Mainstream or margin? The current use of family group conferences in child welfare practice in the UK

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ABSTRACT
A decade has passed since family group conferences were initially introduced into the UK by Family Rights Group. Ten years on, this paper examines the extent to which family group conferences have developed and become embedded into current social work practice. Despite the initial interest by social work practitioners and the picture often painted of a growing radical movement, the degree to which family group conferencing has become part of mainstream practice has until now remained fairly anecdotal. A number of difficulties have been identified with implementing the model, including fitting it into an existing system and the challenge it poses to professionals to hand over power. Two surveys, the first undertaken in 1999 and the second in 2001, describe the current use of the model in the UK by Councils with Social Services Responsibilities (Councils). The surveys reveal the areas of practice within which family group conferences are being used, the size and capacity of projects and why some Councils have adopted the model whilst others remain hesitant. It concludes by considering why family group conferences remain on the margins of practice.

INTRODUCTION
In 1991 Family Rights Group helped establish the first family group conferencing pilot projects in the UK. The family group conference model, originating from New Zealand and enshrined within their legislation, offered social workers a new and radical approach to planning for children. It aimed to involve immediate and extended family members in the planning and decisions that needed to be taken about the needs of children within their family (for a detailed description of the model and the way it operates in practice see Morris & Tunnard 1996). The appeal of the model lay in its apparent simplicity and its potential to empower families to work in partnership with social work agencies. The model attracted widespread interest from social work practitioners and managers across the UK, a process that was simultaneously occurring in many other countries.

In 1989 projects developed across the United States that used some of the principles of family group conferencing and family participation. The family group conference approach was soon to receive the support of the American Humane Association, which set out to actively promote the use of the model across the US (American Humane Association 2003). At the same time interest in the model was growing in Australia, with their first family group conference pilot project being established in 1992. Throughout the 1990s family group conferencing, as a decision-making model, continued to spread to Canada and into countries such as Sweden, Norway, Denmark and Israel. In 2000, family group conferencing was described by Whittaker as ‘the most intriguing child welfare innovation to arise in the last quarter century’ (Burford & Hudson 2000, p. xii).

However, the development and implementation of the family group conference model in New Zealand and the UK could not have been more different, despite both countries introducing new legislation to protect children in 1989. The New Zealand Children, Young People and Their Families Act 1989 and the
UK Children Act 1989 both emphasized the participation of family members in planning for children. The New Zealand government was determined to address the problems associated with rising numbers of children in care and the high proportion of Maori children failing in the care system. In response they adopted the family group conference approach to decision-making and incorporated it into the legislation, so giving professionals a tool through which active participation could be achieved (for a more detailed comparison of the two pieces of legislation see Lupton & Nixon 1999). In New Zealand, family group conferencing became the only decision-making forum for families and professionals. There was no equivalent steer from the British Department of Health at this time as to the extent to which, or how, social workers should enable family members to play an active role and participate in the decisions about their children.

At the same time as the Children Act was being implemented in the UK the first family group conference pilot projects were underway, and a series of national conferences organized by Family Rights Group helped to spread the word. Despite the enthusiasm for the model that could be seen at grass roots level, the interest was not matched at central government level. The Department of Health neither actively supported nor prevented the use of family group conferencing in practice.

Towards the end of the 1990s Family Rights Group identified an opportunity to pressure the government into supporting the use of family group conferencing in childcare practice – recognizing perhaps that without government support the ‘bottom-up’ approach to developing the model was unlikely to achieve the widespread support they wished to see. In 1998 when ‘Working Together’ was circulated for consultation, Family Rights Group and other family group conference enthusiasts saw this as an opportunity for the Department of Health to offer guidance to Councils on the use of the model in practice. In 1999, after extensive lobbying, the Department of Health issued the first statement regarding family group conferencing.

The message from the Department of Health was generally a positive one. It described the conference process as ‘a positive option for planning services for children and their families’ (Department of Health 1999a, p. 78). It suggested that family group conferences might be ‘appropriate in a number of contexts where a plan is required for the child’s future welfare’ (Department of Health 1999a, p. 78). However, despite positive statements regarding the model the Department of Health made a clear and explicit statement as to the place of family group conferencing in child protection practice: ‘Family group conferences do not replace or remove the need for child protection conferences, which should always be held when the relevant criteria are met’ (Department of Health 1999a, p. 78).

