

# Restorative Practices and Child Welfare: Toward an Inclusive Civil Society

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*Child welfare systems in the United States are failing to include families in making plans, and this reduces their success in stabilizing children's placements and promoting children's well-being. A North Carolina study demonstrates how one restorative practice—family group conferencing (FGC)—advances family participation in child welfare planning. A sample of 27 conferences showed that the 221 family group members outnumbered the 115 service providers at the meetings. Family group members were usually satisfied with the conference process and decision and saw the plans as primarily reached through consensus, following a trusted leader, and bargaining. Satisfaction with the decision was reduced when bargaining was employed. Manipulation was more likely to occur when conference preparations were inadequate.*

Child welfare systems across the United States are substantially out of conformity with national standards for child outcomes and service delivery (U.S. Department of Health and Human Services [US DHHS], 2003). In particular, they are failing to involve families in making plans, and as a result, their success in stabilizing children's placements and promoting children's well-being is reduced. These performance deficiencies are, in part, a function of the high volume of child welfare work, rapid turnover of staff, and national trends that overload the capacity of families to care for their children. Another reason rests on the premise shaping the U.S. child welfare system.

In the United States, children have been viewed as the charges of their parents with the state having the authority as *parens patriae* to act as the substitute parent to protect the children's best interests (Saltzman & Furman, 1999). Once the state intervenes, parents lose decision-making authority with regard to their children. Neither parental authority nor its displacement by public authority has permitted an inclusive civil discourse involving the young people in question, their relatives, and "like family" in joint decision making (Schene, 1999). Child welfare systems today are seeking to move toward more family-centered approaches in order to bring the family and community back into service planning and implementation (Pecora, Reed-Ashcraft, & Kirk, 2001). Restorative practices hold out the promise of remaking child welfare in a way that encourages the broader participation of those concerned for the children, young persons, and their families.

This article frames restorative justice as a participatory process in which the affected individuals and their informal social support network can make decisions to resolve issues in their lives and still retain the safeguards of the law to uphold their and others' human rights. This article proposes that restorative practices in promoting participatory resolution of child and family issues are a strategy for moving toward an inclusive civil society. This article along with a number of articles in this issue examines one of these restorative practices called "family group conferencing" (FGC).

To explore the extent of participation in FGC, 27 North Carolina conferences are examined for three indicators of inclusive participation. These are (1) the attendance of family group members at the conference, (2) the family group members' satisfaction with the conference process and resulting decision, and (3) the decision processes utilized during the conference deliberations. The findings from the North Carolina Family Group Conferencing (NC-FGC) Project show that FGC is a participatory process for making child welfare plans. To provide the national context, the article begins by reviewing current child welfare issues in the United States. On the theoretical framework, attention is then directed to the classical articulation of civil society, its gradual expansion to include the family as one of its sectors, and the infusion of participatory decision processes.

## Child Welfare System in the United States

In 2002, child protection services in the United States received an estimated total of 2.6 million referrals concerning approximately 4.5 million children or young people (US DHHS, 2002). From these, close to two-thirds were accepted for investigation or assessment, and 26.5% were substantiated for child abuse or neglect. Over 2.4 million children received preventive services, and an estimated 265,000 children were removed from their homes and placed in substitute care.

In keeping with the high volume of child welfare work, workers typically have caseloads exceeding the recommended levels. On average, workers have from 24 to 31 children on their caseload, with numbers ranging from 10 to 100 (Alliance for Children and Families, American Public Human Services Association, & Child Welfare League of America, 2001, May, cited in National Association of Social Work [NASW], 2004, June). The averages are well above the caseload of 12 to 15 children recommended by the Child Welfare League of America. High caseload is one of the main reasons cited by workers for leaving child welfare (U.S. General Accounting Office [US GAO], 2003). Other reasons include low salaries, threats of violence, extensive paperwork, and inadequate supervision and training. These working conditions undermine recruitment and retention of a stable and educated workforce for demanding and sensitive responsibilities. Nationally, the annual turnover is estimated as between 30% and 40% of child welfare staff, with the average tenure under two years, and these workforce deficiencies negatively affect the capacity of child welfare systems to carry out their work (US GAO, 2003).

Fueling the high caseloads are national economic and social trends straining families. Among these are the growing disparity between rich and poor, unemployment or underemployment, inadequate health care and insurance, family breakup, gender discrimination placing the onus of child care on mothers, lack of social support from relatives, increased substance abuse among parents, rising imprisonment of women, and insufficient child and family support programs (Pecora, Whittaker, Maluccio, & Barth, 2000). The intersection of poverty and racism has led to the disproportionate representation of historically oppressed groups on child welfare caseloads (Roberts, 2002). After investigation, African American and Hispanic children were, respectively, 27% or 42% more likely to receive services than White children (US DHHS, 2002). As compared with White children, African American, Hispanic, and Native American children were more likely to receive foster care than in-home services.

