

THE USE OF FAMILY GROUP CONFERENCES BY BLACK MINORITY ETHNIC COMMUNITIES

This is a review of the literature concerning the take up and use of family group conference (FGC) services by black minority ethnic families and the factors that assist or hamper the effective use of FGC services by these communities.

Sean Haresnape

POLICY ADVISER

FAMILY RIGHTS GROUP

Email: sharesnape@frg.org.uk

Family Rights Group, The Print House, 18 Ashwin Street, London E8 3DL

Tel: 020 7923 2628

Advice Line 0808 801 0366 Open Monday-Friday 10am-3:30pm



Overview

This review aims to explore the evidence concerning the use of family group conferences by black minority ethnic families. It explores the take up of services by different ethnic groups and aims to understand the obstacles to effective engagement by such communities. It draws upon this evidence to emphasize the factors that are relevant to developing more culturally sensitive FGC services in Britain.

Caution however, needs to be expressed in drawing absolute conclusions as to the applicability of the available research findings to FGC policy and practice in Britain. Firstly, because there is a severe paucity of UK-based evidence in this arena. Most relevant literature originates from America, Australia and New Zealand. It would clearly be a mistake to map the findings from diverse American and other studies directly onto practice in this country. Secondly, because the scope of the review was wide, exploring a significant diversity of ethnic groups and many different areas of practice.

What the research does highlight, however, is the importance of not making assumptions based on ethnic stereotypes. The needs of one community or indeed one part of a community or indeed of individuals may significantly differ and FGC practice needs to reflect this.

The findings point to mixed results concerning the take up of FGC services by black communities. Two American studies found a significantly higher proportion of black and Native American children participating in FGC processes compared to the overall population of children in care (Velen and Devine, 2005; Gunderson et al, 2003). On the other hand, Merkel-Holguin's review of the research reveals that a limited number of studies show that white Caucasian families disproportionately take part in FGCs compared to minority populations (Merkel-Hoguin, 2003) The available evidence from the UK supports the view that BME

families may be under-represented in the take up of FGC services across the UK (Lupton and Stevens, 1997; Chand, et al, 2005; FRG 2005 and 2007/8 survey).

What is possibly more important is that we consider what are the influences that may have a bearing on the effective utilization of the model by BME communities. Differences may result from black families not being referred, refusing to participate in an FGC, or perhaps discouraging others in their community from partaking in an FGC because it is not meeting their needs. The international literature does point to a number of factors that may have a bearing on take up and indeed effectiveness of FGCs within black communities.

To get a better understanding of the obstacles to effective engagement with diverse communities it is useful to look at the detailed literature that is available concerning the experience of black and minority ethnic families and their engagement with mainstream services in Britain. This available literature shows a complicated picture; however there may be some useful pointers for the development of FGC services for these communities.

Setting the context.

The population of ethnic minorities in Britain is an estimated 9 per cent¹ of the general population with families from the Asian sub-continent forming the largest group.

A wide body of evidence is now available that demonstrates how local authorities fail to effectively meet the needs of these diverse communities in different ways. However how this failure manifests itself is complex and it is therefore difficult to draw clear conclusions.

¹ <http://www.statistics.gov.uk/census2001/profiles/commentaries/ethnicity.asp#ethnic>

BME families are over represented when one considers a range of factors that hamper children's well-being and development and lead to their requiring services. The findings from the government-funded Families and Children Study (2005)² shows that families where the mother's ethnicity is black (African, Caribbean or Black British origin) are over three times as likely to experience five or more family disadvantages ranging from poverty and worklessness, lack of qualifications, poor health, insufficient housing and poor parenting.

The above study also shows families with a black mother are more likely than families with a white mother to be lone parents (54% compared with 25%); live in social housing (44% compared with 20%); and be in the lowest income quintile (30% compared with 16%).

It also found that Pakistani and Bangladeshi families experience the highest rates of poverty with 65% of children living in poverty (calculated after housing costs). 30% of children in black families and 28% of children in families of Indian origin also live in poverty.

These multiple, entrenched, and mutually reinforcing problems can cast a shadow on these communities that cuts across generations. The entrenched and multiple nature of these deprivations also make the possibility of services effecting change more problematic. Evidence suggests that families experiencing multiple deprivations that require different agency responses have been particularly entrenched and difficult for social care agencies to effect any change.

² Families and Children Study (FACS) is a series of annual surveys to investigate the circumstances of British families with dependent children. The study began in 1999 with a survey of all lone parent families and low-to-moderate income couples. In 2001 the third annual study was enlarged to be representative of all families with dependent children. Approximately 7,000 families are interviewed in FACS each year. The FACS surveys are carried out via a face-to-face interview with the mother (and her partner in couple families). In 2003 and 2004 the surveys included a self-completion questionnaire that was answered by children aged 11 to 15 years. FACS is a panel study, which means the same families are interviewed year on year. Each year the panel sample is topped up with a booster sample of new families to ensure FACS is representative of all families with children in Britain each year. One of the greatest benefits of panel surveys such as FACS is that by returning to the same families year after year they allow observations of dynamic behaviour and experiences.

Not surprisingly given the over representation of BME families on a wide range of risk indicators these families are generally over represented in social care populations.

‘The overall incidence of children in need in the category of ‘ethnicity other than white’ is between 1.2 and 1.7 times the national average for the under-18 population as a whole.’ (Department for Education and Skills, 2006)

Similarly, BME families are over represented when it comes to child protection.

