

Family group conferences

PART ONE

Australia's first project within child protection

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Family decision making through Family Group Conferences has been trialled in a pilot project by the Mission of St James and St John, Victoria, for the past 16 months (as of February 1994) in a two year Project. This article, the first of a series of two, intends to briefly explain the technique and how the project was established in Victoria. The theoretical basis, or project assumptions, will be outlined, together with the obstacles which currently prevent the wider implementation of the practice. The project was independently evaluated from October 1992 up to 31 August 1993 (Swain, 1993a; 1993b). Key findings of that evaluation will be discussed in the second article in this series along with practice issues that need further exploration.

Family Group Conferences & Family Decision Making - the process

Family Decision Making is a technique developed in New Zealand (Barbour, 1992; Maxwell & Morris, 1992) and applied through the medium of a Family Group Conference. It allows key decisions to be made by the family and friendship network regarding the welfare of one of their members. The role of professional services who attend the

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Conference is to provide information regarding assessments, supports and resources. They have the responsibility of explaining to the family their professional views in a manner which the family can understand and use. Relatively few articles have to date been published regarding Australian reactions to this technique (Ban, 1992; 1993a; 1993b; 1994; Ban & Meyer 1993).

The Conference is chaired by an independent facilitator, whose responsibility is to assist in clarifying and demystifying professional information and jargon. Once the information relevant to the presenting problem has been discussed, the conference participants have a short break before moving to the 'outlining of options' stage. The facilitator, together with the family and professionals, write up on a white board the key issues which need to be addressed in the form of specific questions which require direct answers.

The various options, some requiring more resources than others, are then outlined. Usually this is broken up into considering the positives and negatives of each option. Professionals are present for this stage and assist with information regarding resourcing options, or the viability of certain options according to their opinion and professional capacity. Another break is held when the key issues and options are clear to the family. The family reconvene in private to discuss the questions posed to them, bearing in mind the various options which have been discussed at length.

Following the family reaching a decision or plan, the professionals are invited to join the family so that

the implications of the decisions can be discussed. Not all professionals are required to stay for this stage. The main professional participants who are required are the referring worker (in a protective case, the protective worker, and the delegated senior staff member who can ratify the decision), the facilitator, and those who are likely to be key support services. Those who leave are informed via the minutes of the conference as to the outcome and the role they may be requested to play. The remaining professionals, the family and the facilitator discuss the resourcing implications of the decisions reached and provide further information if there are misunderstandings. If the conference is about a protective matter concerning a child, the relevant statutory protective agency must be satisfied that the plan will not put the child at further risk. The guidelines as to what is acceptable or unacceptable to the statutory service have already been outlined in the issues and options stage of the conference.

History of the Mission's pilot project

Family Group Conferencing is an integral part of the New Zealand *Children and Young Persons Act* 1989 and applies to both child protection and juvenile justice areas. The technique was piloted by the Department of Social Welfare in New Zealand before becoming adopted as their national way of working with families once there has been State intervention in the lives of families.

Victorians were first exposed to these developments in New Zealand when a presentation was made on the technique at an International Adoption Conference organised by

the Mission of St James and St John in 1988 (*Adoption and Permanent Care - Permanency in Country, Culture and Family*, Melbourne, Australia, November 1988). The Mission was able to follow up family conferencing further by encouraging a staff member to go to New Zealand and bring the ideas back to Victoria. Following seminars in Victoria during October 1990 on Family Group Conferencing conducted by two New Zealand Department of Social Welfare staff, a submission was prepared mid 1991 to philanthropic trusts requesting funding for the Mission to conduct a pilot project. Funding was provided for a two year pilot starting October 1992, with the main objectives being to show that family decision making is not just a technique specific to the culture of New Zealand, and to encourage the Department of Health and Community Services to adopt a Victorian version of the New Zealand model (Swain, 1993a, passim).

The pilot project will not be funded by the trust past October 1994, and to date the Project has created significant interest in both the government and non-government sector in Victoria and other Australian States (Swain 1993b).

Assumptions (values) which underlie the pilot project

The implementation of the technique of family decision making is more than simply gathering together a group of relatives and professional services and working with them on a plan to best meet the needs of the subject children. If it was as easy as that, the 'revolutionary' approach to participative decision-making offered by this technique would be considered so obvious as to not deserve the attention it has been receiving in Victoria.

Beneath the surface of what seems a logical way to work to achieve good decision making, lies a set of values which underpin the practice. Unless these values are accepted by those wishing to conduct Family Group Conferences, the meetings may achieve not only an outcome which the family do not own, but there is also the likelihood that extended family members may not even attend. The tone of the conference is set by the facilitator when meetings and phone calls are made to extended family and to the professionals.

It is essential for family members to receive the message that their contribution and decision making is integral to the subject child's future welfare. At the same time, family members should be made to feel that their privacy and 'family skeletons' are their business and will be respected, by conducting a meeting where they are not 'on trial' to the professional services. The power imbalance between families and professionals is usually not in the families' favour, and so their vulnerability needs to be acknowledged and taken into account.