This sentence defined a limited role for family members in the decision-making process once they entered the child protection arena. As Lupton states in describing the Children Act and the policy guidance that followed, ‘The precise point of balance between family autonomy and State intervention was established via a discourse of rights and responsibilities rather than via a more participatory decision-making process’ (Lupton & Nixon 1999, p. 44). Given this approach it became clear that any future development of the family group conference model in the UK would need to be ‘bottom-up’ and would have to rely upon the enthusiasm and motivation of individual practitioners and managers.

However, early studies had identified that family group conferencing posed challenges to ‘professional power, value systems and organizational expectations’ and demanded changes to the role that social workers had traditionally played in childcare practice, ‘from decision maker to facilitator and enabler’ (Morris & Tunnard 1996, p. 3). Whilst on the surface family group conferencing seemed to offer a tool through which greater partnership with families could be implemented, the question remained as to whether this fundamental shift in power towards families was likely to be acceptable, or aspired to, by sufficient numbers of practitioners, managers and policy makers to help move it from the margins to the mainstream.

As evaluators internationally began to report the findings of their individual studies it became clear that while establishing a project was the first step, the difficult part was persuading practitioners to refer and keep referring families to the project. A number of studies began to demonstrate that implementation had remained inconsistent and problematic across a number of different countries. Sundell found in Sweden that the role of social workers and their attitude was crucial in determining the extent to which the model was used in practice (Sundell 2000). Ban, reporting on developments across four Australian states, records ‘greatest variation was found in the use of the process, with some regional staff making a large number of referrals while others made few’ (Ban 2000, p. 234). In 1998, a local audit of one UK Coun-
Council, with a large, well-established family group conference project, found that 1888 ‘decision making meetings’ had been held that year. The meetings included child protection conferences, statutory reviews of children in care and planning and action meetings. During the same period, in the same area, there were 15 family group conferences used for decision-making. This indicates that in this particular geographical area of this Council, committed to the use of family group conferences, fewer than 1% of decisions taken about children were made through a family group conference forum (P. Nixon, Internal audit report 1998, unpublished). Despite attempts to embed family group conferencing into local practice and procedures, social workers maintained the power to refer (or not refer) families to the family group conference project. Jackson & Morris (1999) have argued the need for ‘significant attitudinal change before family group conferences can be fully explored in child welfare’ (p. 628).

Despite the acknowledged difficulties with implementation in countries where there was an absence of central government backing, the impression given by organizations such as Family Rights Group and the American Humane Association was that the interest and number of new projects was still rising. Given that it had been difficult to develop and embed the model into practice it seemed important 10 years on to explore the extent to which family group conferencing had spread throughout the UK. Therefore in 1999 and 2001 two surveys were undertaken to explore the extent to which family group conference projects had developed in recent years, to provide a profile of current family group conference projects and to identify how and why Councils had developed projects.

**The National Surveys**

The two surveys were undertaken by a small research team based at the University of Bath, England, which at that time was working on a larger evaluation of family group conferences in child protection in one Council. The main study was jointly funded by the Nuffield Foundation and the Centre for Evidence Based Social Services and was originally a joint award with the University of Portsmouth. An opportunity arose within the resources of the main project to undertake the first national survey, which would be used to provide a context to the main evaluation. The follow-up survey in 2001 aimed to identify any trends in the development of family group conference projects across the UK. The data from the two surveys would provide a snapshot of the use of the model and enable comparison across time. The second survey, which was undertaken by the author of this paper, was not externally funded.

The research process undertaken in 1999 was replicated in 2001. A self-completion postal questionnaire was sent to all 179 Councils in England, Wales and Northern Ireland. The surveys had support from the Association of Directors of Social Services and where possible were sent to named individuals. A further questionnaire was sent to non-respondents and telephone calls were made to the remaining non-respondents after a further eight weeks. The surveys achieved final response rates of 91% and 97%, respectively.

**The Current Use of Family Group Conferencing in the UK**

The 1999 survey was the first to explore the extent to which the family group conferencing model had been adopted and implemented within social work practice in the UK. It revealed that over 34% of Councils had a family group conference project and that a further 23% were considering setting one up. Thus at that time over half of all Councils (57%) either had a project or were considering one. However, where a Council had a project the survey showed that in 1999 the majority of these were still ‘pilot sites’. The survey showed that family group conferences were being used in four main areas of practice in approximately equal numbers – child protection, children needing to live away from home, children ‘looked after’ and youth justice. A total of 24 Councils stated that they were using family group conferences in child protection cases and the majority indicated that they were operating within the government guidelines set out in ‘Working Together’ (Department of Health, Home Office and the Department for Education and Employment 1999).