In addition to these demographic disparities straining the system, other escalators, specific to the child welfare system, increase work volume. Child welfare widened its net to encompass the shortfall from other health and human service sectors and given increased reporting, narrowed its response to forensic investigation, court proceedings, and substitute care rather than helping families care for their children (Kamerman & Kahn, 1997). Child welfare systems today are seeking to rebalance their approach through adopting a more family-centered approach that advances collaborative planning, family supports, and cultural connections (Parton, 1997; Walton, Sandau-Beckler, & Mannes, 2001). Federal child welfare reviews, however, are finding major deficiencies in states meeting national standards (US DHHS, 2003).

In 2001 and 2002, the Children's Bureau carried out Child and Family Services Reviews of 32 states (US DHHS, 2003). After reviewing 1,584 child welfare files, the Children's Bureau determined areas of greater and lesser strength on the outcomes for children and on factors related to the child welfare service delivery system. They concluded that states were substantially out of conformity on various federal outcomes for children's safety (protecting children from abuse and neglect and safely maintaining them in their own home), permanency (stabilizing living arrangements and keeping children connected with family), and well-being (enhancing families' capacity to care for their children and providing services meeting children's educational, physical, and mental health needs). They also found that how services were delivered affected the outcomes for children. For instance, a significant relationship was found between caseworker visits to children and managing risks to their safety.

Of particular note to this study on family participation in decision making, one of the weakest areas determined by the federal reviews was child welfare workers "developing case plans jointly with parents" (US DHHS, 2003). This was assessed as an area of strength in only 6 of the 32 states reviewed. Those states that succeeded in involving parents in case planning had a significantly greater percentage of cases

rated as “substantially achieved” (i.e., at least 90% of cases for first reviews) on stabilizing children’s living arrangements and meeting all of the child well-being outcomes. The Child and Family Services Reviews also compared the involvement of mothers and fathers in case planning. In those families where both parents were known to the agency, 70% of mothers as compared with 52% of fathers were found to be actively involved in case planning. Further examination found other differences in these cases including lower percentages on assessment of the father’s needs, service planning on his behalf, caseworker visits to him, and outreach to his relatives as potential placements for children. States are being required to include in their program improvement plans greater involvement of families in planning and greater engagement of fathers. States that fail to meet their program improvement goals are subject to withholding of federal funding. This federal thrust has implications for the role of families in child welfare decision making and more broadly for how civil society is defined today in contrast to earlier conceptualizations.

### **Inclusive Civil Society**

The modern idea of civil society was shaped by classical social contract theorists such as John Locke (1690/1969) and Jean-Jacques Rousseau (1762/1969), who heralded the natural freedom and equality of (propertied and White) men as the basis of a just social order and limited government. The notion of civil society was first propounded by such Scottish Enlightenment philosophers as Adam Ferguson and Adam Smith, who posited a commercial society within a legal framework as upholding community life, limiting state power, and encouraging a republican spirit (Baker, 2002). Later liberal democratic renditions of civil society focused on voluntary associations, personal autonomy, legal rights, and the importance of civil discourse for controlling and legitimizing the decisions of state policy makers (Cohen, 2001).

Particularly in the 20th century, much attention has been devoted to creating a culture in which citizens engage in non-coercive decision making (Fullinwider, 1999). Appeals have been made for moving away from hierarchical forms of authority in which decisions are dictated to ones in which members are represented by their elected officials who vote or bargain on their behalf—representative democracy—or they take part directly in the consensual deliberations—participatory democracy (Barber, 1984). Still later attention was directed to large organizations functioning as “organized anarchies” or laissez-faire systems in which its groupings are minimally connected to each other and avoid making decisions and whose overall direction is achieved through manipulating the system rather than through centralized management (Cohen, March, & Olsen, 1972; Weick, 1982). On rare occasions, inspiring leaders were theorized to provide a sense of direction in the midst of this broad-scale uncertainty (Thompson & Tuden, 1959). Well-known studies (White & Lippitt, 1968) of boys’ clubs in the mid-20<sup>th</sup> century confirmed the benefits of democratic leadership in small groups. They reported that unlike autocratic leaders, democratic ones reduced aggression, discontent, and dependency and increased group-mindedness, originality, and friendliness; and in contrast to their laissez-faire counterparts, democratic leaders raised productivity. In the latter half of the 20th century, alternative views on civil society were articulated by feminist writers who pointed to gender exclusion in models of civil society and by Eastern European and Latin American theorist-activists who were primarily concerned with creating civil society after authoritarian rule (Baker, 2002).