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The following are some of the principles which reflect this value base:

- Decision making should be made by those who have the problem. People object and adversely react to others making decisions on their behalf.
- The 'problem' of one family member has an impact on and reverberates throughout the whole family system.
- People make better decisions if they have a vested interest in the outcome of those decisions.
- Professionals have the responsibility to provide to the family their knowledge of resources, assessments, expertise in similar cases, and the reasons for their professional judgments in an educative and supportive manner.
- Solutions lie within the family system that has the problem, not outside or in the hands of professionals.
- People act and will respond according to the way they are treated by professional services. If they are treated as having the potential

to find solutions, they will mobilise themselves positively and not waste the opportunity.

Obstacles to wider implementation of the practice

The value base to the project has been widely accepted by most professionals as being ideologically sound and consistent with theoretical and practice developments in family therapy. In Victoria, the values are accepted as consistent with the assumptions underlying the *Children and Young Persons Act* 1989. Project staff have found in the course of their work that professionals who do not entirely agree with all the values of the project are generally those who have been 'hardened' by generational multi-problem families. They consider that some families are so dysfunctional that they are not capable of making meaningful (protective) decisions about their children.

There is, however, general acceptance that many more families could be involved in decision-making via Family Group Conferencing if greater effort was made to fully adopt the practice. An anecdotal statement which has been repeated by some Health and Community Services staff is that Family Decision Making is 'just good practice' and that many child welfare professionals 'more or less' work this way. However the limited evaluation to date has shown that both families and professionals who have experienced a family group conference are aware of the marked difference in the process, and believe it to be more beneficial as it is participative (Swain, 1993b passim).

Project staff have, in the period to February 1994, conducted over 30 Family Group Conferences, mainly with Health and Community Services protective cases. A minority have been with non-government agencies, who requested the expertise of project staff to assist in critical planning for one of their client families. A number of seminars/workshops on Family Group Conferencing have been held by project staff and by New Zealand Department of Social Welfare Staff.

The reasons usually given for the failure to incorporate family decision making principles within practice include:

1. Lack of time to undertake the process properly;

2. Lack of rewards/reinforcements to change current practice, within a 'numbers driven' environment.

The culmination of the two is the worker told by the supervisor that the family group conferencing technique is too slow and time consuming, and that there will be a backlash if other cases are neglected.

Some examples of apparent obstacles to the principles of family decision-making in various program areas include:

1. **foster care** - pressure exists to keep up numbers of foster parents and to have the foster homes full. Funding is at risk if numbers fall below a certain level. Consequently any technique which tries to engage extended families in planning and support is a distraction from the objective of filling foster homes.

2. **family counselling** - while the value base of family decision making is consistent with the developments in family counselling/therapy, there are issues of 'confidentiality' and questions of who is the client - the family, the child or the parents? Although separate counselling with all of these groups is equally valued, the notion of asking the presenting client to include other family members is considered as stretching the boundaries of confidentiality.

Family Group Conferencing allows the statutory authorities' position to be open to scrutiny by other professionals and to 'untrained' extended family members. This can be very uncomfortable for statutory staff, especially when they cannot substantially explain their position and the grounds for their intervention.

3. **current case planning** - some Health and Community Services staff state that case planning is already participative and interactive with families, and that Family Group Conferencing is just 'glorified case planning'. Case planning is further considered by these staff as

being a tight process which provides a focus on how to handle the case. That may be so for the workers, but do the family feel the same way? Some families, as has been mentioned, are seen as being too dysfunctional for a participative process, and if 'functional' extended family members exist, there is no time to find them and encourage them to participate. Family Group Conferencing allows the statutory authorities' position to be open to scrutiny by other professionals and to 'untrained' extended family members. This can be very uncomfortable for statutory staff, especially when they cannot substantially explain their position and the grounds for their intervention.

4. **family preservation programs** - usually the only time for planning with families in these programs is when the intensive work is completed and the program is intending to withdraw its services. The programs usually accept referrals on short notice and have to start immediately with no time for a planning meeting involving extended family. Generally an assumption is made that the extended family are not interested or potentially helpful, because if they were, the nuclear family with the presenting problem would not have reached the stage where they needed intensive family support.

5. **adolescent community placements** - assumptions are made by workers that young people have exhausted family involvement, and that young people want to move away from (extended) family, both physically and psychologically. Workers are also driven by the demand to maintain placement numbers, as in current foster care practice.

Some concluding remarks

In spite of the significant exposure of family group conferencing to the child welfare community, particularly in Victoria, there have been limited attempts by Government and non-Government agencies to alter their practice to incorporate this technique. If the values are found to have widespread acceptance, and participants can state that there is a marked difference in the process which leads to better planning for the child, then what is holding professionals back? Is it simply a combination of lack of time and lack

of reinforcement to implement change in current practice? It remains to be seen whether child welfare services can address these structural problems to achieve a truly participative service for families. ♦

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