The second, more detailed, survey undertaken in 2001 revealed that 38% of all Councils had a project compared with 34% two years earlier. In addition, the number of projects now ‘established’ as opposed to ‘pilot sites’ had risen from 11% to 24%, suggesting that the use of the model was being consolidated. However, the number of potential projects had declined, with fewer Councils now considering setting up a project (from 23% to 17%). Thus the overall number of Councils interested in the model had declined very slightly from 57% to 55% between 1999 and 2001 (see Table 1 for details).
The surveys revealed that from 1991 when the pilot sites were established the number of projects had risen from six to 61 in 1999 but that between 1999 and 2001 there was not a dramatic increase overall in the number of new or potential projects. The 2001 survey showed that the number of ‘established’ projects had almost doubled in the two years from 1999, demonstrating perhaps that the use of family group conferences in the UK was becoming more firmly established in those Councils where they had decided to adopt the model. The number of Councils that reported not having a project had risen between 1999 and 2001, from 34% to 42%. This might be partly explained by the small number of projects closing down (six) or the higher response rate in the later survey.

### WHEN FAMILY GROUP CONFERENCE PROJECTS WERE ESTABLISHED

Through exploring when projects were established it was possible to begin to identify whether the development of the model was continuing at the same pace and the extent to which the rate of growth was increasing or slowing down. Analysis of the data from 2001 relating to the question ‘In what year did your first family group conference project start?’ revealed that the earliest projects were set up in 1992. The data demonstrated a gradual and steady increase in the number of new projects, with four or five being established each year until 1999. In 2000 the number of new projects peaked when 13 new family group conference projects were established. The following year, 2001, there was only one new project set up. The survey identified that in 2001, 17% of Councils were considering setting up a project yet only one Council appeared to achieve this. Further surveys would be required to establish whether the rate of development had slowed down or whether the small number in 2001 was unusual.

### THE TYPE OF CASES BEING REFERRED FOR A FAMILY GROUP CONFERENCE

Family group conferencing has developed internationally in the fields of both child welfare and juvenile justice. In some countries there has been a much greater interest at government level in their use with young offenders as part of a restorative justice initiative, for example in the Republic of Ireland (Cabinet Office 2002). The surveys revealed that in the UK, 93% of the Councils used family group conferences in child welfare-type cases. In the remaining 7% they had specific projects in youth justice and education. The majority of Councils who described their family group conference work as ‘childcare’ covered a range of practice issues including domestic violence. Other areas of childcare planning where family group conferences were used included cases where a child may need to be accommodated by a Council away from their family and cases where there were child protection concerns. Those Councils who used family group conferencing with families where child protection concerns had been identified appeared to operate within the government guidance. Family group conferences were not being held as a substitute for a child protection conference (CPC) but more often in cases where the threshold for a CPC had not yet quite been met. In such cases the family group conference was an attempt to divert the family away from the formal child protection process. Other family group conferences were being held much later on in the process, after a child protection conference, when the family was involved in putting the detail to the child protection plan.

It would appear that most Councils began with a project that used family group conferencing in childcare cases and after some years of running the project branched out into other areas of practice. Some Councils established separate projects to deliver family group conferences in education or youth justice. Four of the five Councils who covered all areas of practice did so through one large project that could respond to all types of referrals. One Council had a project that also covered adult mental health.

### THE SIZE OF FAMILY GROUP CONFERENCE PROJECTS

The size of projects could be measured through either the number of coordinators available to facilitate conferences or the capacity of projects, i.e. the number of conferences held in a year. Projects varied signifi-
cantly, from the smallest projects which had just one family group conference coordinator to the largest project, which had 30 trained coordinators available. Only a small number of projects did not set targets for the number of family group conferences they hoped to hold in a year. The majority had a target in mind and again this varied depending upon the size of the project and the number of available coordinators. The smallest target number of family group conferences in a year was 10. The highest target set was within one of the long established projects in the south of England. This Council had numerous family group conference projects, which operated across the authority and catered for almost all areas of practice. The annual target set for childcare family group conferences was 300, in addition to 100 in the education field, 100 in youth justice and a further 50 in other areas of practice. This large Council had contracted with an external agency to coordinate the family group conferences and the agency had approximately 35 trained coordinators available.