‘In March 2007, there were 27,900 children on child protection registers in England; 80% were of a white background, 7% of a mixed background, 5% black or black British, and 5% Asian or Asian British (2% were ‘other’ or unborn)’ (Department for Children, Schools and Families, 2007)

These general figures however mask differences geographically and between different BME groups. When further broken down the figures reflect an over-representation of African/Caribbean and mixed-parentage children, and an under-representation of Asians.

Children from ethnic minorities were most over represented on the Child Protection Register in regions with comparatively low proportions of ethnic minorities.

Similarly in local authorities where there was not a representative number of workers from that community then services to that community appear to be less effective. In these authorities, despite good intent to address these inequalities in service provision, this was not matched by the provision of services on the ground. For example, in an area where there were few Chinese social workers the service to that community was deficient. It was a similar pattern for African or Asian families.

The Children Act 1989 is explicit in the requirement of local authorities to plan services in a way that is responsive to the cultural needs of service users. Subsequent legislation has reinforced this message. However, the evidence shows that local authorities have failed to effectively meet the needs of the diverse communities they serve. This is reflected in the over representation of BME families in the care population, in the client base of youth offending teams and in the numbers of excluded children from school. In order to attempt to redress these shortcomings the government launched the Quality Protects initiative in 1998.

Quality Protects set out the role of social services in helping minority ethnic children as:

‘to ensure recognition of the needs of minority ethnic children and families with respect to provision of appropriate services, so that they gain maximum life chance benefits from educational opportunities and health/social care.’ (University of York website, 2009)³

The response of social care agencies to the objectives of Quality Protects is reported as ‘patchy, slow and incremental’ (Barn, 2006). Concern about these failures has focused on the geographical variability in use of and access to service provision and the adequacy and effectiveness of service provision available to families.

Research evidence confirms that a range of factors determines use and access of services. The likelihood of BME families using services will be influenced by ‘their general perception of social care agencies’ abilities to meet diverse cultural needs, by the degree of familiarity with the range and nature of services, the language skills of those providing the serviced, and the availability of appropriate services and personnel.’ (Barn, 2006)

³ <http://www.york.ac.uk/res/qualityprotects/files/background.htm>

Some of these factors will no doubt influence the take up of local FGC services by diverse communities.

It seems fundamental that in order for services to be effective in meeting the needs of its BME communities then it needs to have developed clear policies and procedures to enable this. However, a report on the findings of an inspection of social services to ethnic minority children and families in eight authorities, entitled Excellence not Excuses (O'Neale, 2000) showed that most councils did not have strategies in place to deliver appropriate services to ethnic minorities and that families were often offered services that were not appropriate or sensitive to their needs.

The report provides an overview of the quality of social services provided to ethnic minority groups and the extent to which these communities were involved in planning and decision-making. It does so in the context of statutory requirements and the recommendations of the 1999 Macpherson report, which emphasized the notion of 'institutionalized racism' and the failure of authorities to adequately address institutional racism within their practice. 'Excellence not Excuses' also provides key questions for councillors, managers and practitioners, as well as including examples of good practice.

How FGC emerged as a culturally sensitive model.

Given that the model evolved in New Zealand out of a situation where a minority community was experiencing a disproportionate and prejudicial response from the state in regard to the care of its children, it seems appropriate to consider whether it has similarly offered a way forward for addressing race inequalities in Britain.

Indeed some of the problems faced by the Maori community in New Zealand, from which the impetus towards establishing the model began, are reflected in the experiences of black communities in this country.

In New Zealand the model has been successful in addressing many of the concerns felt by the indigenous Maori community in relation to social care. It is therefore a useful starting point to trace the evolution of the model and consider what we can learn from this to inform the processs of establishing FGC services in Britain.

The New Zealand experience

Prior to the publication of 'Daybreak—Puao te Ata Tu', the report which eventually led to the instigation of FGCs within the New Zealand legislation, there had been major concerns about New Zealand child welfare services. The Maori people perceived that decision-making processes were prejudicial to their community and did not reflect their cultural ways. This cultural clash in how the state made decisions can be illustrated in the different perspectives concerning the position of children in care decisions:

'The centrality of the child in previous child welfare legislation was not in keeping with Maori understandings of family. The welfare of the child could not be set apart from the well-being of the family and children belonged to their *whanau* (or extended family) and not just their parents.'
(Pakura, 2004)

A disproportionate number of Maori children were removed from their families and community and living in institutions and foster homes and losing contact with their extended families.

Social care institutions were seen as ignorant of the ways in which the Maori kinship network provided support to family members in difficulty. Placement

decisions for Maori children didn't emphasise the importance of maintaining their cultural links and the subsequent placement of Maori children in the care of non-Maori families or in institutions provoked concern that the cultural needs of children were not being met.

These experiences map closely some of the experiences reported by black families who have come into contact with state institutions in Britain. In Britain discontent and recognition of these failings influenced the provisions within the Children Act 1989. In New Zealand the response to similar failings was to embed FGCs into their legislation (Children, Young Persons and their Families Act 1989) as a culturally sensitive model of intervention. The FGC model provides for families to exercise their decision-making in a way that reflects their distinct culture and traditions whilst addressing the states concerns.

'What we have is a piece of law that recognizes the legitimacy of the customs, values and beliefs of every culture in New Zealand's multi-ethnic community and provides a mechanism—the family group conference—that enables these to find expression in the way decisions are made about children and their families.' (Pakura 2004)

The ability of the Maori community to articulate its discontent and to offer a resolution, which addressed some of the pressures on the state systems, resulted in the Maori community establishing a powerful voice in the shift towards reform.