Today, researchers differ on what they place under the rubric of civil society. For instance, Anheier (2004) in setting forth a schema for measuring civil society excludes market exchanges and family units. Conversely, in this journal issue, civil society encompasses all social institutions intermediate between the individual and the state and, thus, permits examining the influence of restorative practices in a variety of venues from the home to schools to social movements (see also Braithwaite & Strang, 2001). The context of the family stretches the boundaries of civil society toward inclusivity across not only gender and generation but also familial responsibilities. Given the focus in this article on FGC in child welfare, this poses the questions: How does a civil ethos translate into the domestic setting and one in which a state institution has intruded in order to protect the family’s youngest members? Will the result be an imposition of state authority on families, will organized anarchy prevail in an overtaxed child welfare system, or will more inclusive and participatory practices be realized?

The question then is to what extent does FGC widen and encourage participation in reaching child welfare decisions. To address this question, first the FGC model as used in child welfare is described. Second, attention turns to the NC-FGC Project and its method of evaluating how the model was carried out. Third, this project's findings on the FGC process are examined in terms of promoting participatory decision making. In conclusion, these findings are related to those in the international FGC literature, and the strengths and limitations of FGC in promoting inclusive deliberations in child welfare are delineated.

### **The Model of Family Group Conferencing**

FGC was first legislated in New Zealand (Hudson, Morris, Maxwell, & Galaway, 1996) after protests by its indigenous people against European-based approaches to child welfare and youth justice for eroding their families and communities (Rangihau, 1986). Since then many countries have adopted this model (Burford & Hudson, 2000) and found encouraging outcomes. In child welfare, these include keeping children with their sibling, families, or kin and stabilizing their placements without endangering their safety (Anderson, 2003; Crampton, 2001; Merkel-Holguin, 2003; Walter R. McDonald, & Associates, 2000). In addition, some studies indicate that FGC reduces domestic violence (Pennell & Burford, 2000b; SSRIU, 2003).

As used in child welfare, FGC brings together the referred family with their relatives, friends, and other close supports—the family group—to work out a plan to resolve the issues of concern. After determining that a child is in need of protection, a child welfare worker may make a referral for a FGC in order to gain the family group's input on how to address the situation. The referral is made to a FGC coordinator who organizes and convenes the conference.

How conferencing is carried out in practice necessarily varies in different legal jurisdictions and cultures, and these adaptations should not be viewed as model drift as long as they do not undermine the intent to include families in decision making (Merkel-Holguin, 2000). Desirable practices have been identified (Burford, Pennell, & MacLeod, 1995; Connolly & McKenzie, 1999; Lupton & Nixon, 1999; Marsh & Crow, 1998; North Carolina Family Group Conferencing Project, 2002; Paterson & Harvey, 1991), and these guide the following description of the model.

In order to minimize conflicts in role, the coordinator should be independent in the sense of not being responsible for managing the case or later carrying out the plan. Prior to the conference, the FGC coordinator should work with family members to clarify the purpose and process of the conference, identify who is their family or “like family,” extend the invitations, plan where and how to hold the conference so that it respects their cultural norms, prepare the family group and service providers for taking part, and arrange logistics such as travel, child care, and interpretation.

An important part of the preparations is assessing the safety of participants, especially in cases of family violence (Pennell & Burford, 2000a). Coordinators should work closely with victims to figure out whether the conference should proceed and if so, with what protections and supports in place. These may include having survivors select a support person to stay by them during the conference or placing the police on call. In addition, the service providers need preparation on how to take part in a way that respects the family group as decision makers. This means helping them think through in advance how to lay out clearly the purpose for holding the conferencing, give information in a way that the family group can understand, and refrain from prescribing solutions while clarifying “bottom lines” (areas not open to negotiation).

The conference has five main stages with the first being the opening. Once the participants are seated, usually in a circle, the FGC coordinator thanks the participants for attending the conference, ensures that introductions are made, reviews the agenda, and establishes guidelines for the session. If the family wishes, the session may begin with a ceremony in their traditions such as passing around the children's photographs or saying a prayer. All of this serves to acknowledge in a public manner that the family group's participation is welcomed and that the meeting will adhere to informal rather than professionalized processes.

Second, information is provided about the issues that need to be addressed in the plan. Reports are made by the child welfare worker and as appropriate, other protective authorities such as the police and correctional services; and cultural or community-based groups may provide further information. In addition to discussing the issues, the child welfare workers and others describe, but do not recommend, specific resources that may be included in the plan. Family group members are encouraged to ask questions and seek further information that they may need for formulating their plan. The aim of this stage is to lay the groundwork for the family group members developing their plan.

Third, the service providers leave the room, and the family group members have their private time to deliberate and formulate a plan. During this period the FGC coordinator and the child welfare workers are close at hand and can be called upon for further information. The privacy allows the family group to express caring for each other, confront problems, draw on their cultural practices to find solutions, and develop a plan that makes sense to them.

