

Family group conferencing in a child welfare context

Literature review



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Executive summary

Family group conferencing (FGC) is a method of resolving, or attempting to resolve, family issues in relation to child protection. It brings together the family, the child and professionals to meet and develop a plan for future action. FGC began in New Zealand in the late 1980s, growing out of Maori cultural practice, and spread to many countries across the world through the 1990s. Its use in Australia is now legally supported in a number of states, but it has not become a part of mainstream practice among most child protection agencies.

Review of the literature

After an initial explanation of the basic FGC model and some of its variants, this review looks at the considerable body of literature on FGC that has developed since the early 1990s. The aim of the review is to synthesise the available literature with a view to commenting on its use by child protection authorities in New South Wales, and to assess the need for further research in this field.

Four major areas of study are outlined in the review:

1. **Suitability of FGC.** Some studies examine the types of cases that are suitable for referral to FGC. For example, use of FGC in some cases involving sexual abuse has been found by some to work well. Other studies have examined the suitability of FGC for Indigenous and other communities. It was found that some Indigenous communities in Australia have responded well but that considerable preparatory work is required if positive outcomes are to be achieved.
2. **Roles and attitudes of participants.** The three sets of participants in FGC are the family, the child or young person and child protection professionals. Studies have found that family members generally have a positive response to FGC, and professionals also feel positively towards it but are often not satisfied with its longer-term outcomes. Some researchers fear, however, that children are not satisfied with their role in FGC and are not sufficiently central to the process.
3. **Outcomes and long-term effects.** While there is a lack of reliable long-term studies on FGC, some consistent points are raised in the literature: while developing a plan of action at a conference is usually a successful process, implementation of plans is less so; FGC tends to lead to increased placement of children with extended family members, and that such placements are more stable after FGC; and there are confusing responses regarding reporting of abuse after FGC (e.g. increased reporting may be due to higher abuse or to better communication).
4. **Overall effectiveness of FGC.** A number of studies have focused on the overall effectiveness of the model, and both positive and negative aspects have been identified. Among the positive aspects are high participant satisfaction, more placement with extended family, improved communication within families, and more respect among families for child protection professionals. Among the negative aspects are problems in ensuring confidentiality, deciding on who is to be involved in conferences, lack of effective follow-up to implement plans, and high staff turnover causing lack of continuity. A comment is made that the lack of suitable, long-term research on FGC makes definitive conclusions on FGC difficult to reach.

Implications for child protection policy and practice

Findings from the literature review have implications across a range of child protection policy and practice issues.

First, FGC could be an effective tool for *fulfilling statutory responsibilities* by responding to individual and family situations and involving families in creating solutions to social problems.

Second, FGC can *improve family attitudes* to child protection authorities. It may be an attractive tool for agencies to use when faced with increasing numbers of cases of abuse which require cultural and family issues to be negotiated.

Third, some studies have found FGC to be *cost-effective* as it largely avoids the use of lawyers and courts. Caution must be exercised, however, as some workers have pointed to high ongoing costs of implementing FGC plans.

Finally, it is important to look at the *adoption of FGC at a systemic level*. Currently FGC has been adopted at various levels – legal, procedural, in practice – and needs to be used at a level that creates the greatest benefit (one study suggests that too central a role may actually decrease its effectiveness). Another study advocates a systemic approach to applying FGC that balances, and moves between, family decision-making and state enforcement.

Suggestions for further research

A clear finding of the literature review is that further research into FGC needs to be done. Further studies could usefully focus on:

- Analysing specific parts of the FGC process
- The role of the convenor, who facilitates the conference
- The types of cases and families referred to FGC
- Positive and negative attitudes of families to FGC
- Why mothers and maternal relatives seem to attend conferences more than fathers and paternal relatives, and
- Long-term outcomes for children and young people involved in FGC.

1. Introduction

1.1 What is family group conferencing?

Family group conferencing (FGC) is a method of resolving, or attempting to resolve, family issues in relation to child protection. It involves bringing together three sets of people – the child or young person, members of their immediate and extended family, and child protection professionals – to air issues, come to a resolution and develop a plan for future action.

The FGC model is based on the following assumptions:

- Families have a right to participate in decisions that affect them
- Families are competent to make decisions if properly engaged, prepared and provided with necessary information
- Decisions made within families are more likely to succeed than those imposed by outsiders.

FGC puts the child, their parents and the extended family at the heart of the decision-making process. A central aim is family *empowerment*, the shifting of decision-making power back to families (Doolan, 2003; Levine, 2000; Lupton and Nixon, 1999). At the same time, the child protection system retains the responsibility of ensuring the safety of the children whose fate is the primary concern of the FGC.

The FGC approach has been adapted to work with adult victims and perpetrators of domestic violence, adult offenders and their victims, powerless and dependent communities, schools where children face school failure and school exclusion, older persons facing loss of independence, and persons with a mental illness (Doolan, 2003; Mirsky, 2003b; McCold, 1999).

1.2 Aim and scope of this review

Family group conferencing has shown some success as a method of resolving family issues, and has gained considerable publicity since it began to be used by child protection services in Australia and overseas in the 1990s. Yet it has not been fully adopted into the mainstream of child protection practices, nor extensively studied. This review aims to shed light on approaches to and outcomes of FGC through a review of the available literature. Specifically the review aims to:

- summarise and synthesise the available literature
- comment on the value of the evidence in relation to child welfare and child protection contexts, and
- assess the need for further research into family group conferencing.

The literature review was confined to a consideration of studies on the use of FGC in statutory child protection and out-of-home care situations. The following databases were selected for searching purposes: FAMILY, SocINDEX, MEDLINE, PsycINFO, ProQuest, ScienceDirect, BAAF, Blackwell Synergy, Ingenta connect, Ovid and Social Science Abstracts. Direct and general internet searches were also conducted to source 'grey' literature, including government and non-government reports.

2. The family group conferencing model

2.1 History

The concept of family group conferencing was introduced in New Zealand with the passing of the *New Zealand Children, Young Persons and their Families Act* in 1989. This Act required that conferencing involving the extended family, community representatives and professionals be used in decision-making in juvenile delinquency and child protection cases (Levine, 2000). The decision to enshrine the FGC model in law was influenced by such factors as:

- The large numbers of Maori children in out-of-home care
- The perceived disintegration of traditional family structures
- Increased recognition of bi-culturalism and the demands of activist Maori and Pacific Islander peoples for respect for the values of their culture
- A shift towards minimising government interventions
- Decentralisation of government services to encourage locally-based solutions
- Lightening the cost burden on the state by having families take more responsibility for children.

