norway. We must assume this is a good step in responding to the lack of plan implementation and responding to the risk that the efforts mobilized by the conference disintegrate. However, there is obviously a need for more knowledge about how follow-ups are practiced; should they be different from the other conferences, if so, how, and what effects does this kind of follow-up have compared to other ordinary follow-up on child welfare cases?

10.4 Primary questions and implications of the research review

What goals should be achieved by a family group conference?

Positive participant experiences on the one hand, and little research that documents the effects on the other, raise the question about what ambitions and goals the Norwegian child welfare services should have for FGC; the same question can be asked of any of the other public agencies that use FGC in one way or another.

One answer to that question could be that FGC has already proven itself a highly prioritized policy with objectives related directly to the welfare of individuals. This is primarily directed at the users of FGC exerting influence over the decisions being made by government agencies about their lives, and increasing user satisfaction. This review and any other research reviews like it can be useful as documentation of this fact. One can ask oneself whether it is realistic to have any expectations beyond these, especially if one looks at FGC as a procedure tied directly to case work and decision making, and not as a type of intervention.

Another answer may be that ambitions and goals on behalf of family group conferencing should reach even further. There can be several reasons for taking that point of view: First of all, for purely pragmatic reasons; qualitative good FGC work requires a lot of resources; so much in fact that it is natural to expect some real long-term effects. Secondly, because increasing the use of follow-up conferences implies FGC is a form of network intervention, not only a procedure for making decisions. Third, because the positive relational processes FGC triggers should have the potential to produce a constructive collaboration between the family and the child welfare services over time. It is reasonable to expect that such cooperation, combined with mobilization of otherwise untapped resources in the family network, could bring about effects to conditions that are essential in a child-protection context such as reducing neglect and positive developments in important areas of a child's life.

One final reason not to lower our ambitions for the benefits of FGC in the future is that we simply do not have a sufficiently solid research basis on which to draw any final conclusions about whether real effects exist or not.

Should certain types of cases be prioritized in family group conferencing?

Family group conferencing is used in a wide range of child welfare cases in Norway and other countries where problems and phases within the history of a case are concerned. Our research review provides no indications that this practice has adverse effects. On the other hand, research does tell us that FGC is being used to varying degrees, despite extensive training and its good intentions. One general intention of using FGC may contribute its own marginalization in daily practice. This makes it appropriate to prioritize FGC even more in certain cases.

For the time being, Norwegian child welfare initiatives and projects that use FGC are used specifically to handle emergency situations, for placements in institutions and for foster care work (see chapter 4). All of these types of cases deal with making decisions and interventions that have serious consequences for the people involved, such as removing a child from his home and changes related to caregivers and close relationships. Our research review shows that FGC has the potential to strengthen relationships in and around families and bring continuity to a child's relationships with significant others. Approaches that may prevent emergency placement or help implement such placement in a way that is less harmful or stressful to the child are especially welcome, considering the large number of children and young people in emergency placement.

Whether or not one should recommend more use of FGC in emergency cases and for institutions/foster home placements must be determined on the basis of research and evaluations. We should emphasize that «prioritizing» does not mean FGC cannot be used in other situations and for other types of cases.

Model fidelity or variation?

When FGC is used for emergency situations the preparation time and use of resources prior to a conference lessen significantly compared to what is generally recommended. In other words, these conference represent a variant of the original model.

Various hybrids of family group conferencing have developed over time, especially in the United States. No evidence exists that proves one of these works better or worse than the original model, but no systematic research has been done on what significance the differences might have either. This makes it appropriate to assess the extent to which model fidelity should guide future implementation rather than adapting to local or cultural needs or individual cases. Based on the prominent positive experiences associated with relational and processual aspects of FGC, there seems to be an argument for holding fast to the cornerstones of the model (see chapter 2). On the other hand, it is important that the principles be interpreted with a certain flexibility so they do not prevent further testing of the model. The most important thing in this context seems to be documenting practical implementation so we have a basis on which to assess the significance of the various principles for good practice.

Systematic follow-up, evaluation and research on family group conferencing

Family group conferencing should be monitored systematically through research, evaluation projects and the ongoing generation of information about its practice. One means of doing so in this context would be to include FGC in national child welfare statistics. Another means would be to introduce a short evaluation form that should be filled out by all participants after having attended FGC. As the form from the United States seems to work(see chapter 4), the form should isolate the main elements of the FGC model in addition to testing and trials like pilot projects and scientific validation. Regular summaries of the evaluation forms could be used to alter practice and contribute as a research activity.

Throughout this entire research review we have stressed the great need for new research about FGC in Norway and in the Nordic Region. Most of the research that exists comes form the early implementation phase more than ten years ago when family group conferencing was used only to

a limited extent in Norway. The need for research involves most aspects of FGC, cf. the themes and topics reflected in all the chapters in this report. Research that compares FGC practices with other practices should be prioritized. The same applies to research of a longitudinal design, based on the obvious lack of knowledge of any long-term effects of family group conferencing.

There are good reasons for having expectations to the FGC research project underway within foster care, and we want to stress the need for research-based evaluations of FGC practices in emergency cases and for institutional placements. As family group conferencing is now being implemented in other services than the child welfare services, systematization of experiences and outcome through research and evaluation should be a matter of course.

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