Fourth, once the family group has developed their plan, they ask the child welfare worker and other protective authorities to review the plan in terms of its safeguarding family members and to authorize the action steps and utilization of public resources. The plan may be refined by clarifying items, specifying contingency steps, establishing a system of monitoring and evaluating the plan, and scheduling a time for reconvening the group. Preferably the child welfare workers approve the plan at the conference or shortly afterwards once they have consulted with their supervisors. Approval of the plan serves as both a check on the family group's decision making and an affirmation of their resolutions.

Fifth is a closing in which participants are thanked for their contributions. Again, a ceremony may take place or participants may simply say their good byes. At this time evaluation forms may be distributed to give the FGC coordinator feedback on the process.

After the conference, all participants should receive a copy of the plan. The child welfare worker remains responsible for the case but should incorporate the FGC plan into the service plan. The worker should work with the family when making modifications or request that the family group be reconvened to make major changes.

The above is the ideal of how FGC should take place (Pennell & Anderson, 2005). Frequently, speculations have been raised that families will be unable or unwilling to make plans in the best interest of their young relatives and that the private time, in particular, is rife with opportunities for family members to manipulate, intimidate, or abuse their family group (Bartholet, 1999). Other sets of questions are raised about practice considerations. An especially contentious one is whether or not the labor-intensive preparations are necessary (Merkel-Holguin, 2000; 2003). We turn now to looking at how one FGC initiative in the United States sought to measure what took place in practice.

### **North Carolina Family Group Conferencing Project**

The NC-FGC Project (Pennell, 2002) drew on the model of conferencing developed in New Zealand and the author's experience in an earlier trial demonstration in Newfoundland and Labrador, Canada (Pennell & Burford, 1995). This four-year project was funded by the North Carolina Division of Social Services as part of its overall effort to involve families in child welfare service planning. The NC-FGC Project was responsible for training and evaluation while the 13 participating North Carolina counties were responsible for model implementation. In order to strengthen local capacity in carrying out the model, the project assisted counties in formulating a plan for implementing FGC, provided training and consultation to their workers and community members, and developed FGC practice guidance (NC-FGC Project, 2002). The aim of the project's evaluation was two-fold: first, to strengthen how the model was carried out and second, to assess its outcomes for families and communities. This article utilizes findings from the first part that focused on how the model was implemented and concerned the deliberative process.

## *Sample*

Nine counties reported that a total of 55 families took part in conferencing (though the actual number was probably larger). Counties were requested to refer all families who were willing to take part in the evaluation, and families could elect to take part in the evaluation without their decision affecting receipt of conferencing. Among the 55 reported families, 27 were referred by the counties for the research and participated in all or most of the research components. The 52 families for whom data are available are similar to the 27 families with regard to their meeting composition and structure. In the 27 participating families, 26 had one initial conference and no follow-up conference, and 1 had two follow-up conferences. The first-time conferences for the 27 families were held between November 1999 and June 2002.

The 27 families had a total of 67 children for whom the FGC was convened, and individual families had between 1 to 6 children who were the subject of the conference, with 2 children as the median number. The available data show that children ranged in age from under 1 up to 17 years, were primarily African American and secondarily White (non-Hispanic), and half were in the custody of Social Services. The reasons for the FGC referrals related in 19 families to where the children should live in the short term or permanently and in 8 families to how they could continue to stay with their parents in a safe and healthy home.

## *Data Collection and Instruments*

FGC participation refers to the decision-making process at the conference. It is examined in terms of (1) who took part in the conference, where and for how long, (2) how satisfied family group members were with the conference process and its decision, and (3) how family group members thought the decisions were reached. Three instruments were used to collect data on these aspects of the conference.

*Conference participation.* The first instrument was a monitoring device called the “Family Group Conference Fact Sheet” (Pennell, 2001). On the form, the FGC coordinator recorded the date, location, length of conference phases, officials and family group members in attendance, conference costs, and length of preparatory activities by the FGC coordinator and the referring social worker. The FGC Fact Sheet was completed by the conference coordinator after the conclusion of the session. It was filled out for all 27 first-time conferences.

*Conference satisfaction.* The second was the “Family Group Conference Evaluation” (Pennell, 2001) questionnaire that requested that participants score their satisfaction with 16 aspects of the conference on a 4-point Likert scale of “strongly agree” (4), “agree” (3), “disagree” (2), and “strongly disagree” (1) and respond to open-ended questions on the process. The Likert items covered the conference’s preparation and process, the individual’s effectiveness in participating and opportunities to take part, and the resulting plan. The assumption was that if participants were satisfied with these aspects of the deliberations, the plan was reached consensually (DeStephen & Hirokawa, 1988). See Table 1 for the specific items.

At the end of the conference, the FGC coordinator explained the form and distributed it to participants at least 12 years of age. Respondents were instructed to not put their names on the form; they were asked to write in the last four digits of their Social Security Number so that their responses could be connected with later interview data. In all, the form was completed by 151 family group members from 24 of the 27 families (at 3 conferences the coordinators omitted to give the forms to family group members). For the 24 conferences where the questionnaire was distributed, it was completed by 74% of the 204 participants. Not all family group members were able to stay until the end of the conference, and others were too young to fill out the form.