'When they talked with one voice, when they connected their situations of need and deprivation to the existence of institutional racism, and when they articulated new ways based on traditional problem solving and family-based solution processes, they became a force which led, not followed, legislative reform.' (Pakura 2004)

In New Zealand the model was embraced not as an add on to the state system but as an imperative for the state to give recognition and power to the decision-making processes within families. The Act emphasized the importance of not only supporting this culturally sensitive decision making process but also the importance of providing resources to enable families to take control of their situation.

Families are invited to work within their own cultural and familial traditions and the state is expected to endorse the process by supporting plans they formulate. The provision by the state of support to the plans that families make has been seen as critical to the success of the FGC model, and subsequent reductions in state support have been seen to undermine the fundamental principles of the model.

It is informative in thinking about services for black and ethnic minority families to consider those factors that have shaped this culturally sensitive model in New Zealand and those that have in time also in part undermined it. Pakura in reflecting on the first 14 years of FGCs in New Zealand acknowledges that the model's effectiveness has been threatened by failure to properly support the process and the plans that families make. In time as other pressures have come to bear, the underlying principles of the system and its culturally sensitive bedrock began to erode. This erosion resulted from a range of diverse factors each of which altered the context within which FGCs were being used. The key elements were social changes to the Maori community and partial withdrawal of political and state support for the process.

With increasing urbanization came a deterioration of the cultural traditions of the Maori community. Higher rates of one-parent families and the damaging effects of poverty and unemployment resulted in a weakening of kin-based support systems. Pakura believes that as families moved away from their traditional areas they have become more westernized in their structures and the influence

of the extended family (*hapu*) has declined. As a result much of the cultural knowledge and wisdom that would support families has been lost; similarly these economic and social changes has transformed traditional care practice within extended family networks.

Pakura suggests that as these traditions have been eroded there has been some retreat from the full Maori process in family group conferences.

‘There are fewer such meetings held on *marae* (a sacred place which serves religious and political purposes), for example, and this can diminish the role and status of tribal leaders (*kuia* and *kaumaatua*) in the problem resolution process’.

She also believes that lack of resources have similarly driven a trend towards a weakening of the cultural base of the model. New Zealand experienced a reduction in available resources and supports to families as the systems faced economic restructuring. Given some of the complex problems that families were being asked to resolve this had a negative impact on the capacity of families to cope with their presenting problems. (Pakura 2004)

‘Fiscal imperatives and professional and organisational agenda have been seen to drive outcomes rather than quality family processes—elements of the colonisation of family-led decision making’. (Pakura 2004?)

Following the introduction of the Act, there was a gradual decline in the care population in New Zealand. However towards the end of the 1990s this trend began to reverse. Pakura believes that this in part reflected the difficulties families were having in coping with hard-to-manage young people at a time when state resources to support them were diminishing.

‘FGC practice can prove impervious to hard-core persistent offenders unless they are accompanied by extensive support for families and extensive service options that address such things as substance addictions and mental health disorders, services that were stripped out of the system during economic restructuring. Too many young Maori still progress through the youth justice system to adult courts and penal institutions.’ (Pakura 2004)

However, despite some of these constraints Pakura believes ‘that the integration of family decision making into the protection, care and youth justice processes has occurred and is producing significant, meaningful results’. Significantly the state has recognized and given statutory recognition ‘that there is more than one worldview. The Crown recognizes *whakapapa* as central to the identity of our indigenous people. *Whakapapa* is the means of connecting oneself with or differentiating oneself from others. Maori are not one people but rather each expresses their identity in their kinship and tribal origins’.

Pakura’s view is that, without the statutory footing that the 1989 Act in New Zealand provided and which has to a degree embedded FGC practice, the progress made would perhaps not have been sustained and would in time be eroded by other societal and financial pressures.

The evolution of the FGC model in Britain.

What does this tell us about the evolution of culturally sensitive services in Britain? The evolution of the model in the UK has clearly followed a different course. There appears to be three significant contexts that have influenced the development of the model here and which has a bearing on how we perceive future developments for FGCs in this country in meeting the needs of BME communities.

Community ownership of FGCs

The model here has not emerged in response to a view that certain cultural groups have been disadvantaged by the state. In the UK the impetus for the emergence of FGCs results from a myriad of other influences and factors. The 1989 Children Act clearly emphasized the need to work in partnership with families and underlined the duty of the state to seek family solutions. However its means to achieving this is less clear.

Community ownership has evolved in New Zealand in two ways, through the model directly reflecting the cultural ways of the Maori community and therefore being 'owned' by that community, and through the specific rights the Act endorsed through the application of the model. This latter point is best illustrated through the Act's endorsement of the wider communities rights in relation to the process itself.

The New Zealand legislation sets out the extended family's right to be involved in decision-making. The New Zealand Children, Young Persons, and their Families Act (1989) identifies 'entitled people' who have a right to participate and in law constitute the decision making group. If the FGC is dealing with the Maori community the Act identifies tribal elders as 'entitled' in this way and so embedding wider community involvement.

Child welfare legislation in the UK places a requirement for the state to give consideration to cultural issues in decision-making about children, but does not detail how this should be achieved or indeed measured.

In the UK FGCs have emerged more out of a fundamental recognition of the failings of the state to work genuinely in partnership with families rather than as a result of the cultural insensitivities of the system. The drive for change has not come from the communities receiving local authority services, rather the impetus for change here has come more from practitioners and lobbying organizations

such as the Family Rights Group and from charities. Despite this different evolution, the question is still pertinent as to why the model has not been taken up more consistently by BME communities as a way of addressing the shortcomings of the system here.