**HOW PROJECTS ARE MANAGED**

One of the key principles of family group conferencing set out by Barnardo’s is that the coordinator should be ‘independent’, meaning that they have not been, and will not be, involved in making any decisions about the child (Barnardo’s 2002, p. 7). In deciding how to set up a family group conference project, Councils have had to consider how they can organize the service in such a way as to maintain the independence of the coordinators. One way in which Councils were able to achieve this was to commission a family group conference service from an external organization, such as a children’s voluntary agency. Other Councils decided to run the family group conference service in-house using their own staff.

Of the 38% of Councils with a project, the majority had only one project each in their area. Some (20%) had more than one family group conference within their area and they tended to be Councils that had been using family group conferences for some time. The survey asked whether the family group conference projects were managed ‘in-house’ or by a service level agreement with an ‘external’ agency such as Barnardo’s. The results showed an even split between projects which were contracted out and those which were organized in-house – 20 projects were externally provided and 20 were in-house. It would appear that within the southeast and London boroughs a number of ‘private’ or ‘not-for-profit’ organizations had established themselves in this field and were offering their family group conference services to Councils. Across the rest of the UK family group conferences were delivered through projects run by some of the more traditional children’s voluntary organizations such as Barnardo’s, the Children’s Society and NCH Action For Children, who had also established themselves in this market.

**BARRIERS TO DEVELOPING A FAMILY GROUP CONFERENCE PROJECT**

In 2001, 42% of all Councils stated that they were ‘not currently considering establishing a family group conference project’. However, many of these remained very positive about the model. They identified the most common barrier as being unable to prioritize the development of family group conferencing due to either competing demands or because they were a very small Council (often a new unitary authority). One department spokesperson said: ‘The local authority has been interested in family group conferences for some time and it had been anticipated that a project would have started by now. Due to other priorities and changes in staffing, etc. we are still some way off introducing family group conferences’.

The competing demands described by this group of Councils may explain why the number of new projects established in 2001 was very low compared with previous years. In 2000 the Department of Health published the new ‘Framework for the Assessment of Children in Need and their Families’, accompanied by a large pack of materials and training resources. This government ‘guidance’ required every Social Services Department, who had lead responsibility, to commit a significant amount of resources to the introduction and implementation of the framework. This work began in 2001 and may have resulted in departments having little or no additional capacity to introduce any other new practice initiatives that year.

A second and related issue identified as a barrier to the development of family group conferencing was insufficient resources to develop a project, both financially and in terms of staff. One Council employee stated: ‘We recognize the value of the approach; we have not been able to prioritize implementation in terms of finance or human resources. As a small authority an initiative will require proportionately high investment to make it work well’. Another reported: ‘Whilst we recognize the potential of family group conferences we have not had time or space to
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develop a formal structure for family group conferences’. A third barrier identified was the absence of an enthusiastic individual or ‘champion’ to take the idea forward.

There were a small number of Councils who stated that they did not have a project because they did not believe in the model. One spokesperson said: ‘We are not convinced it is an appropriate methodology’. Only two Councils commented upon the difficulty of using family group conferences in child protection and how the family group conferencing process could be seen to duplicate processes that needed to happen under Department of Health procedures. A small group of Councils who appeared to have rejected the model described doing something else that they thought was similar to family group conferencing. Six Councils described holding meetings that involved family members. For example: ‘Some work takes place on an ad hoc basis as part of day-to-day practice. Social workers meet with young people’s networks of family and friends. However this is not a formalized arrangement’. The survey identified six Councils who had previously had a project which had closed down. It was clear that two had been forced to close after further funding could not be secured. Other difficulties included: changes in the contract and agreement with the ‘external providers’; choosing to do something similar to family group conferences which they termed ‘family support conferences’, and difficulties getting sufficient numbers of referred families to a family group conference.

WHY COUNCILS SET UP A PROJECT

Despite the growing interest internationally in family group conferencing and the vast number of local evaluations that have taken place there still remains a dearth of rigorous research evidence concerning the outcomes for children of decisions made through a family group conference. That is to say, there are no studies that have been able to implement an experimental design to test the family group conferencing model against other more traditional types of decision-making processes. Most studies report on the ‘process’ of using family group conferences or can only hypothesize about their effectiveness, as they have been unable to establish control groups (Lupton & Stevens 1997; Marsh & Crow 1998). Given the recent importance attached to ‘evidence-based’ services by the Department of Health, as evidenced by the establishment of the Social Care Institute of Excellence in 2001, it was interesting to explore the role that research evidence played in the decision to set up a project.