*Conference decision processes.* The third instrument was the “Decision Processes Measure” (Pennell, 1990) which asked participants to rank decision making processes from most to least “important or influential” in reaching the family group’s plan during the private time at the conference. The selection of decision processes was based on Thompson and Tuden’s (1959) typology relating seven decision processes with their commensurate form of authority: Participatory democracy with consensus, representative

democracy with bargaining and voting, hierarchy with ordering, and organized anarchy with avoiding, manipulating, and inspiring. In addition to selecting among seven predefined decision processes, the interviewees could provide two other processes. The Decision Processes Measure was previously tested in three studies (Burford, Pennell, & Burnham, 1992; Pennell, 1990; Pennell & Burford, 1995). See Table 3 for the decision processes and their definitions.

The Decision Processes Measure was one component of an interview held after the conference to gather family group members' views on the conference and how the plan was decided. The interviews were conducted by NC-FCM Project staff members, usually by telephone, with individual family group members who had signed consent forms, and held on average one month after the conference. Participants were asked for the last four digits of their Social Security Number in order to relate the interview data with those from the FGC Evaluation. The Decision Processes Measure was administered to 86 family group members from 22 of the 27 families during interviews. Out of the 174 family group members present from these 22 families, 49.4% were interviewed and completed the Decision Processes Measure.

### *Results*

The findings are organized according to the three areas measured—conference participation, conference satisfaction, and conference decision processes—and then associations are examined between the second and third areas.

*Conference participation.* For the 27 families, the FGC Fact Sheet showed that their first-time conferences were primarily held outside of social services and not in a family home: 19 in church settings, 4 in community centers, and 4 in social services buildings. The church and community settings were likely to lessen the predominance of a professional culture at the FGCs. On average the FGC coordinators spent 35 hours and the child welfare worker spent 7 hours in preparing for an initial conference. The length of the conferences indicates that for the most part the process was not hurried and the families were given time for making their plans: On average the conferences lasted a little over 4 hours ( $SD = 88$  minutes); of this, the family's private time took about 1 1/3 hours ( $SD = 38$  minutes), nearly one-third of the session.

The composition of the group at the FGC included nearly twice as many family group members as service providers. For the 27 families, 221 family group and 115 service providers took part for a total of 336 participants. On average there were 8 family group members and 4 service providers present at a conference. Family group members were defined as persons invited by the family to stay during the private time. These were largely relatives and friends but also included some clergy or religious leaders and some foster parents. Mothers were present at all but 2 of the 27 conferences in contrast to fathers who were present at only 7 conferences. When their sides of the family are taken into account, both maternal and paternal influences are more evident. The mothers' relatives took part in 22 conferences with 1 to 8 present ( $M = 2.48$ ,  $SD = 2.17$ ), and the fathers' relatives attended 13 conferences with 2 to 9 relatives present ( $M = 1.67$ ,  $SD = 2.22$ ). No conference was held without at least the mother or a maternal relative present; and 14 conferences had at a minimum the father or his relatives in attendance. Among the 67 children or young people for whom the FGCs were held, 37 participated in the deliberations, two by telephone hook-up because they were institutionalized at the time. Out of the 27 conferences, 20 had one to four conferenced children or young persons directly participating. Their brothers and sisters stayed at home or in an adjoining playroom with a babysitter. Usually this decision was determined by age, with infants and adolescents in the conference room. In addition to minors taking part directly in the deliberations, their views were shared through letter or audio formats; and having them join the adults for refreshments and circulating their photographs served as reminders of familial connections.

*Conference satisfaction.* As seen in Table 1, most items on the FGC Evaluation were completed. Some data were missing because respondents circled that the item did not apply to them or they left the item blank. This was particularly the case for those outside of the relative grouping such as clergy or religious leaders. In general, family group members concurred that they were satisfied on each of the 16 individual FGC Evaluation items. The means of all items fell between "agree" (3) and "strongly agree" (4); they ranged from 3.16 to 3.63 ( $SDs$  ran from .62 to .81). Respondents felt prepared for the meeting, liked the conference process, saw themselves as able to participate, and approved of the plan. The written comments on the

questionnaires pointed to some misgivings about the composition of the group. A minority noted that they wished fathers or more family had attended. More positively, in their written responses to the question on who were the main people making the decisions during the private time, only family group members were cited. Thus, the private time was not dominated by others such as the FGC coordinator or child protection worker (for such examples, see Pennell & Burford, 1995, p. 156).