One possible answer to this is that we have not seen the same community ownership of the model here. The UK developments have not emerged out of a strong community response to the state as occurred in New Zealand. BME communities have largely been either absent in the provision of FGC services or on the receiving end of FGC services rather than being the driving force for their implementation. In the minority of projects where service user groups have developed they have largely emerged after the service has become established and it is not clear how representative of BME communities these groups are.

The absence of one unifying BME perspective

The diversity of BME groups within Britain is a further pertinent factor, which may have influenced the take up of services. Whereas the Maori community represented a distinct group with clear cultural norms and decision-making traditions, BME communities in Britain represent a diverse range of cultures, religions and communities. We cannot simply make assumptions about how these communities will respond to the principles of FGCs as predominantly white FGC providers interpret them.

The political context

Another variable concerns the political will of the state to recognize and give power to distinct groups. The Maori community predates the white settler community in New Zealand and as such there is a different political context to the development of social policies of the country. The Maori community has struggled to maintain its culture and ways and the decision to give statutory endorsement to FGC has to be seen within this political and historical context.

There is an ongoing debate in this country and in Europe about the nature of multiculturalism and how much institutions should accommodate difference as opposed to the expectations that communities should adhere to the common value base of the host country. Has this different political context led then to a less radical partnership framework within legislation than was clearly achieved in New Zealand?

FGCs in Britain have emerged in a more piecemeal fashion. Their implementation has been a result of the motivation of individuals and reflects the enthusiasm of individual practitioners for the model. As the use of the model has grown, and with the help of an emerging research base, local authorities and central government have adopted a more promotional approach to FGCs. This pattern of development has enabled a strong practice base to emerge in Britain, which has evolved and responded to challenges as they have emerged. The diverse needs of different ethnic communities have not been central in this development.

It is perhaps indicative of the invisibility of this issue that there is sparse information on how many black families receive services, whether co-ordinator groups reflect the make up of the communities they serve; whether the take up of services reflects the local population; whether black families perceive the service as culturally competent and sensitive to their needs; and in what ways the model or services are seeking to address issues of cultural competence.

FGC services in Britain have developed without effective mechanisms for the recording and analysis of data concerning the communities that take up their services. This is in part as a result of resource issues, but also reflects the wish to remain outside of the formal local authority recording and tracking systems. The result is a lack of evidence about how BME families are accessing services.

Since 2005 Family Rights Group has undertaken a national survey of FGC projects which aims, amongst other things, to gather data on the take up of services by BME communities.

The survey from 2007/8 reveals that in those projects that reported (number 15) there was an under-representation of BME communities referred for FGCs when compared with their representation within the care system. The survey revealed that 91% of families referred for an FGC were white, 4% were mixed heritage, 1% were Asian, 2% were black, 2% unknown.

When figures were gathered for families who had an FGC (15 projects responded but from different areas including a London authority) the figures reflected a slight increase in the numbers of BME families receiving the service but still represented an under-representation when compared with the demography of the population of children in care. The survey showed 89% of families having an FGC were white, 5% were mixed heritage, 1.5% were Asian, 3% were black, 1.5 other ethnic group.

This data lends support to the view that BME families are under represented in the families that are referred to and receive FGC services but as significantly reinforces the need that FGC projects develop more effective systems for monitoring, evaluating and analyzing how their services are being accessed by all the communities they serve. It is only then that we will have a clearer view as to the true take up of services by BME communities

How can we make FGC services more accessible to BME communities?

The importance of cultural competence.

A key concept that pervades the literature is the notion of 'cultural competence'. Cultural competency' is usually interpreted in Britain as 'matching' the facilitator with the family, but Marsh and Crow found that this was not always popular although when language was an issue, the 'matching' became much more important to participants (Marsh and Crow, 2003).⁴

⁴ Describes the aims, methods and findings of a large-scale empirical research study based in a multicultural London community, conducted to examine the use of set referral criteria for FGCs (FGC) and staff response, the use

In order to be more sensitive to cultural difference we need to have more of a focus on a broader range of factors in service delivery than the issue of ethnic 'matching'. An attempt to deconstruct the notion of culture may assist us in understanding what are the elements of cultural difference that we should be considering and what is their bearing on the use of FGCs.

Herberg makes the distinction between Culture with a capital 'C' and culture with a small 'c'. In the first he refers to 'the patterns of behaviour, beliefs, values, customs and institutions that are associated with ethnicity, nationality, race, class and religion' (Herberg 1993). In the second he refers to the unique, localized culture that individuals and groupings such as families create for themselves over time within the context of their 'big C' Culture, filtering or re-shaping it through intergenerational experiences.

The FGC process in order to maximize its effectiveness needs to bridge the gap between these two notions of culture. FGC practice needs to reflect the complex and multi-faceted nature of cultural influences. It must also take account of the wider culture of the organization running the FGC and the social care agency that has initiated the FGC in response to its concerns. This will be reflected in the policies and models under which it operates some of which may be counter to the culture of the family and indeed to the culture of the FGC process.

How effective the service is in understanding the cultural influences on decision-making within families will influence their effectiveness and enable a more sensitive service to evolve.

Families that reflect a mix of cultures.

of FGC after an initial child protection conference, the applicability of the process and outcomes in a multicultural and multi-language population, and the resources demanded from social services departments.

In today's frequently reconstituted families there may be a mix of different cultural influences. Many families encompass a mix of religion, ethnicity and language. Similarly many second-generation families will have different generations who adhere to different cultural traditions. A complex range of factors may influence the second generation's adherence to the culture of the family of origin and this difference between generations may be a source of considerable conflict in the family.