At the same time, projects were developing across the United States that used some of the principles of family group conferencing and family participation. The American Humane Association, for example, supported and actively promoted family conferencing across the US (Mirsky, 2003a).¹ In the UK, the Family Rights Group, committed to promoting the rights of families and children, particularly the right to participate in the making of decisions concerning their welfare, helped to establish FGC pilot projects in 1991. In Australia a pilot FGC program started in Victoria in 1992.

Through the 1990s, FGC spread to Canada, Sweden, Norway, Denmark, Israel and Ireland (Brown, 2003). A recent survey found that FGC and related practices are being used in at least 17 countries (Nixon, Burford, Quinn and Edelbaum, 2005). In Australia the FGC model spread from Victoria to the other states. In Tasmania and Queensland, recent child protection legislation has explicitly incorporated arrangements for the holding of conferences (see Appendix for details).

Thus a mixture of philosophical, political and economic considerations provided the impetus for introduction of the FGC model, the essential form of which is outlined in the following section.

2.2 The basic model

The model of family group conferencing currently used by child welfare agencies in Australia is a three-phase process – centred around a conference but involving considerable work on either side.

Phase 1: Preparation

A convenor is appointed to arrange and prepare for a family conference. Family members, including extended family and friends (although in some models only 'genuine' family members are invited) are contacted and invited to attend a meeting to plan for children and young people in a situation where there are child protection issues. The convenor explains the purpose of the meeting and also contacts professionals (such as representatives of child protection agencies) who have information about resources and services available to the family, inviting them to attend the meeting.

¹ The National Centre on Family Group Decision Making, part of the Children's Services section of the American Humane Association, provides training and technical assistance with family group conferencing and disseminates information about it through its website: www.fgdm.org.

Phase 2: The conference

Conferences may be held in community centres, churches, schools or homes more often than in the offices of the statutory authority. Food and setting are seen as important aspects of creating, as far as is possible, an informal and relaxed atmosphere in what is often an emotionally charged event.

In its simplest form, there are three stages to the meeting:

Stage 1: The convenor presents the minimum requirement or 'bottom line' of the conference (e.g. the child cannot live with their parents at present because of abuse or neglect, and the group must come up with a suitable plan for the child's future with this in mind). Professionals are then asked to give information about their programs and the resources they can offer. Family members are invited to ask questions about the process, and family strengths and resources are identified.

Stage 2: Family private time: the convenor and professionals absent themselves, and family members work together to devise an acceptable plan.

Stage 3: Family members, professionals and the convenor discuss the family's proposed course of action, including implementation issues. If acceptable to the convenor and professionals, the plan is agreed to, ratified and documented, and a summary of decisions is given or sent to all participants.

Phase 3: Follow-up and monitoring

Part of the business of the meeting is to determine procedures for following up and monitoring implementation of the plan, and to make it clear whose responsibility these tasks will be. A time and procedures for follow-up will normally be specified.

2.3 Variations on the basic model

Variations of the basic FGC model have been developed in Australia and other countries, using a variety of titles.

In one variant, family unity meetings (FUMs), it is stipulated that during the first stage of the meeting there will be explicit consideration of family strengths that can be brought to bear on the problem being discussed. In some versions, private family time is not part of the model (a convenor remains at the meeting while the family devises a plan); it is optional in others.

The title of another variant, family group decision-making (FGDM), the prevalent form in the United States, underscores the view that the first and the third phases (preparation and follow-up) of the model are of equal or even greater importance than the second (the conference), requiring very careful planning and follow-up if the process is to succeed. Recently a new variant, team decision making, has appeared promoted by the Annie E Casey Foundation and involving foster parents, caseworkers and community members in all placement decisions to ensure a network of support for children in out-of-home care.²

Variations in the process are also evident in responses to a survey of 225 respondents working with FGC in 17 different countries (Nixon et al, 2005). Government agencies were nominated as sponsors of FGC in about half the responses; the rest involved government and non-government partners working closely together, with a few operating solely out of non-government arrangements. The FGC convenor was sometimes a paid employee of the sponsoring agency, sometimes a paid (occasionally unpaid) contractor or volunteer.

² See www.f2f.ca.gov/team.htm.

There was no consistency in criteria for referral to FGC. For example, in New Zealand families participate in a conference when child protection issues are serious and the risks are high. In the UK, these same circumstances render a family ineligible for a conference (Doolan, 2003a). Some screen out certain types of cases, such as child sexual abuse, but approximately 40 percent stated that they did not.

Variations in the FGC model are sometimes decried as representing compromises of the model's core principles. On the other hand, variations may be celebrated both as creative adaptations to local conditions and cultures and as providing natural experiments (Adams and Chandler, 2004).

3. Key themes in the literature

The introduction of FGC into child welfare systems internationally has gone hand-in-hand with the publication of evaluation and research reports designed to test or demonstrate its effectiveness. Unfortunately, while New Zealand introduced the practice, its innovative legislation has not been underpinned by longitudinal research to inform practice, and critical data have not been captured (Worrall, 2001). During the period of early take-up in the 1990s in other countries, the ‘good news’ of generally promising results had to be weighed against the fact that these early studies were of pilot or demonstration projects and lacked comparison or control groups.

Since 2000 evaluations of system-wide implementations of FGC, conducted in partnership with universities or by independent evaluators, have become more common. In an international survey conducted by Nixon et al (2005), 135 out of 225 respondents indicated they have either carried out or are involved in some form of evaluation. Most are implementation studies, using a variety of quantitative and qualitative methods; a minority look at the longer-term outcomes for children and young people. However, numbers studied are often smaller than originally anticipated by the researchers. Evaluations also adapt to local variations in the process, which makes comparability of research more difficult. A small number of studies are prospective and/or report a comparison between FGC and traditional casework models using a randomised sample from child protection records or matched controls.

The following sections summarise principal research findings in relation to four central issues to do with FGC: its suitability in a range of contexts, the roles and attitudes of participants, its outcomes and long-term effects, and its overall effectiveness as a method.