**Table 1.** Percentage of Satisfaction of Family Group Members with Conference ( $N = 151$ )

Item	n	Strongly disagree (1)	Disagree (2)	Agree (3)	Strongly agree (4)	M SD
1. The preparation for the conference was adequate.	143	4.2	2.8	28.0	65.0	3.54 .75
2. I liked where the conference was held.	137	1.5	2.9	27.7	67.9	3.62 .62
3. The right people were at the conference.	141	2.1	10.6	31.9	55.3	3.40 .77
4. At the conference, I got the information that I needed.	143	2.8	4.9	41.3	51.0	3.41 .71
5. I was satisfied with the way that the conference was run.	141	2.1	2.1	41.8	53.9	3.48 .65
6. The group used effective decision-making techniques.	142	2.8	4.9	42.3	50.0	3.39 .71
7. I believe that I had a lot of influence on the group.	139	5.0	10.8	47.5	36.7	3.16 .81
8. I contributed important information during the group's decision-making process.	140	2.9	5.0	50.0	42.1	3.31 .70
9. During the group meeting, I got to participate whenever I wanted to.	142	2.1	2.8	37.3	57.7	3.51 .66
10. Other members of the group really listened to what I had to say.	140	2.9	5.7	40.0	51.4	3.40 .73
11. I felt that I was a genuine member of the group.	146	2.7	4.8	38.4	54.1	3.44 .71
12. The group reached the right decision.	141	4.3	7.1	34.0	54.6	3.39 .80
13. I support the final group decision.	138	3.6	4.3	32.6	59.4	3.48 .75
14. I would be willing to put my best effort into carrying out the group's final decision.	141	2.1	2.8	24.8	70.2	3.63 .65
15. I think that the right people were involved in reaching the decisions.	146	3.4	6.8	36.3	53.4	3.40 .77
16. I am satisfied with the plan that was agreed upon at the conference.	141	2.1	5.0	35.5	57.4	3.48 .69

*Note.* The FGC Evaluation was adapted from and used by permission of Pennell and Burford (1995) and DeStephen and Hirokawa (1988). Reprinted with Permission from Sage Publications, Inc.

In order to discern patterns among the FGC Evaluation responses a factor analysis was carried out using SPSS version 12.0 for Windows. For this analysis, 5 of the 16 Likert items were removed because family group members had a large number of missing values on them. A total of 115 of the 151 family group respondents had answered all 11 remaining items. From these 115 cases, a principal component analysis extracted two main factors whose eigenvalues were 6.94 and 1.10 with each respectively accounting for 63.08% and 9.99% of the variance.

In order to clarify which variables correlated with each other, a Promax rotation was selected. The resulting pattern matrix showed six items for the first factor and four for the second. An eleventh additional item was removed from the first factor because its loadings were above the cut-off point of .3 on the second factor and conceptually it reduced the interpretability of the first factor.

The internal reliability of the two factors was assessed by determining the contribution of each item to their total Cronbach Coefficient Alpha. This analysis utilized all cases out of the 151 FGC Evaluations with complete data on a factor: 119 respondents for factor 1, and 134 respondents for factor 2. As seen in Table 2 below, the correlations for the 10 items to their factor ranged from .614 to .889. The removal of any item

reduced the alpha for their factor. The strong alphas of .887 and .928 assured the reliability of the two scales. The items on the first factor all related to how the FGC was carried out, and this group was labeled FGC Process. The items on the second factor related to the plan, and this set was called the FGC Decision. Notably, having the right people involved in reaching the decision (item 15) was integral to satisfaction with the FGC Decision. The two factors indicate that satisfaction on the process and decision do not necessarily go hand in hand and each must be taken into account in assessing a conference.

**Table 2.** Correlation of FGC Evaluation Items with the FGC Factors and Alpha If Item Deleted

Item	Correlation	Alpha*
<b>Factor 1: FGC Process (n = 119)</b>		
1. Preparation for the conference was adequate	.704	.867
2. I liked where the conference was held	.690	.871
3. The right people were at the conference	.614	.882
4. At the conference, I got the information that I needed	.822	.847
5. I was satisfied with the way that the conference was run	.800	.853
7. I believe that I had a lot of influence on the group's decision-making process	.620	.882
<b>Factor 2: FGC Decision (n = 134)</b>		
12. The group reached the right decision	.889	.886
13. I support the final group decision	.879	.889
15. I think that the right people were involved in reaching the decisions.	.781	.922
16. I am satisfied with the plan that was agreed upon at the conferences.	.785	.922

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\*Cronbach Coefficient Alpha (raw) is given for each factor. The value next to each item is the value of the coefficient calculated with the item deleted.