Different family members may have different interpretations of their common culture. An example of this is the radicalism of some younger British Asians. There may be a duality of cultures co-existing where the family presents one side to the world but relates differently at home.

How does the culture of the family effect decision-making?

Cultural differences may be reflected in a range of areas effecting their decision making during the FGC including: differences in child rearing practices, views of personal rights, views of gender roles, reverence to age and collective decision making.

Similarly decisions about immigration can become bound up with other key family decisions particularly those relating to children. This can be particularly complicated when the care arrangements for the child also bestow immigration status on the carer.

Traditional family structures.

A view is often expressed that many BME families adhere to more traditional extended family structures and as such they would experience the FGC model as more culturally sensitive to their family structures. This is an assumption however that we should question and not impose on families.

Ghate and Hazel (2002) found that compared to white parents, minority ethnic parents report fewer than average support networks, this is probably counter to many of the assumptions that social care professionals would have about the family structure of many black families.

Even where it is indeed the case that there is a tradition of community involvement in decision making in families we should not make the assumption that this is how the family will engage in decisions. The tendency for some cultures to be more communally orientated doesn't necessarily mean that they will be more receptive to the extended family engaging in decisions about their children. Hall (1976) highlights this when he makes the distinction between 'high context' and 'low context' families. By 'high context' families he refers to those where there is a wider network than the nuclear family engaged in decisions. He stresses that decision making in high context families can be perceived of as either a support or a threat. Decisions made in the FGC may have a ripple effect within the wider family. The carer may fear the criticism that the wider family may express if the child has been in care or for bringing the family to the attention of the public agencies. The FGC may result in added support although sharing of information may potentially lead to more difficulties. For those families who are 'high context' and who value collective decision making then the FGC can be a much valued and culturally sensitive model.

Despite the huge diversity in cultures and traditions within families there is compelling evidence that families from diverse and different communities perceive the FGC model as respectful and sensitive to their traditions. The model is perceived in many communities as reflecting their more traditional ways of decision-making. Waites *et al.* (2004) conducted focus groups with three different cultural groups and found that, although there were differences across each, all three groups thought FGC represented a good child welfare approach. He guards against assumptions that the model will automatically fit the traditions of all communities. Whilst acknowledging its similarity to other traditional practices

such as peacemaking circles and various restorative practices it is not 'pure' in the traditional sense.

In FGCs there are outsiders present, they are usually from the mainstream culture, and they are there to enforce a state-driven mandate to protect children from harm. As we have already discussed, these professionals continue to hold a vast amount of power and the FGC approach can easily be subverted by professionals to a method or technique for agencies to use on families. Whilst the FGC model offers a balance against this power through private family time and the family-led nature of the meeting; it is also vital that the organizations and systems deploying FGCs, co-ordinators and other professionals are culturally competent.

Kelso (2003) reveals the effect on an aboriginal family of a FGC environment that was not culturally competent despite the efforts of the FGC facilitator. Although the FGC process was 'successful' by most accounts, a cultural advisor to the meeting revealed that the power of information over the family created an imbalance that embarrassed the elders in the family, leading to them lose face. Kelso writes 'A family group conferencing process may mitigate the power imbalance if handled carefully, but FGC should not be confused with traditional aboriginal peace making or other traditional reconciliation processes.'

How might our practice become more culturally sensitive?

The literature highlights a number of other factors we need to take account of if we are to adequately reflect the cultural needs of families: - the location of the FGC, recognizing cultural traditions in the pre-planning and during the meeting, community identity and language competencies of the coordinator or facilitator, the major role elders should play in conferences and community education to let all know that there will be a change in how agencies work with families

Who facilitates?

The literature focuses extensively on the role of the facilitator in creating a culturally competent process.

One pilot project in Olympic Peninsula of Washington State has been offering family group conferencing services to tribal child welfare offices but in addition to state employees, a network of community people were trained as FGC facilitators. However, few of the tribal conferences were actually facilitated by tribal staff. Most of the staff were Indian child welfare caseworkers with extremely high caseloads. Also, because the tribal communities in the area are so small, the tribal facilitators were either acquainted with or sometimes even related to the families participating in a FGC, thus violating the principle of facilitator neutrality. FGC training did, however, increase the number of referrals to the project. (Vance and Eloffson, 1998)

It may be possible to offer a culturally competent service even when it is not possible to provide a co-ordinator from the same culture. One way used by some projects has been to use a 'cultural advisor' for the FGC in order that the co-ordinator can seek guidance on the progress of the meeting.

Because of the respectful nature of the FGC process, non-aboriginal facilitators who are culturally competent, flexible and demonstrate a willingness to allow the family and community to determine the flow of the meeting were well received. In this project if any FGC co-ordinator, has concerns, they recommend that they seek the support of an elder, advisor, or someone who can help the co-ordinator in their role and can help the family understand the issues and what needs to be done.
Vance and Eloffson 1998

Such an option is indeed written into the New Zealand legislation which allows for the use of a cultural advisor to the 'care and protection coordinator' whose job it is to set up the FGC if he or she is not from the family's own culture.

Preparation

In an informal piece of work undertaken by the Camden FGC project family members emphasized the importance of effective preparation for family member and that this was particularly important for BME families who may have less understanding of local authority systems. This research emphasizes the importance of the co-ordinator providing sufficient time to meet with all family members and to allow for their views and concerns to be clearly heard.