3.1 Suitability of family group conferencing

Types of cases suitable for FGC

It could be argued that FGC is not appropriate in all cases. Yet ‘challenging’ cases from the ‘hard end’ of the spectrum have been able to harness enough family members to hold a conference and devise a plan (Pennell and Burford, 1999; Kiely, 2002; Shore, Wirth, Cahn, Yancey and Gunderson, 2001; Sundell, 2000; Crampton, 2001; Thoennes, 2003). It is suggested that cases involving substance abuse concerns may benefit from FGC in that children can remain with family members while parents are in treatment, and families can provide leverage necessary to encourage parents to complete treatment (Crampton, 2001; Mirsky, 2003b).

FGC also seems to have been used increasingly in cases where domestic violence is present (Child Welfare League of America, 2005; Pennell, 2004; Pennell and Burford, 2000a, 2000b). Domestic violence and sexual abuse are often identified in cases that initially present as child neglect (Crampton, 2000). Suggestions based on experience have been made about conducting conferences in ways that ensure the safety of participants where these factors are present.³ While finding that only 5 percent of invitations to conferences were for ones involving sexual abuse cases, Jones and Finnegan (2003) noted that conferences worked well in these cases, as well as with cases involving domestic violence. They concluded that greater use of the model with such families is warranted.

Some workers involved in FGC have identified the ‘least suitable’ cases as those where parents have serious mental health issues, family networks are very small, or where families are highly conflicted or highly transient. However, conferences that were highly emotionally charged and uncomfortable for participants have in retrospect been rated as valuable by family members. Research thus far provides no basis for categorical exclusion of families; according to Crampton (2000), ‘there are no types of maltreatment that are especially inappropriate for FGDM [the US variant of FGC] and there are not certain types of cases that should be excluded. But individual characteristics of each case should be taken into account.’

³ Sometimes techniques such as speakerphones are used to enable participation of incarcerated or otherwise alienated family members.

Suitability for culturally diverse and indigenous communities

Family group conferencing was first introduced into legislation in New Zealand after dissent by Maoris against pakeha (European-descent) expert-driven approaches, which they saw as undermining their kinship structure and cultural identity. The approach is based on Maori culture and is similar to practices in many Indigenous cultures.

The history of relations between indigenous and non-Indigenous Australians bears similarities to the Maori/pakeha history of dispossession and forced assimilation. It might therefore be expected that FGC would be suitable for use with Indigenous families in Australia. In an international survey of models of Indigenous child protection, Cuneen and Libesman (2002) indicate that the FGC model, emphasising the concept of restorative justice, has been fairly widely used with Indigenous Australians in the area of juvenile justice but not so widely in the areas of family violence and child protection.

Cuneen and Libesman have identified a number of pros and cons of using conferencing with Indigenous communities. Negative aspects include the following:

- FGC interventions have neglected monitoring and evaluation and disregarded the family dynamics of sexual abuse (see also Schmidt, 1997).
- The method lacks the safeguards of due process and legal representation.
- The balance between child protection and family preservation is a difficult issue.
- Some family members may privately see the process as unfair, secretly preferring formal action, and a family 'conspiracy of silence' may continue (see also Burford and Pennell, 1995).
- There is a risk that authorities may try to apportion all responsibility to the family where there is still a vital role for protective services.
- Family gender inequities are not addressed by FGC approaches.
- Some family members may be too intimidated to make disclosures at conferences due to the presence of the perpetrator or others (see also Pennell and Burford, 2000b).
- Confidential issues are particularly relevant in small communities.⁴

Contrary to simplistic assumptions that can sometimes be made, Indigenous communities do not always favour family-based solutions. The Port Augusta Aboriginal Families Project (McCallum, 2000), for example, reports that its most surprising finding was the limited connection that client families wanted with their extended families:

It was envisaged that extended family would be the main source of support for clients. This has proven not to be the case. In fact, a number of the mothers in the Project talk about their sense of alienation from their families, and their belief that any success they do achieve with their lives will be in spite of families, not because of them. Many clients were the children of the Stolen generation or have been raised in alternative care, which could at least partly explain their sense of alienation and isolation from extended family.

Positive aspects, according to Cuneen and Libesman, include the following:

- FGC emphasises community responsibility in protecting the child through the offender's accountability to the group (see also Schmidt, 1997).
- Immediate and extended family are marginalised by justice, health education and social services systems. Conferencing is a means to overcome the 'conspiracy of silence' surrounding abuse of both children and adults.

⁴ Many of these criticisms could be applied to FGC in general, not just when used among culturally diverse and Indigenous communities.

- The method does not attempt to keep families together at all costs.
- The majority of participants participate responsibly and devise useful plans.
- The model is highly adaptable across cultures as long as local people are very involved in the adaptation process (see also Vesneski, 1998; Shore et al, 2001; Santa Clara County FCM, 2002).

This last point is supported by Waites, Macgowan, Pennell, Carlton-LaNey and Weil (2004), who worked with African American, American Indian and Latino/Hispanic families in identifying the following themes as important in ensuring a culturally responsive model of FGC:

1. The conference should occur in a community-oriented setting.
2. Cultural traditions must be respected (e.g. not rushing to a decision).
3. The convenor should have the same cultural background as families, and be bilingual where language is an issue.
4. Elders should play a major role in inviting family members, hosting and convening conferences.
5. Community education/communication is needed to overcome lack of trust.

Another positive aspect noted by Cuneen and Libesman (2002) is cost: the District Commissioner Correctional Services of Canada is quoted as stating that conferences were extremely cost effective and resulted in numerous benefits for staff and clients. The model could be implemented without budget increases, and in some cases costs were reduced.

Indigenous communities in countries other than Australia seem to have responded favourably to FGC. Burford and Pennell (1995) reported a pilot project in Newfoundland and Labrador that included an area with a largely Inuit population: feedback from Inuit participants has mainly been positive. The Dauphin Friendship Centre in Manitoba, Canada, is sponsoring a project working with Indigenous families. They found a high level of positive responses among both family and worker participants to the conferencing experience, but workers stated that this model could not be delivered in their case practice, citing issues of workload, trust and preconceived biases against the system.⁵

It appears that considerable preparatory work with local communities would be necessary if FGC were to be adapted and introduced, and that the difficulties noted above need to be taken into account in considering cases that might be suitable for conferencing. This applies to other culturally and linguistically diverse communities as well as Indigenous communities.

3.2 Roles and attitudes of participants

Participants in a family group conference fall into one of three categories:

- family, including immediate and extended family
- the child or young person who is the subject of the conference, and
- professionals involved in the case, who may be from a child protection agency or other relevant agency, or be contracted by an agency to provide specific advice at the conference.