When asked why they had set up a project, the response given most often by Councils (19%) was that family group conferencing offered them a way of working in partnership with families. Approximately 14% stated that the reason they adopted the model was to enable families to play a greater role in decision-making and planning about their children – so greater participation by families. A further 14% saw the introduction of family group conferences as one way in which they could start to re-focus their services towards family support and away from child protection. Around 14% commented that they hoped family group conferences would keep children out of the care system and result in them remaining within family placements, whilst 10% of projects were clear that this was a funding opportunity that they were taking advantage of. A further 10% also described the ability of family group conferences to empower families and that was why they had chosen the model. One person said because ‘it seemed like a good idea’.

On the whole most departments identified the reasons for developing a family group conference project with principles such as working in partnership, enabling a greater participation by families in decision-making and empowering families. A number of research studies had identified how important partnership with parents was in childcare and particularly in child protection work (Thoburn et al. 1995) whilst ‘Messages from Research’ had pointed out how this ‘was difficult to achieve’ in practice (Department of Health 1995, p. 109). These principles have underpinned much of childcare practice in the last 20 years, yet applying them within the UK system has contin-

<table>
<thead>
<tr>
<th>Reason given</th>
<th>n (%)</th>
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<tbody>
<tr>
<td>To work in partnership with parents</td>
<td>8 (19%)</td>
</tr>
<tr>
<td>To involve family members more in decision-making</td>
<td>6 (14%)</td>
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<tr>
<td>To re-focus services towards family support</td>
<td>6 (14%)</td>
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<tr>
<td>To try to keep children out of care</td>
<td>6 (14%)</td>
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<tr>
<td>There was a funding opportunity</td>
<td>4 (10%)</td>
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<tr>
<td>To empower family members</td>
<td>4 (10%)</td>
</tr>
<tr>
<td>Other</td>
<td>1 (2%)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>35 (100%)</td>
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*Missing data from 32 Councils.
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used to present a challenge to social work practitioners. Difficulties in practising in an empowering way or in true partnership with families had existed for some time and practitioners were possibly ‘open’ to new ways in which this could be achieved.

Children’s participation had been even more absent from practice. In the mid-1990s the evidence that ‘participation by children resulted in better decision-making’ was beginning to seep through to practitioners and policy-makers (Sinclair 1996). Yet despite the introduction of a framework for participation through the Children Act 1989 which stressed that the wishes and feelings of children had to be identified and taken into account, and the adoption of the UN Convention on the Rights of the Child, in 1989, all too often children’s voices were still not being heard. Family group conferencing appeared on the surface to represent a tool by which the aim of working with parents to enable them to participate more might be achieved. In 1998 a study by Marsh & Crow (1998) of the family group conference pilot sites in the UK demonstrated that almost all young people over the age of 10 had been invited to attend their family group conference and very few declined the offer. A further study, by Lupton & Stevens (1997), described the greater levels of participation of young people being achieved through family group conferencing.

In this study, our national surveys revealed that 43% of Councils with a family group conference project believed that such meetings offered a way in which they could work with families in true partnership and participation. The surveys suggested that the model offered a solution to a problem or series of major shortcomings that had been identified in social work practice.

Six Councils responded in the survey by claiming that they had introduced family group conferencing as a way of trying to keep children out of the public care system. Despite studies throwing some doubt over whether this was in fact the case (Lupton & Stevens 1997), it was a message that had already started to filter through to Councils and became a reason for adopting the model. Clearly if more children could be maintained within their families the introduction of family group conferencing might prove to be cost-effective for Councils.

The survey identified six Councils that saw family group conferencing as one way in which they could begin to ‘re-focus’ their services for children and families. In 1995 the Department of Health published ‘Messages from Research’. This document brought together and summarized the key findings of many of the major childcare research studies in the UK. One of its main messages was that the balance between child protection investigations and family support was unsatisfactory and that this had led to a failure to ‘follow through interventions with much needed family support [which] prevented professionals from meeting the needs of children and families’ (Department of Health 1995, p. 55). In describing a more balanced system, the document stated how there would be ‘efforts to work alongside families rather than disempower them, to raise their self-esteem rather than reproach families, to promote family relationships . . .’ (Department of Health 1995, p. 55). Therefore, some Councils saw family group conferences as a vehicle or tool through which they could implement this new national directive.