Location and traditions

The literature places strong emphasis on the location of the FGC meeting. BME families may feel disempowered by the formality of the setting particularly if it feels like an institutional setting. FGCs should, according to the literature, take place within a community setting in a place that is most comfortable for the family. If this then ends up being within a religious setting then the co-ordinator will need to be familiar with any constraints this places on the process. The family may feel comfortable with specific cultural traditions being honored within the process e.g. traditional welcoming, prayer and opening/closing ceremonies, offering of food, etc. This however may be uncomfortable for those who don't adhere to such traditions and it is important to take the lead from the family and to discuss such issues prior to the meeting beginning. It is the tradition within the Maori community to engage in lengthy welcoming traditions often involving a song and followed by a meal prior to the beginning of the meeting itself.

Jurisdictional issues

There may be situations when there are different jurisdictional rules or laws that are operating either explicitly or not which would have a bearing on the decision making. There may be situations where special status or rights are conferred on a particular group of people. This may present challenges for the co-ordinator or for other family members where this is not the case.

Many FGCs in Washington State are conducted with multi-racial families where one side of the family is of non-Indian descent. Non-Indian participants may feel confused or threatened by the special rights of Indian people under child welfare law, including the right to have a representative from their tribe. Participants "should be prepared with some introduction to this information before the meeting so that sensitive questions and initial fears that arise may be addressed to some degree privately, and do not cause additional polarization". (Vance and Eloffson, 1998)

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When the Ugandan parent of 3 children died she had identified two relatives as 'guardians' in law to care for the children. This bestowed parental responsibility on both. However neither could agree about the care of the children. The decision was complicated as who-ever took on the children would in all likelihood also get leave to remain in the UK. In the event the grandmother in Uganda in keeping with the tradition within that community made the final decision when both could not agree through the FGC.

In Washington state "tribes are sovereign nations" and children could be involved in either the state or tribal system (or both concurrently), consequently referrals can come from either system. In this situation facilitators need to ensure that jurisdictional responsibilities are clearly presented to the family and are explicitly worked out in the plan.

Follow-through

Vance and Elofson (1998) cite follow-through as an important part of the process, particularly amongst communities who have a certain amount of distrust of the state system. Research from other projects have shown that around 50% of the time that plans are not followed it is the worker's responsibility and 50% of the time it is the family that has failed to follow through.(Vance and Elofson 1998) FGC's that work within the host culture as well as the culture of the family/community complicates this accountability and follow-up. Vance and Elofson recommend appointing two people (one from family, one from the agency) to carry responsibility for monitoring the progress of the plan.

In some counties families may be offered more than one FGC and the effectiveness of the plan is given more scrutiny. Within communities where there may be considerable mistrust about public services it is perhaps more important to ensure that the decisions that are made are followed through by participants,

particularly by agencies. In the Dauphin study in Manitoba, where many of the FGC participants were Métis, 50% of all cases required a 3 or 6-month follow-up (Routhier G, 2009).

Elders and Extended Family

The role of elders is mentioned throughout the literature (in Waites *et al.* (2004), and in Kelso, 2003). As mentioned earlier the New Zealand legislation gives identified rights to Maori and South Pacific elders in relation to attending FGCs.

In Kelso's research (2003) of a pilot FGC in British Columbia, one of the FGCs involved an aboriginal family where elders were involved. She found that in this case, what was required was a two-stage process for information sharing. Elders needed to be informed of what was going on ahead of the conference – this denotes respect on their authority within the family. Without this information sharing ahead of the meeting, the elders were publicly shamed. "To have devastated the elders in a large group is completely unacceptable". The preferred process is one in which the elders are informed as soon as something comes to the attention of the state. An advisor to one of the FGCs in the study said: "The grandmother was very angry because she didn't know what her great-grandchildren were going through. If she had known, she would have done something about the situation." Not informing her ahead of time devastated her because she didn't know what was happening, and she appeared to have not done anything about the situation. In describing the role of the elders, she explained: "That is the way usually our First Nations families are. 'If you are not looking after the child right, I'll take care of that child until you do something different.'"

Involvement of children in the meeting

Connolly and McKenzie (1999) pose a very interesting question: Families have different cultures and views about children, and the question of whose culture has precedence within the child protection milieu can create practice dilemmas. Indeed there appears to be more of a focus on the child's right to involvement within FGC practice in the UK than occurs in other parts of the world, and this is a trend that has emerged largely after the model has become rooted in this country. As mentioned previously issues of child participation and notions of individual child rights are perceived differently within different communities. How

then, do we ensure that we hear the voice of the child within the family context whilst respecting the cultural traditions of the family?

Democratisation of the family

The view is often expressed that FGC has the possibility of democratizing decision making within families, in that it enables all family members to have a voice and be heard. There is also evidence that FGC enables the family and agencies to come together to address issues that cut across different disciplines and areas of concern. This fits well with the current government thinking about strategies to address the multi-faceted problems of 'hard to reach' families amongst which black families are over-represented. Several authors (Pennell and Burford 1997) reveal that FGCs facilitate co-operative work across agencies and programmes so that they can work together to address the maltreatment of both children and adults in families.

Much of the literature links child welfare FGC with other types of conferencing – juvenile justice, family violence, substance abuse, etc. There is evidence that the longer an FGC programme has been in existence then the more likely it is to have developed a response to a broader range of issues. (Nixon 2005 Holland et al., 2005)

CONCLUSION

In conclusion effective use of the FGC model can bring far reaching benefits for the community it serves and for all through building better relations between the ethnic community and the state.