⁵ Sponsors of this project were contacted at fgc@mts.net; a reply was received stating that a second evaluation is being completed and a report will soon be posted on the FGDM website.

Family

Family attitudes to FGC are discussed in a wide range of the literature, concerning matters such as their satisfaction with the process and the involvement level of various family members.

Satisfaction with the process

There has been a strong positive response to the FGC experience by family members. They refer to feelings of empowerment and of being listened to and respected (Marsh and Crow, 1998; Trotter, Sheehan, Liddell and Laragy, 1999; Holland, O'Neill, Scourfield and Pithouse, 2003; LeCroy & Milligan Associates, 2003; Rasmussen, 2001; Santa Clara County FCM, 2002; Sundell, 2000; Mandell, Sullivan & Meredith, 2001; Walton, Roby, Frandsen & Davidson, 2003; Child Welfare League of America, 2005). FGC is seen by many to be a good way of dealing with problems, and family members who had experienced traditional case meetings indicated a preference for FGC (Cashmore and Kiely, 2000; Pennell and Burford, 1995; Trotter et al, 1999; Sundell and Vinnerljung, 2004). The convenor is seen as very important to the success of the conference; many family members regard their independence as important, while others see the convenor as being one of the professionals whether or not they worked for a government child protection agency or a non-government agency.

Attendance

Two aspects of family attendance are discerned: whether certain types of families are more likely to be invited, or to attend conferences; and the extent to which family members participate when a conference has been called.

Only one study was found which looked at family attendance as related to the kind of case that was at issue in the conference. Families most often participated in voluntary cases (70 percent), or where family reunification and permanency planning were being considered (64.8 percent and 64.2 percent). Families were least likely to attend where there was court involvement or in the Immediate Response category. Invitations to conferences involving general and severe neglect were also least likely to be taken up (Jones and Finnegan, 2003). In another study it was found that where child sexual abuse was an issue, family members were more likely to agree to attend (Crampton, 2001).

There is some evidence that fathers are more readily involved in conferences, and that children are more likely to be placed with paternal relatives after FGC, than in more traditional practices (Holland et al, 2003; Shore et al, 2001; Northwest Institute for Children and Families, 2002; Mirsky, 2003b; Thoennes, 2003). However, it is also the case that 'a chief complaint of participants was that key people, especially the father, were missing' (Pennell, 2004), and maternal relatives were more likely than paternal relatives to participate (Jones and Finnegan, 2003).

Strong participation by extended family was found in some conferences (Kiely 2002; Shore et al, 2001; Sundell, 2000), although numbers attending conferences varied widely and sometimes professionals outnumbered family members.

Effect on family relationships

Many felt that communication within their family had improved, that family conflict had reduced after the conference, and that children were safer as a result. Some expressed surprise at the level of commitment shown by family members during the conference (Cashmore and Kiely, 2000; Mandell et al, 2001; Pennell and Burford, 2000b; Holland et al, 2003; Rasmussen, 2001; Sandau-Beckler, 2003; Shore et al, 2001; Walton et al, 2003).

Effect on family/agency communication

There is a reasonable amount of evidence suggesting that communication between families and child protection agencies improved following FGC. Kiely (2002, 2005) noted a much higher proportion of case conferences with families after FGC in NSW, suggesting increased consultation and a more inclusive way of working. Most studies report an improvement in family members' attitudes to the relevant agency, at least in the short term. Family members expressed more understanding of the reasons for its involvement and less antagonism towards it, and felt that they were treated fairly by agency workers (Mandell et al, 2001; Trotter et al, 1999; Sandau-Beckler, 2003; LeCroy & Milligan Associates, 2003; Santa Clara County FCM, 2002). Agency professionals also perceived that families had gained in understanding of the agency's protective concerns. There is a suggestion that where family members realise as a result of FGC that no-one in the family can offer to care for a child, they understand and accept the implications of that decision: that the child will go to non-related permanent carers (Gill, Higginson and Napier, 2003).

A significant minority, however, saw the agency as imposing its own plan and professionals as arrogant, thinking they had the right answer. Satisfaction with the agency sometimes lessened when measured some time after the conference, perhaps because of difficulties over the provision of resources (see below). In NSW, while in almost half the cases families had a stronger relationship with the agency, families were almost evenly split between those who felt their relationship had changed and those who did not; among the former there was an almost even split between those whose perceptions had become more positive and those who were more negative (Cashmore and Kiely, 2000).

Reservations about FGC

A minority of family participants felt very apprehensive about participating in a conference, pressured to agree to a plan or inhibited in the presence of professionals. Some felt that not all the important people had been invited, or that particular family members dominated or were unhelpful (Rasmussen, 2001; Walton et al, 2003). One in four felt that the conference became overly hostile or aggressive. Parents were less positive about FGC than were other family members.

Children and young people

Whether or not children and young people attend conferences, the age at which they do so and the extent of their participation varies widely. In some places, children have a right to be heard from the age of seven; in Washington State, children aged 12 years or older are invited if assessed as mature enough by a social worker and/or therapist, with younger children also able to attend based on advice from workers and family. In the international survey conducted by Nixon et al (2005), most stated that children attended conferences most of the time, but in a minority of cases children attended few conferences.

There are divergent views on the desirability of children attending conferences. Some adults felt children should be excluded, that requiring children to agree to a plan placed too much responsibility on their shoulders and that they got bored during long conferences. For others, the presence of children, even very young children, was important as a reminder of the purpose of the meeting. Sometimes adults behaved better if children were there.

Some feared that the wishes of the family may take priority over the needs of the child in a family group conference and believed that children should be taking a greater part in decision-making. Gill et al (2003: 58) cite a case in England where a court order was made overruling parents' refusal to allow a conference to take place, adding that 'it is the right of the child to have a placement within the family considered rather than the right of the parent to refuse such consideration'. In the new Queensland Child Protection Act (see Appendix), the convenor may invite persons to participate even if this is against the wishes of the parent(s).

Support for a prominent role of children and young people is built into the FGC model used in Finland. The child and family are asked to name a helper/ombudsman for the child, often within the private network. Children are present throughout, and the ombudsman ensures the focus on the child is maintained. The child signs the written agreement to the FGC, and must be able to understand what is agreed upon. Despite this attention, the three most common feelings reported by Finnish children consequent to the FGC were being confused, hopeful and angry (Heino, 2002). On the other hand, Walton et al (2003) found that most children felt they could tell what was bothering them and felt positive about the plan that had been devised for them.