**Table 3.** Frequency and Importance of the Decision Processes during the Family's Private Time (N = 86)

Decision process	Definition	f	Mdn
Participatory democracy			
Consensus	Pulling together everyone's ideas and coming up with a plan which everyone is comfortable with	78	9
Representative democracy			
Bargaining	Having each side say what they want in the plan and then having each side get some of what they want	61	8
Voting	Taking a vote on what to have in the plan	21	7
Hierarchy			
Ordering	Telling others what to have in the plan	26	6
Organized anarchy			
Inspiring	Going along with what a trusted leader says should be in the plan	67	8
Avoiding	Evading or not finishing the decision making on the plan	24	6.5
Manipulating	Getting others to put things in the plan by using underhanded means	10	7.5

*Note.* The total frequency is greater than the sample size because respondents usually designated more than 1 decision process as taking place.

*Conference decision processes.* To look at how the decisions were reached during the family's private time, participants were asked to complete the Decision Processes Measure. As noted previously, interviewees could choose among seven pre-defined decision processes and offer up to two additional processes. Only three interviewees opted to give one alternative each, and none offered a second alternative. Thus, the seven pre-defined processes would appear to encompass the decision processes applied at the FGCs. In reflecting back on their conference, the interviewees on average identified 3 decision processes with the number running from 1 to 5 processes. As seen in Table 3, consensus was the most frequently cited

process, followed closely by inspiring and bargaining. All other processes were far less common with manipulating as the least mentioned.

After identifying the processes, the interviewees then ranked them in terms of their importance at the conference. This helped to distinguish between the frequency of a process and its overall influence. The second column in Table 3 shows the median ranking for each decision process (with 9 as high and 1 as low). According to the frequency and rankings, the most prevalent and influential processes during the family's private time were consensus, inspiring, and bargaining. The decision processes least in play were ordering, avoiding, voting, and manipulating.

These findings indicate that contrary to the fears that family private time will be dominated by abusive family members, the predominant decision processes were inclusive and benign. Nevertheless, manipulating was identified by 10 of the 86 respondents, and its median ranking of 7.5 indicates that it exerted a substantial influence in some families' private time.

*Correlation of FGC evaluation and decision processes measure.* To examine the relationships between the FGC Evaluation and Decision Processes Measure, Spearman's  $\rho$  correlations (2-tailed) were applied to the cases with responses on both instruments. The significance level was set at .05. There were 92 cases from 21 family group conferences that completed some or all of the items from the two instruments. With cases excluded pairwise, the sample size for each correlation varied according to the number of respondents answering both sets of data. Correlations were examined for (1) the two factors (FGC Process and FGC Decision) from the FGC Evaluation with the seven individual decision processes in the Decision Process Measure and (2) the 16 FGC Evaluation items with the 7 Decision Processes Measure items. No significant relationships were found between the factor FGC Process and each of the seven Decision Processes Measure items. One significant relationship was found between the factor FGC Decision and the Decision Processes Measure items: an inverse association between satisfaction on the FGC Decision factor and bargaining ( $r_s = -.406, p < .002, n = 56$ ). Given that bargaining was defined as each side getting only some of what they wanted, understandably satisfaction with the resulting decision was lowered. An analysis of the significant associations between the 7 Decision Processes Measure items and the 16 FGC Evaluation items yielded 1 positive and 6 negative relationships. As would be expected, the decision process "inspiring" or following trusted leadership correlated positively with the FGC Evaluation item that "the right people were at the conference" ( $r_s = .279, p < .027, n = 63$ ). The decision processes "bargaining" and "manipulating" correlated negatively with satisfaction on a number of FGC Evaluation items. In line with the earlier reported inverse relationship between the factor FGC Decision and "bargaining," this decision process correlated negatively with all of the four items forming this factor ( $r_s$  ranged from  $-.267$  to  $-.369$ , with the significance level all higher than .05). Manipulating went in the opposite direction to satisfaction on two FGC Evaluation items: "preparation for the conference was adequate" ( $r_s = -.368, p < .003, n = 63$ ) and "I contributed important information during the group's decision making process" ( $r_s = -.263, p < .039, n = 62$ ). The first finding lends support to the assertion of many FGC practitioners that preparations are crucial to good decision making at conferences. The second finding makes sense because manipulation can lead to participants' feeling silenced.

In the next and concluding section, the results from the NC-FGC Project are placed within the context of broader developments in the United States and the international literature on family group conferencing.

### **Family Group Participation in Child Welfare**

Families in the United States are facing economic and social strains on their capacity to care for their children (Pecora et al., 2000). As a result, child welfare systems in the United States have high caseloads and high turn-over of staff, all of which reduces their ability to protect children (US GAO, 2003). Child and Family Services Reviews by the federal government have found shortcomings in states' delivery of services and the outcomes for children's safety, permanency, and wellbeing. Governed by the doctrine of *parens patriae*, U.S. child welfare systems are required to take charge when parents fail to protect their children and held liable if they do not. Given their legal responsibilities, U.S. child welfare systems have been slow to involve families in child welfare planning. This has been identified by the Child and Family

Services Reviews as one of the weakest areas in delivery of child welfare services. This deficiency is of major concern because involving families in decision making is positively linked to ensuring the stability of children's living arrangements and their well-being (US DHHS, 2003).