Four Councils stated that they had set up a project as funding had been available and in particular they identified funds becoming available from the ‘Quality Protects’ initiative. ‘Quality Protects’ was a £375 million programme established in the UK in 1999 by central government to ‘transform the management and delivery of children’s social services’ (Department of Health 1999b, p. i). Councils received additional funding to help implement the new objectives set out in the ‘Quality Protects’ programme which aimed to improve services for children ‘looked after’ by Councils, children in the child protection system and children in need.

CONCLUSIONS FROM THE SURVEYS

The surveys in 1999 and 2001 describe the extent to which family group conferencing has spread throughout the UK and the degree to which the model has become part of mainstream practice. The current position is that 10 years after its introduction to the UK, 38% of Councils have established a family conference service or project. The surveys identified that between 1999 and 2001 many of the original ‘pilot’ projects had become established. Family group conferencing appears to be spreading to new areas of practice and in certain Councils they are used in decision-making around issues to do with child welfare, education, youth justice and domestic violence. There are a small number of projects in the adult care field. Those Councils who set projects up had a variety of motives; the majority saw family group conferencing as a tool for implementing the principles of partnership, participation and empowerment. Despite the rather rapid growth of family group conference projects over the past decade the surveys suggested
that the rate of development might be slowing down. There was only one new project established in 2001, although the use of the model was becoming more firmly established in those Councils where they already had a project.

However, figures relating to the actual number of Councils across the UK with access to a family group conference service do not tell the whole story regarding the use of the model in practice. The evidence from evaluations undertaken both in the UK and in other countries indicates that even in the Councils where projects do exist, the degree to which the model has become embedded into day-to-day practice remains limited (P. Nixon, Internal audit report 1998, unpublished; Sundell 2000). The role that family group conferences appear to play within the overall number of decisions being taken about children’s lives and futures remains relatively small. Families do not have the right to ask for a family group conference and rely upon their social worker to suggest it. Despite the best efforts of Family Rights Group and a small number of dedicated and enthusiastic practitioners in the UK, family group conferencing remains on the margins of practice.

**DISCUSSION**

A number of difficulties appear to exist in trying to incorporate family group conferencing into practice. Firstly, many family group conference projects have struggled to maintain high enough referral rates from practitioners in their area. The model represents a considerable shift in attitude towards the way in which families are viewed and it challenges the traditional role played by professionals. Family group conferencing is a model based upon a particular set of social work values which recognize the strengths and potential of families and incorporate a strong desire to work towards greater participation and empowerment of families. The reluctance by practitioners to refer families to family group conference projects suggests that the ‘hearts and minds’ of professionals have not yet been won in relation to the model and its core values. The enthusiasm might have outstripped demand in some areas.

Furthermore the argument for greater use of family group conferencing has been built upon these values. The current body of research demonstrates that the use of the model can lead to greater participation and that family members feel more empowered by the process (Lupton & Stevens 1997; Marsh & Crow 1998). However, despite there being a growing body of small-scale evaluations which suggest family group conferencing works, many of these have focused upon process issues and/or people’s perception of positive change. These alone might not be sufficient evidence of impact for a Council considering investing scarce resources in an alternative decision-making and planning mechanism. There is still no firm evidence produced through rigorous research design that family group conferencing either produces better outcomes for children and young people or has the potential to save Councils money. In a growing culture of evidence-based practice this dearth of research around the outcomes of family group conferencing for children remains a barrier to greater implementation.

A second and related difficulty, which seems to prohibit the use of family group conferencing, particularly in the child protection arena in the UK, is the very procedural approach to dealing with children deemed to be at risk. The Department of Health guidance is very clear as to the limited role that family group conferencing can play in the child protection process. This guidance results in inflexible structures with little space into which this different approach to planning can easily be incorporated. A family group conference project manager confirmed this problem when summarizing the current position, saying

...how much we have achieved around FGCs and how hostile the procedural and organizational environment in the UK is to this model...the overall system within which we work is I feel equally profoundly mistrustful of families; it values and trusts only professional decision-making. It is prepared to allow family decision-making on the periphery of its own decision-making processes and resource allocation, but no more. (Family Rights Group 2002)