There is wide support, and provision for, the presence of child advocates, but evidence of the effectiveness of this is not strong (SWALA, 1997; Clarkson and Frank, 2000; Beecher, Cash and Graham, 2000; Maxwell and Morris, 1992; Dalrymple, 2002). Generally, there is little evidence that children felt satisfied with the FGC process, or that their voices were heard. Dalrymple (1997: 235-236) asks whether family group conferences are 'another adult decision making forum in which children feel as disempowered as they do in reviews or case conferences?'

Professionals

The positive attitudes of workers in the area of child protection who have been involved in FGC show up in many studies (Kiely, 2002; Holland et al, 2003; Sandau-Beckler, 2003; Sundell, Vinnerljung and Ryburn, 2001; Trotter et al, 1999; Walton et al, 2003). There has been wide agreement that better plans for children have been developed as a result of FGC, that children are safer as a result, and that working in this way has improved professionals' own practice (Mandell et al, 2001). There is also the bonus that utilising FGC shows that reasonable efforts have been made by the child protection agency.

General effectiveness

On the whole, workers' evaluations of the FGC process were strongly positive. However, some focused on the increased responsibility taken on by workers through the FGC and believed that not all families were suitable for FGC. Some workers were not convinced that FGC led to better plans being adopted, felt that plans weren't being complied with, and were concerned that the focus was too much on family empowerment at the possible cost of victimisation of children (Trotter et al, 1999; Lupton and Nixon, 1999; Dalrymple, 2002; Walton et al, 2003).

It is also clear that, even where a decision has been made to use FGC, there are significant problems associated with its implementation.

Low rate of referrals to FGC

When the attitude towards FGC expressed by child protection workers is matched with the rate of referrals to FGC, a paradox is evident. While the great majority of social workers in all countries studied express favourable attitudes to FGC, especially if they have actually participated, the rate of referrals made to FGC is very low. This has been one of the reasons why research studies are based on smaller numbers than expected. One consequence of this is that FGC remains 'on the margins of practice', a discrete 'add-on' package confined in its use to committed enthusiasts while the rest of the system continues largely unchanged (Adams and Krauth, 1994).

The reason for this discrepancy between expressed attitude and practice has most often been ascribed to a reluctance of the part of workers to cede control over decision-making to the family, even though workers most in favour of FGC are those who have actually participated in it. There are suggestions that professionals seek to maintain power during conferences by controlling who will participate and by dominating discussion.⁶ There is lack of trust among workers in the capacity of families caught up in the child welfare system to attend conferences and to contribute productively. There are also practical difficulties, such as the time taken in organising conferences and the fact that they must often

⁶ Jones and Finnegan (2003) found that social workers' goals, established pre-FGC, were the most significant predictor of the 'agreed' plan, and they query who is really making the decision.

take place at weekends to accommodate family members. A high level of staff turnover also means the processes are interrupted, plans are not reliably monitored, and experienced workers move on.

There may be more fundamental reasons for workers' failure to refer families to FGC. A cultural change from all-professional control and responsibility to the sharing of power with families and communities does not happen easily, on either side. Walton et al (2003) point out that the predominant culture of individualism in US society places little emphasis on family unity and practically eschews reciprocal responsibilities of family members. Families who have come to expect professionals to exert power and control may be ill-prepared for such a major change in 'the balance of power'. Sundell and Vinnerljung's (2004) suggestion that it may be difficult to introduce FGC in a paternalistic culture seems to be supported by their finding in another study that, of the families Swedish social workers invited to run a conference (35 percent of families were invited), 85 percent refused (Sundell et al, 2001). Jones and Finnegan in the US found that out of 747 families 56.7 percent accepted the invitation and 43.3 percent declined.

Another serious reason for reluctance to refer may be that workers feel that even if they share decision-making power with families, the whole blame will be placed on them if something goes wrong. Concern for professional accountability may override whatever wish they have to utilise the potential benefits of the FGC model. Reform and a greater use of FGC would therefore require explicit political commitment from policy-makers to safeguard individual workers from scapegoating.

3.3 Outcomes and long-term effects

Most studies have looked at FGC outcomes between six months and two years post-conference, and focus on child permanency and child and family safety. The validity of results is compromised by the often poor quality of case record-keeping (Northwest Institute for Children and Families, 2002; DePanfilis and Zuravin, 2002). Only one study was found following up a small sample of FGC and matched non-FGC families five years post-conference, while another assessed outcomes exactly three years after the conference (Kiely, 2002, 2005; Sundell and Vinnerljung, 2004). Despite this, some observations can be made on issues such as the effectiveness of FGC plans and the placement of children and young people with extended family.

Agreeing on and implementing plans

In the great majority of cases – in the 90-100 percent range in many studies – participants were able to develop and agree on a plan that met the 'bottom line' requirements of the conference (Cashmore and Kiely, 2000; Holland et al, 2003; LeCroy & Milligan Associates, 2003; Mandell et al, 2001; Marsh and Crow, 1998; Pennell and Burford, 2000; Sandau-Beckler, 2003; Shore et al, 2001; Trotter et al, 1999; Walton et al, 2003). In the few cases where agreement on a plan was not reached, the child protection professionals made the decision.

The picture was considerably less positive when it came to the plan actually being implemented and maintained. In only a minority of cases was a plan fully complied with; most were 'partly' carried out, a minority 'not at all'. Lupton, Barnard & Swall-Yarrington (1995) found that traditional child protection plans were more likely to be implemented than FGC plans.

Non-implementation of plans was attributed in about half the cases to a failure on the part of either family members or child protection professionals and other agencies to provide resources agreed to or promised during the conference. Responsibility for this non-delivery seems to have been equally ascribed to family members and the professionals. It was suggested that too many or too few options about services may be presented by the professionals in the conference, and that offering too many may inhibit family members from coming up with their own solutions; too few, they may feel unable to cope. In cases where parents had agreed to undergo treatment for substance abuse, for example, several parents denied accusations that they were not trying to carry out their part of the plan, saying they had not been able to gain access to an appropriate service in their area.

The other main reasons given for failure to implement plans were that a bad initial decision had been made (e.g. family members over-committing themselves at the conference) or a change in circumstances. There was a lack of flexibility to allow for changes in plans, as well as a lack of, or gaps in, follow-up or monitoring of plans or a mechanism for reconvening of conferences.