One restorative practice, FGC, is a means of involving families in decision making. The NC-FGC Project found that conferencing widened the group of those involved in making decisions and provided a forum with which family group participants were mostly satisfied with the process and the resulting decision. The participants were tilted toward family group, present in twice the number of service providers. Other research has stressed the importance of maintaining a preponderance of family group while still having service providers in attendance to offer necessary information and authorize plans (Merkel-Holguin, 2003).

The Child and Family Services Reviews found that child welfare systems paid more attention to mothers than fathers and were more likely to involve mothers in decision making. Similarly, the NC-FGC Project found that mothers and their side of the family attended more often than fathers and their relatives, and on their FGC evaluations a sizable minority of participants expressed dissatisfaction with the attendance and especially felt the absence of the father. In results reported elsewhere (Pennell & Anderson, 2005), having only one side of the family present at a conference tends to increase satisfaction at the time but later proves problematic in achieving the conference's objectives. In particular, it reduces the family group's contributions to the plan, the specification of ways of monitoring and evaluating the plan, and timely approval of the plan by child welfare workers. Nevertheless, the paternal side of the family was represented in over half of the NC-FCM Project conferences. In general, FGC studies show a higher level of father and paternal family participation than in most child welfare interventions (Veneski & Kemp, 2000), but more outreach is needed in order to enlarge the circle concerned about their young relatives and if needed, willing to offer their homes.

Slightly more than half of the conferenced children and young people took part in the 27 FGCs, and other strategies such as sharing their statements were used to bring their voices into the room. Nevertheless, given that the meeting was making major decisions over their lives, their greater inclusion remains an issue. According to international studies, the participation of children varies considerably in FGC (Merkel-Holguin, 2003). In New Zealand according to legislation, children and young people are "entitled" members, and they are typically not excluded from taking part (Paterson & Harvey, 1991). Outside of New Zealand, some children and young people exert a strong and positive voice in the deliberations but especially those who are under 12 years of age are frequently not invited to take part or their participation is restricted through stratagems such as arranging for them view rather than sit in the circle of the adults (Sieppert & Unrau, 2003). All of this points to challenges in preparing adults, family, and service providers, to include children in the sessions (Rasmussen, 2003).

In their evaluations of the conference, the family group members reported favorably on the preparations. For the most part, they felt adequately prepared for taking part and liked where the meeting was held, primarily church and community centers rather than social services offices. Holding the sessions in a neutral site has heightened the participants' comfort especially when refreshments are served (Marsh & Crow, 1998; van Beek, 2004). The NC-FCM study found that if family group members were dissatisfied with the preparations, they were more likely to identify manipulation taking place during their private deliberations. Other studies have emphasized the necessity of good preparations for safe and effective participation (Lupton & Nixon, 1999).

Overwhelmingly, the NC-FGC Project respondents agreed that they were satisfied with the conference process and decision. Nevertheless, as a factor analysis showed, feelings about the conference's decision did not always reflect feelings about its process. The NC-FCM study found that the use of bargaining during the family private time did not appear to affect satisfaction with the process but did increase dissatisfaction with the resulting decision because participants only got some of what they wanted in the plans.

Although FGCs are usually long and emotionally draining, high levels of satisfaction have been found in numerous FGC studies (e.g., Anderson, 2003; Cashmore & Kiely, 2000; Pennell & Burford, 1995; Unrau, Sieppert, & Hudson, 2000; Walter R. McDonald & Associates, 1999). In addition, family group members

tend to prefer FGC to other decision methods used in child welfare (Marsh & Crow, 1998; Trotter, Sheehan, Liddell, Strong, & Laragy, 1999).

Reflecting back on the family's private time at the conference, the NC-FGC Project interviewees, largely African American or White, identified a number of decision processes taking place. In terms of frequency and importance, though, consensus, following a trusted leader, and bargaining predominated. Similar findings were reported by Pennell and Burford (1995) for culturally different groups in Canada—Anglophone, Francophone, and Inuit. Rather than intimidating the participants as frequently feared, the private time helps them to express their views more readily (Marsh & Crow, 1998).

FGC has an impact on how child welfare decisions are made and pre-figures the kind of relationships toward which one aspires in an inclusive civil society. FGC as applied to child welfare demonstrates the efficacy of a restorative practice in a realm often not seen as a purview of restorative justice. Inclusion of family matters is a way to reconfigure justice so that people can make decisions over their domestic affairs and yet have the checks and balances of the law. The result is not an imposition of state authority on families or organized anarchy in an overtaxed child welfare system. Instead, democratic decision processes of consensus and bargaining or following trusted leadership yield plans that families from diverse cultures are willing to put their best effort into carrying out.

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