Pakura (2005) argues that the FGC process has created trust between the Maori people and the state. This result both from the statutory recognition of the rights of the Maori community and from the trust engendered through the workings of the process itself. The FGC process by explicitly putting the family in charge has

a moderating effect on the involvement of the state. Social workers have to be prepared to answer to the family for their decisions and to give clear and unambiguous information. “They have to articulate and account for their views and opinions in front of families.” (Pakura 2005) FGC is an opportunity for families to build trust with the system – social workers report post-conference of better relationships with families and this level of trust can be a very important indicator for protecting children. “The most important condition for success was found always to be the quality of the relationship between the child’s family and responsible professional” (Nixon, Building Community, citing Messages from Research- DH 1995a). New Zealand social workers reported a significant shift in the focus of their work following the introduction of the legislation there. Prior to the Children, Young Persons and their Families Act (1989) they were more inclined to be working predominantly with other professionals and after the Act they report working much more with extended family members.

Some FGCs are including community representation in the meetings and this has led to “terrific gains in the relationships between public agency and the neighbourhoods they seek to partner with.” Nixon 2005 (also discusses building community capital). There is evidence of the value that FGC plays in building community, and the potential role it can play in informing government about what families need in the way of support.

Burke et al, argue that when community agencies are involved in FGC, 90% of participants agree or strongly agree that the resulting meeting generated a plan that “appropriately links the family with local services”.

In this way the FGC model offers an effective tool in harnessing the work of BME community groups to bring about change in a real way in the lives of its community and to facilitate better relations with local service providers. A difficulty however is that in spite of the effectiveness of the black voluntary sector in ensuring use of and access to services, there are ongoing problems

around 'short-termism' due to lack of funds, and the inability or unwillingness of the state sector to work in partnership to improve services for minority ethnic service users. Stronger partnerships between the voluntary and statutory sectors could make a real difference and the FGC model allows for this to happen. Merkel-Holguin (2003) however argues that the majority of the research reveals an absence of families' voices in building, improving, and sustaining FGDM processes.

Nixon argues that 'once families and communities are more involved in strategic planning, they will argue for more family friendly/family support approaches and services. **They will help set the right context for FGC practice to flourish.** The presence of service users on planning forums will invariably lead to questions about the assumed sanctity of certain budgets. A systematic recording of FGC requests and plans could help a needs led service develop from a wish list defined by users.'⁵

⁵ Nixon, Paul. *Building Community through Family Group Conferences: some implications for policy and practice.*

APPENDIX ONE:

Practice points for FGC projects regarding working with black and ethnic minority communities.

For project managers:

- Can the project be placed within a service dedicated to that community?
- Ethnic monitoring – Keep effective records on ethnic break down of referrals, and those families that proceed to complete process.
- Involve local BME voluntary organisations on steering group
- Involve family members on steering group
- Ensure as much as possible that the diversity of the community is represented in co-ordinators' group
- Make sure information is available in different languages to reflect diversity of existing and emerging communities (leaflets, web)
- Project forms should reflect cultural issues (e.g. referral form, evaluation forms)
- The project should keep a register of people who can be approached to advise coordinators re cultural needs of families

For co-ordinators

Preparation

- Matching to culture of family –offer the family *choice* about matching. If not matched what other people can advise the coordinator?
- To focus on cultural issues with family. If in doubt ask the family about how their culture impacts on the process.
- Ensure that the family has time to express concerns about the meeting. Are there important cultural issues regarding the wider families' view of the problem?
- Ensure that family has clearly accessible information. Recognize that BME families may have less understanding of local authority process and procedures and greater feelings of mistrust.
- To consider 'cultural advocacy' for family – Do the family need support in FGC from a supportive agency?
- To take account of family's cultural preference re:
 - Involvement of child - How to approach child's involvement in culturally sensitive way
 - Involvement of elders/community – What position do elders in community have in decision-making? At what point are they approached about the meeting?
 - Appropriateness of venue

- Impact of asylum issues – Are issues of asylum bound up with the decisions about the child?
 - Is the coordinator able to get accurate information about the family and its membership?
- Don't make assumptions about the extended family
- What is the importance of family members overseas regarding the decisions to be made?

During FGC

- Traditions re introduction to meeting – Do the family have traditional ways of beginning and ending the meeting?
- What are the cultural influences on decision-making
 - Tribal/elder issues
 - Asylum
 - Child rearing
 - Gender issues
 - Religious traditions
- Language / communication issues – Ensure that the family's need for interpreters is addressed.
- Food – Ensure that the food reflects the family's culture (and religious beliefs).

- Venue – Ensure that the family have some control over the choice of venue
- Recognize that the family may have issues of mistrust and misunderstanding concerning the role of the social worker.
- Be clear about the decisions made and timescales for completion
- Be clear about plans for review of the plan

After the FGC

- Does the family need a cultural advocate to follow up the decisions made?
- What follow up plans are needed to ensure the plan is adhered to? – Ensure that the family is clear about how to address any concerns they may have after the FGC.
- Ensure that the family have opportunity to comment on the process
- Feed back any issues of concern back to your manager and to the project steering group

REFERENCE LIST

Ashley C, Holton L, Horan H, Wiffin J (2006) *The Family Group Conference Toolkit – a practical guide for setting up and running an FGC service* (London, Family Rights Group)

Barn R (2006) Briefing paper 'Improving services to meet the needs of minority ethnic children and families' (Research in Practice) Available from <http://www.york.ac.uk/depts/spsw/mrc/documents/QPB13.pdf>

Beecher R (2001) 'We were just ourselves': Families' Experiences of Family Group Conferences in Camden. Camden FGC project (unpublished Masters dissertation)

Brown L (2003) Mainstream or margin? The current use of FGCs in child welfare practice in the UK in *Child and Family Social Work*, *8*(4) 2003: 331-340

Burke K, Allen Eckard K, Kemp S, Ware J, Ackroyd A and Munoz S (2003) Community Family Support Meetings: Adding Community Resources to Family Decision Making in *Protecting Children – Promising Results, Potential New Directions: International FGDM Research and Evaluation in Child Welfare*. 15, 1&2 (Englewood, Colorado: American Humane Association)

Connolly, M., & McKenzie, M. (1999). Effective participatory practice: Family group conferencing in child protection. NY: Aldine de Gruyter. Routhier, G.