Placement of children and young people with extended family

There is a considerable accumulation of evidence that children in need of care away from parents are placed in relatives' homes more often when there is a family group conference (Trotter et al, 1999; Sundell, 2000; Kiely, 2002, 2005; LeCroy & Milligan Associates, 2003; Mandell et al, 2001; Crampton, 2000; Shore et al, 2001; Worrall, 2001; Gill, et al., 2003; Marsh and Crow, 1998; Santa Clara County FCM, 2002; Crampton, 2004; Jones and Finnegan, 2003). Sometimes the child moved from parents to extended family, sometimes from out-of-home care to relatives, and sometimes from out-of-home care to parents. Sundell and Vinnerljung (2004) found out-of-home care to be more common among FGC than non-FGC children, and most often involved care by relatives. There is some evidence that placements were more stable after FGC (Marsh and Crow, 1998; Gill et al., 2003; Merkel-Holguin, Nixon & Burford, 2003), though this is questioned in other studies (Kiely, 2005; Worall, 2001). There is also evidence of a decrease in family violence post-FGC, although this was not true of mother abuse by children and young people (Pennell and Burford, 2000).

Jones and Finnegan (2003) found that families in permanency planning programs were significantly less likely to have children placed with family, that there were high levels of family placement (81 percent) where sexual abuse or family violence was an issue, and that children were least likely to be placed with a parent when there was parental substance abuse.

Ongoing reporting and re-referral

Some studies have found that the reporting of child maltreatment declined after FGC or was less than for a comparison group or a random sample taken from child protection agency files (Pennell and Burford, 2000; Marsh and Crow, 1998; Kiely, 2005; Shore et al, 2001; Northwest Institute for Children and Families, 2002).

However, other evidence points to more negative outcomes. According to an evaluation study in Santa Clara, California (Santa Clara County FCM, 2002), FGC children were more likely to be reported for subsequent maltreatment than those who had not been the subject of FGC. Reasons for this are suggested, including a 'surveillance effect' or the type of maltreatment being reported (the FGC children were more likely to have suffered neglect than non-FGC children, and recurrence is known to occur more frequently in cases of neglect than of abuse). However, re-referrals are also stated to be 'alarmingly high' in both Sweden and the UK (Sundell, 2000).

It is notable that the most methodologically sophisticated research study found the most negative outcomes. Sundell and Vinnerljung (2004) compared 97 children involved in FGC during the period 1996-1997 with 142 from a random sample of traditional child protection client children. All were followed for exactly three years for future child maltreatment events reported to child protection agencies. Effects were modelled using multiple regressions and controlling for each child's age, gender, family background and type and severity of problems. FGC children experienced higher rates of re-referral, were more often re-referred due to abuse by the extended family and were longer in out-of-home care placements, but tended over time to get less intrusive support from the child protection authorities (this last variable was also found in Kiely's study). FGC was not related to re-referrals of neglect, of case-closure or number of days of received services. Results suggest the impact of FGC was scant (0-7 percent of variance).

Sundell and Vinnerljung advise caution in interpreting their results because of limitations inherent in the research design. They speculate that the implementation of plans may be rendered ineffective due to the poor quality of provided services. They note also that withdrawn support from the extended family appears to be common, and that the amount of kinship support received by non-FGC children was unknown. There is also a possibility that socio-cultural settings in Sweden, where there is a strong paternalistic welfare state and popular values that sanction interventions in families, might not favour the FGC model.

3.4 Overall effectiveness of family group conferencing

Based on the literature, a number of observations – both positive and negative – can be made about FGC, though it is clear that the research evidence is not yet sufficient to make definitive conclusions.

Positive aspects

There has been a steady accumulation of evidence testifying to:

- high consumer satisfaction with the process
- generally positive attitudes to the process among workers who have experienced it
- success in devising plans agreed to by family members and meeting the ‘bottom line’ requirements of conferences
- a higher rate of child placement within the extended family when compared with other initiatives.

While less strong, the weight of evidence also points to:

- improvement in communication within families subsequent to FGC, and
- improved perception of child protection services and workers among family members due to FGC.

Negative aspects

There are three main problems identified with the FGC process. These are:

- **Confidentiality** – ensuring confidentiality of sensitive information and managing disclosure during conferences are difficult issues.
- **Clarity of procedures** – there is often confusion, or a lack of clarity regarding responsibility for:
 - deciding on, calling for and convening a conference
 - determining who should attend
 - arranging follow-up, monitoring the outcomes of a conference, and reviewing implementation of a FGC plan.
- **Staff turnover** – even when procedures are developed and responsibilities allocated, changes in staff often result in disruptions and lack of follow-up.

Lack of research evidence

It has been noted that there is, 'a dearth of rigorous research evidence ... no studies [with] an experimental design to test the FGC model against other more traditional types of decision-making processes ...' (Brown, 2003:336). This judgment is all too familiar to those who attempt to use research findings as a basis for planning and policy-making in the human services. In this regard the FGC model is typical rather than exceptional; in fact, it may be ahead of research on many other interventions in that numerous independent evaluations have been and are being undertaken.⁷

A number of FGC issues remain uncertain:

- There is no strong evidence that the implementation of case plans is better as a result of FGC, and some evidence that it may be worse.
- The belief of many advocates that private family time is an essential feature of the FGC process is not supported. Some family members liked it, others wanted professionals/convenors to be there or invited them to stay, and others felt it made no difference.
- Research on the long-term effects of FGC on child placements and child wellbeing is almost completely lacking. It is also clear that evaluations are blunt instruments when it comes to the analysis and interpretation of outcomes. Only rigorous research methods and techniques of analysis such as those used in the Sundell and Vinnerljung study (2004) are able to tease out variables that significantly affect the process and outcomes of FGC.⁸

On this last point, however, Crampton (2004) suggests that rigorous clinical trials are a mistake at this stage because there is a need for developing theory behind these interventions and an understanding of how they should be adapted in different contexts, with randomised trials to come later. There is a need to determine which elements of FGC relate to its effectiveness. He did not find a correlation between preparation time for a conference and diversion of children from foster care into kinship care. And while private family time is viewed by many advocates of FGC as essential, no outcome evidence so far proves its value, as this review has also found. When some consensus around which practices are critical has been achieved, then rigorous clinical trials can be considered.