Clearly, one of the key differences between the implementation of the approach in the UK and in New Zealand is that family group conferences were given a legal mandate in New Zealand. Other countries (and their governments) have since followed suit, attempting to establish the model through giving it a statutory basis and/or government funding for pilot projects, for example the Republic of Ireland (albeit in the juvenile justice field) and Sweden. It remains to be seen whether this ‘top-down’ approach to implementation will be more successful in persuading some of the more reluctant practitioners to relinquish any of their power. Incorporating family group conferencing into UK legislation would represent a radical attempt to fully integrate the model into everyday practice. Family Rights Group and advocates of the model are currently debating whether this is a strategy
that they should pursue. Without this legal mandate, implementation may remain patchy, yet if achieved there is a risk that incorporating the model into the existing professionally dominated system will simply undermine its potential. This solution would require the philosophical and attitudinal changes to be made that Jackson & Morris (1999) describe and would need existing procedures and practices to be challenged at every step. This has been and will continue to be the most difficult option given that the philosophy behind family group conferencing represents a fundamental challenge to the existing child welfare systems in the UK. In a recent statement, Family Rights Group identified the ‘battle’ as being ‘essentially about whether agencies can trust the process of a family group conference to build effective partnerships between families and agencies’ (Family Rights Group 2003, p. 3). Perhaps the issue is not so much whether agencies can trust the process of a family group conference but whether they can trust families.

Given the length of time that the UK government has had to consider the pros and cons of using family group conferencing it would seem unlikely that their position will change very radically in the near future. As we await the official response to the Victoria Climbie Inquiry in the shape of the ‘Green Paper on Children at Risk’ we can speculate as to what changes might occur and the extent to which they might offer family group conferencing any hope. In light of the limitations of the re-focusing debate, which resulted in a system of parallel services emerging for children in need and children at risk, the government seems committed to a major overhaul of existing structural arrangements. It is not yet clear whether this will involve a new national child protection agency or simply measures to ensure greater coordination among the various professionals involved in protecting children, delivered through children’s trusts. The Family Rights Group submission to the Green Paper sub-committee makes broad recommendations that a family group conference service be available in all local authorities and that all agencies should be required to recognize decisions made at family group conferences (Family Rights Group 2003).

The Climbie Report presents a catalogue of failings in the present professional system and calls for radical reform (HMSO 2003). However, their meaning of ‘radical’ may not be radical enough to see the Family Rights Group recommendations supported. Whether the ‘Children at Risk’ green paper will provide new opportunities for family group conferencing remains to be seen.

So where next for family group conferences in child welfare in the UK? In the absence of external pressure from central government, local evaluations (supported by family members) and conference presentations by enthusiasts from around the world will continue to be reasonably successful in reaching new audiences, yet may only lead to further incremental and partial implementation. Funding opportunities provided through government initiatives such as the Children’s Fund may also lead to the development of new projects (Children and Young People’s Unit 2000). However, an alternative way forward might be to accept a marginal role for family group conferencing and to view the model as one of a range of tools available to be used at each practitioner’s discretion and to target areas of practice where its use may be less controversial. Targeting the families professionals think are most likely to benefit and steering a path around the high-risk child abuse cases could result in the continued use and growth of the model. In the UK, the ‘Prime Minister’s Review of Adoption – Issues for Consultation’ has identified a potential role for family group conferences in the adoption process. It recommended ‘social workers should address options for placement of children with extended family members early in the process but especially before initiating Care Proceedings or accommodating a child, possibly through family group conferences’ (Cabinet Office 2000, p. 63).

In addition, further changes could be made to adapt the model from its purest form so that it poses less of a challenge or risk to practitioners. There are examples from the United States of family group conference-type projects, where the model has been adapted to fit the local context, for example in Portland, Oregon, where the ‘Family Unity Meeting’ does not include a period of ‘family only time’ (Rodgers & Rockhill 1999). The surveys reported on here demonstrate that some Councils already claim to be doing this, that is, involving extended family members in meetings – adopting some of the principles without adopting the whole of the family group conference framework and philosophy. These options, whilst building on the strengths of the model, are likely to result in an ad hoc use of family group conferences, with not all families being given the opportunity to use them and an uneven use within and between teams. The ‘watering down’ of the model, or maintaining it on the margins, are never likely to satisfy those who have fought long and hard to see it fully integrated into practice as a right and not an option.
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