Chand A and Thoburn J (2005) 'Research Review: Child and Family Support Services with Minority Ethnic Families: What can we Learn from Research?' *Child and Family Social Work*, 10(2)

Department for Children, Schools and Families (2008) *Referrals, Assessments and Children and Young People who are the subject of a Child Protection Plan or are on Child Protection Registers, England - Year ending 31 March 2007* (internet, www.dcsf.gov.uk)

Department for Education and Skills (2006) *Children in Need in England: Results of a survey of activity and expenditure as reported by Local Authority Social Services' Children and Families Team for a survey week in February 2005: Local Authority tables and further national analysis* (internet only)

Department of Social Welfare (1998) Puaote Ata Tu (Daybreak): *Report of the Ministerial Advisory Committee on a Maori Perspective for the Department of Social Welfare* (Wellington, New Zealand: Department of Social Welfare)

Department for Work and Pensions. Families with children in Britain: findings from the 2005 Families and Children Study (FACS) Research Report No. 424 by Lorenc Hoxhallari, Anne Conolly and Nick Lyon May 2007 ISBN 978 1 84712 168 4

Family Group Decision Making: Does the model work for families? Dauphin Friendship Centre, Manitoba. www.dauphinfriendshipcentre.com/family.php. Last accessed 25/4/09.

- Family Rights Group: Survey of FGC projects (2005 survey) (unpublished)
- Family Rights Group: Survey of FGC projects (2007/8 survey) (unpublished)
- Flynn F and Ashley C (2007) Providing family group conferences to families from black and minority ethnic groups: the essential context in Ashley C and Nixon P (ed.) *Family Group Conferences – Where Next? Policies and Practices for the Future* (London, Family Rights Group)
- Ghate D and Hazel N (2002) *Parenting in Poor Environments* (Jessica Kingsley Hall)
- Gunderson K, Cahn K, and Wirth J (2003) The Washington State Long-Term Outcome Study in, *Protecting Children – Promising Results, Potential New Directions: International FGDM Research and Evaluation in Child Welfare*. 15, 1&2 (Englewood, Colorado: American Humane Association)
- Hall ET (1976) *Beyond culture*. Garden City: Anchor Doubleday.
- Herberg DC (1993) *Frameworks for cultural and racial diversity: Handbook for professional practice* (Toronto: Canadian Scholars' Press)
- Holland S, Scourfield J, O'Neill S and Pithouse A (2005) Democratising the Family and the State? The Case of Family Group Conferences in Child Welfare, *Journal of Social Policy*, Vol. 34, No. 1, pp.59–77
- Kelso K (2003) *The Family Group Conference: Implementation in Child Protection in a Corner of British Columbia*. Masters Thesis, Royal Roads University
- Lupton C and Stevens M (1997) *Family outcomes: Following through on family group conferences, SSRUI report No34* (Portsmouth: Social Services and Information Unit, University of Portsmouth)
- MacPherson W (1999) *The Stephen Lawrence Inquiry* (London, The Stationery Office)
- Marsh P & Crow G (1998) FGCs and child protection in a multicultural community in *Protecting Children 18(1&2) 2003: 131-132* (Englewood, Colorado: American Humane Association)
- Marsh P & Crow G (2003) Outcomes in O.Stevenson (Ed.), *Family group conferences in child welfare* (Toronto: Copp Clark Professional

Merkel-Holguin L, Nixon P and Burford G (2003) Learning with families: A synopsis of FGDM research and evaluation in child welfare, *Protecting Children*, Vol. 18 (1&2), pp.2–11

Nixon P, Burford G and Quinn A with Edelbaum J (2005) *A survey of international practices, policy and research on family group conferencing and related practices* (Englewood, Colorado, American Humane Association, National Center on Family Group Decision Making)

O’Neale V (2000) *Excellence not Excuses Inspection of Services for Ethnic Minority Children and Families* (Social Services Inspectorate)

Pakura S Chief Social Worker, New Zealand Department of Child, Youth and Family Services Wellington, New Zealand. Plenary Speaker, Saturday, 5 March 2005 ‘*The family group conference 14-year journey: celebrating the successes, learning the lessons, embracing the challenges*’. Paper presented at the American Humane Association’s Family Group Decision Making Conference and Skills-Building Institute, 6–9 June 2004, in Harrisburg, Pennsylvania, USA

Pennell J and Burford G (1997) *Family group decision making: After the conference – Progress in resolving violence and promoting well-being*

Vance J and Eloffson P (1998) Family Group Conferences: Implementation with Native American Families, in *Protecting Children*, 14, 4 (Englewood, Colorado: American Humane Association)

Velen M and Devine L (2005) Use of FGDM with Children in Care the Longest: It’s about time in, *Protecting Children – Family Group Decision-Making: An evidence-based decision-making process in child welfare*, 19, 4 (Englewood, Colorado: American Humane Association)

Waites, C., Macgowan, M. J., Pennell, J., Carlton-LaNey, I. & Weil, M. (2004) ‘Increasing the Cultural Responsiveness of Family Group Conferencing’, in *Social Work*, vol. 49, no. 2, pp. 291-300,