⁷ There is a question as to whether or not evaluators were seen by participants as truly independent of the sponsoring agency.

⁸ An example of the ways in which more rigorous research reveals the complexities of data analysis is Crampton (2004), who found participation in FGC (or in this case FGDM) dropped when conferences were made available to all families after originally being offered to African Americans. A bivariate analysis confirmed that African Americans were more willing to try conferencing than Caucasians. But with multivariate analysis race and ethnicity were no longer significant, and whether families had extended family members willing to participate was a better predictor than race and ethnicity.

4. Implications for child protection policy and practice

The literature surveyed for this review suggests that the following issues could be taken into account in terms of policy and practice. These have particular relevance for the conduct of family group conferencing in NSW.

Statutory responsibilities of child protection agencies

DoCS' statutory responsibilities are prescribed in the Children and Young Persons (Care and Protection) Act 1998. In common with recently introduced similar legislation in other Australian states, the Act enshrines principles of responsiveness to individual and family situations; involving key people in developing creative and fitting solutions; participation of those affected by decisions in the decision-making process; and, in the case of Aboriginal and Torres Strait Islanders, self-determination. FGC can be viewed as a way of putting these principles into practice.

These legislative reforms reflect an international shift toward a more family-centred, community-oriented approach to working with children and families at risk. There are strong policy drivers towards changes in decision-making practices, including the following points raised by Doolan (2003):

- *Participation by people* in decisions affecting them is seen as a right rather than a professional option
- There is strong rhetoric about supporting *independence* and promoting self-determination and autonomy among the disadvantaged
- *Social inclusion* incorporates notions of valuing diversity, eliminating prejudice and promoting equity of access to services and support
- *Service effectiveness* – there is a belief that people are more committed to plans when they have played a part in formulating them.

Critics such as Bartholet (1999) question the effectiveness of initiatives such as conferencing (referring specifically to the FGDM model), contending that they result in an abdication of the state's responsibility to protect children from abusive families and communities. Defenders of these practices see the aim as increasing responsibility taken by families and communities without reducing the state's responsibility.

Awareness of these different viewpoints should be taken into account in policy-making and planning.

Family attitudes to child protection agencies

There is considerable evidence that families prefer FGC to other case planning processes, and some evidence that negative perceptions of the child protection agency and workers (as well as family/agency communication) improve following the FGC experience. A relationship between negative attitudes to the child protection agency and recurrence of child sexual abuse has also been found (McDonald and Johnson, 1992). Given that most child protection agencies have to contend with negative attitudes to and criticism of its work with children and families, this may be of interest, especially since the importance of a helping alliance has been emphasised as an essential ingredient in the risk reduction process (DePanfilis, 2000; Dore and Alexander, 1996; McCurdy, Hurvis and Clark, 1996).

A loss of family/cultural identity has been identified as a significant difficulty for children experiencing out-of-home care (Connelly, 1994; Greeff, 1999; Hegar, 1999, cited in Connolly, 2003). Evidence is accumulating that children are more likely to be placed with relatives if FGC are used, as compared with more traditional planning processes. Connolly (2003:5) cites research studies relating to the perceived benefits of kinship care.

Kinship care is an attractive outcome to child protection agencies faced with increasing numbers of substantiated cases of child abuse and neglect, where the involvement of the extended family is seen to be culturally sensitive and cost-effective, and recruiting and retaining ‘traditional’ foster parents is increasingly difficult. Kinship care is sympathetic to the ideal of family preservation, a philosophy increasingly favoured in contemporary child welfare practice.

However, kinship care certainly cannot be seen as a panacea. Worrall (2001) lists research showing many problems with kinship care. Connolly acknowledges that there are ‘massive gaps’ in knowledge about foster care and that the research provides ‘little assistance to a practitioner who needs to consider what type of care may be more appropriate for a child ...’ (2003:18). Jones and Finnegan (2003) found that family members were very concerned about economic and financial issues, and Worrall cites evidence that adequate financial and ongoing social and professional support for all foster families, including extended family, are important in placement success.

Cost-effectiveness

Cost pressures are an increasing concern for child protection agencies. Costs are reduced if there are fewer court procedures and less need for residential care or foster care by non-relatives – outcomes that relate to a higher incidence of kinship care. Mandell et al (2003) estimate that the program they evaluated generated considerable savings in foster care; that when costs of lawyers and the court system are considered savings will be even greater; and that the program is probably cost-neutral with regard to staff time. The Santa Clara evaluation found that while average court costs were similar for FGC and non-FGC children, overall costs were lower for the FGC group (Santa Clara County FCM, 2002). Holland et al (2003) set out their method for costing conferences (Appendix 9 of their report), noting the complexities of cost estimation especially where outcomes are considered, and list some relevant studies (Tapsfield, 2003; Knapp and Lowin, 1998; Plotnik and Deppman, 1999).

While some calculations point to costs savings from FGC in the short term, there are also indications that an important reason for the non-implementation of family plans may be linked to a failure to provide promised services and resources to support family members. Kiely noted that the demand for services increased after FGC and that they are not ‘welfare on the cheap’.

A mandate for FGC?

Three types of ‘mandate’ for the use of FGC have been discerned:

- A *legal* mandate, where a requirement to use FGC is enshrined in law
- A *procedural* mandate, where authorities adopt the use of FGC as policy, and
- A *best practice* mandate, where professionals who are convinced of the value of the model are able to set up conferences within their local system.

Where there is a legal mandate, as in New Zealand, the model is more widely used, although precise data is lacking. Adams and Chandler (2004) argue that mandating the process legally makes for sharper focus and better decisions. They state that over 2,000 cases have been dealt with in Hawaii, where the ‘Ohana’ model has been modified and adopted statewide, with a law requiring child protection workers to explain why a conference should not be held for all voluntary cases; the next step may be that families will have the right to request a conference. On the other hand, Brown (2003) sees a risk that incorporating the model into existing professional-dominated systems will undermine its potential; she suggests accepting a marginal role for FGC, the model being used as one of a range of tools available at each practitioner’s discretion.

A systemic approach to FGC

Given real and perceived barriers to implementation, it seems that the FGC model would need to be integrated into a whole-of-system approach if it were to be used appropriately and effectively by child protection workers. Working from experience in the field of restorative justice, Braithwaite (2002) has developed a theory of 'responsive regulation' that provides a conceptual framework for such an approach.

Braithwaite uses the figure of a pyramid to illustrate different levels of regulation, ranging from least government involvement at the base, moving up to maximal use of the coercive power of the state at the apex. In responsive regulation, there is a presumption in favour of starting official intervention at the base of the pyramid, when intervention is less costly and coercive; this also makes coercive measures more legitimate when escalation up the pyramid is necessary. Regulation is then seen as more legitimate and procedurally fair, and compliance is more likely.

Applying this model to FGC, conferencing is a restorative process at the base of the pyramid, where parties come together to decide collectively on a plan of action to protect a child or young person's future safety or wellbeing. It could well be used with vulnerable families as a prevention and early intervention strategy: FGC participants, family members and caseworkers alike have often suggested that the process should have happened much earlier, when problems were not so serious. Conferencing aspires to form a true partnership of family and state, but the state retains the ultimate veto power because of its legal mandate and responsibility to protect children.

From this perspective, FGC is a process of state-enforced family self-regulation that seeks to avoid escalation up the pyramid's levels to a more coercive regulatory response. The levels of the pyramid reflect different decision-making processes, rather than different outcomes, forming a continuum from state-managed family self-regulation to outcomes unilaterally imposed by the state (e.g. the termination of parental rights and a permanent non-family placement for a child). The model also allows for movement back down the pyramid when a family demonstrates its capacity to assure the child's safety. The new Queensland law (see Appendix) is consistent with this model in that it stipulates family group meetings as the first level of case planning; if this process fails, then other forms of case planning, involving more decision-making by the state, are used.

From the standpoint of the responsive regulation model, the empowering aspects of FGC and the coercive power of the state are not contradictory, but necessary and complementary aspects of a dynamic model of state regulation of families to protect and care for children. Braithwaite sees the element of coercion as a necessary incentive to participate in conferencing, resulting in family secrets being brought out into the open, bringing contributory parental behaviour (e.g. drug use) to the attention of relatives, and focusing all participants' attention on the harm done to the children and the need to protect their wellbeing. The hypothesis is that the interweaving of formal and informal, professional and community care and control makes for a fairer process and better decisions (Adams, 2002; Braithwaite, 2002; Strang and Braithwaite, 2001). Adams and Chandler (2004:115) conclude 'it may be that only adoption on a large enough scale of FGC as a paradigm shift can provide the empirical information we need to improve both theory and practice'.

5. Suggestions for future research

There are six broad directions that could inform future research in this area:

1. Clearly the FGC model would benefit from more research studies targeting specific features of the process with a view to identifying, streamlining and refining factors relating to its effectiveness.
2. The role of the convenor is often identified as important, and the independence of the convenor is an issue. It would seem worthwhile to compare the effectiveness of conferences organised under the following conditions:
 - where the convenor is from an independent agency
 - where the whole process, including training of child protection workers in the model, is outsourced (as in Hawaii)
 - where the whole process is managed and administered by the child protection agency.
3. A relationship has also been found between the type of case that is the focus of the FGC and the percentage of families accepting an invitation to attend (Jones and Finnegan, 2003). More local information is needed on factors influencing family members' willingness to participate in FGC.
4. Factors associated with more favourable perceptions by family members of the agency post-FGC could be compared with those associated with the expression of more negative perceptions.
5. Jones and Finnegan noted less participation of fathers and paternal relatives in FGC than mothers and maternal relatives. Possible reasons suggested were that social workers have more contact with mothers and maternal relatives, and that there may be a bias towards seeing fathers as less important, with lesser effort consequently made to contact fathers and/or paternal relatives. Information on this issue should be captured in data collection regarding FGC.
6. More information is needed on long-term outcomes for children, in terms of their safety, stability of placement, and general wellbeing.

Appendix

Family group conferencing in other Australian states and territories, with particular reference to recent developments in Queensland and Tasmania

A summary of the use of family group conferencing in Australian states and territories, not including Victoria, was included in Trotter et al (1999). It was stated to be accurate as at August 1998.

Efforts have been made to obtain up-to-date information on the current situation regarding FGC in Australia. Websites have been consulted and efforts made to contact relevant personnel. However, at the time this review was submitted, information had only been obtained from Queensland and Tasmania. Since there are recent developments relating to the use of the FGC model in these states, they are summarised here, and copies of relevant sections of the laws in both these states are also attached.

Tasmania

Children, Young Persons and Their Families Act 1997: Part 5 – Children in Need of Care and Protection.

- The Secretary of the Department may cause a family group conference to be convened for children at risk; in need of care and protection; and on the recommendation of an advisory panel relating to the child. A family group conference must be convened if the Court has adjourned proceedings and referred the matter to a family group conference.
- The facilitator must ensure a suitable person represents the child as his or her advocate (except where the child waives this right).
- Key persons as specified must be invited; extended family members and specified others may be invited.
- The facilitator must make provision for private family time for discussion and the formulating of recommendations.
- Decision is by consensus of family members. If the conference fails to reach a decision, the Secretary may reconvene the conference or take alternative action.
- Provision is made for review.
- Provisions to protect the confidentiality of conference proceedings are set out.

The Tasmanian government has set up a Child and Family Services Support Unit to manage the Family Group Conference statewide (phone 03 62307870). Facilitators are independent of the Department and contracted on a case-by-case basis.

Queensland

The Child Protection Act 1999, reprinted April 30 2005, Division 2: Family group meetings, 51G-J; Division 3: Case planning at a family group meeting, 51K-P; Division 4: Other steps in the case planning process, 51Q-T; Division 5 – Periodically reviewing the case plan, 51U-Y.

Summary of provision for family group conferences (here called 'family group meetings'):

- The chief executive must convene a family group meeting, or have a private convenor convene a family group meeting, to prepare a case plan for a child.
- The child (except where inappropriate because of age or ability), parents, extended family considered by convenor to be likely to make a useful contribution and other nominated classes of person must be given a reasonable opportunity to attend and participate.

- A person to support the child or parent must also be allowed to attend.
- The two previous points apply whether or not the child's parents agree.
- Duties of the convenor in preparing for the meeting are specified.
- If a plan devised at a family group meeting is not acceptable, the chief executive may reconvene the meeting to develop an amended case plan, convene another meeting; or amend and endorse an amended plan, in circumstances as qualified, giving reasons for the amendment to each person who attended the meeting.
- Only if the family group meeting fails to develop a plan will a plan be developed using other case planning procedures.
- Procedures for reviewing case plans, no matter how the case plans were developed, are set out.

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