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Long Term and Immediate Outcomes of Family Group Conferencing in Washington State (June 2001)

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Abstract

This article presents the findings of a retrospective study of 70 family group conferences (FGC) conducted in Washington State. These 70 FGCs addressed the well-being of 138 children. The families within the evaluation were primarily referred by foster care units rather than investigative units and involved cases that had been in the child welfare system for over 90 days. Families were invited to participate in the decision-making process, engaging both the maternal and paternal sides of the family with greater success than standard case planning approaches. Children who had a conference experienced high rates of reunification or kinship placement, and low rates of re-referral to CPS. These findings generally remained stable as long as two years post-conference. This study, the largest long-term follow-up study of FGC published to date, suggests that FGCs can be an effective planning approach for families involved with the public child welfare agency, resulting in safe, permanent plans for children at risk.

Introduction

Child welfare policy and practice in the United States have been described in terms of a pendulum, swinging between child safety and family preservation. The landmark Adoption Assistance and Child Welfare Act of 1980 (P.L. 96-272) represented a swing towards family preservation where policies promoted efforts to keep families intact and prevent the placement of children into foster care (Cole, 1995). As the country struggled with rising foster care placements and a number of high profile child deaths in the eighties and nineties, public opinion began to blame this focus on family preservation, and called for renewed attention to child safety.

The passage of the Adoption and Safe Families Act of 1997 (ASFA) was seen as a push to the family preservation end of the arc, prioritizing the safety of the children. Policies and programs shifted from family preservation to pushing for timely safe permanent placements for children. Adoption was identified as the most-rewarded strategy to reduce the high rate of children drifting in the foster care system, and incentives were offered to states for each adopted child. As ASFA specified shorter timelines for parents to demonstrate their ability to safely care for their children, more than one advocate wondered whether parents were becoming no more than "speed bumps" on the way to termination trials.

Thinking in terms of a pendulum, however, is problematic. It frames child welfare as an either/or choice of child safety or family preservation. Sometimes swift action to terminate parental rights is needed due to extreme circumstances in the birth family. But for the majority of the children the situation is more complex. For example parental prognosis for recovery from addiction hard to assess, and likely will take more time than the child's developmental timeline (as reflected in ASFA timeframes) requires. In other situations, the child may have special needs that require extraordinary care. The situation is more complicated than the smooth easy swing of a pendulum between family preservation or adoption.

The challenge for the child welfare system is to move practice, policy, and thinking off the restrictive paradigm of the pendulum swing. Social workers and families need to work together to create a plan that provides for the child's immediate safety and takes into account a child's long term developmental needs. In the process, it is also critical to broaden notions of family to include the network of extended family. The social worker and family must have a fuller range of motion than the simple back-and-forth arc of a pendulum. "Remove" or "reunify" cannot be the only choices given the complexity of child welfare cases today.

Social workers and families need to work together to create a plan that provides for the child's immediate safety and takes into account a child's long term developmental needs.

This challenge is particularly critical for families of color who are involved with the child welfare system. Over one-half of the

African American children (56%), for example, receiving child welfare services are in foster care placements - twice the percentage for white children (Children's Defense Fund, 1999). Despite no higher levels of abuse African American children are more likely to be removed (Morton, 1999; US Department of Health and Human Services, 1999), experience long stays in out of home care, receive fewer services (Barth, 1998; Close, 1983; Courtney, 1996; Olsen, 1982) and wind up as legal orphans with no committed permanent home (Kemp, 1999). For these and all children, a broader definition of family and a commitment to engage family in the case planning process is one strategy that could help alleviate these disproportional numbers and increase the likelihood that services provided would be more culturally appropriate.

The practice of family group conferencing (FGC) is one way to get off the pendulum and address the safety of the children in the context of a permanent connection with families. As practiced in Washington State, it can provide for both immediate safety, and

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long term family permanence and parental connections. A description of the model, including its origins, will be presented followed by an evaluation that looks at both the immediate and long-term benefits of FGC for 70 families.

What is Family Group Conferencing?

Family group conferencing (FGC) is a participatory approach to case planning that was originally developed by the Maori people of New Zealand, in response to concerns that the child welfare system was removing Maori children from their homes and cultural ties at a disproportional rate. Based upon the success of this approach in New Zealand, FGC has been utilized as a case planning approach in the United Kingdom (Lupton & Nixon, 1999), Australia (Swain, 1993), Canada (Immarigeon, 1996) and in parts of the United States, including Colorado, New Hampshire, New York, Massachusetts, California, Oregon, and Washington. An underlying philosophy of the FGC model is that extended families have the commitment, resources and capacity to create safe and caring plans for their children.

Descriptive studies, primarily focusing upon process measures and immediate results, show that FGCs engage more family members than other case-planning methods, result in high degrees of family and professional satisfaction, and expand the quality of support available to families who have participated (for a review, see Lupton, 1999). Findings from child welfare studies where there was *not* a FGC provide support for the importance of active family involvement. Gleeson et al (1997), for example, found that an absence of active family involvement in case planning and decision-making can create a barrier to achieving permanence.

Prior to claiming the success of FGC as an intervention, however, there is a need to understand whether these immediate results are sustained over time. We need to know, for example, whether the placements that appear stable six months after the conference continue to be stable and safe environments for the child in the long-term. Few FGC studies have examined longer-term outcomes. One exception to this is the work of Pennell and Burford (2000) with families experiencing domestic violence in Newfoundland and Labrador. In follow-up interviews and progress reports that took place an average of one year post-conference, the authors found that FGCs did a better job than regular case planning approaches in promoting family unity, increasing safety for all family members, and reducing reports of child maltreatment and mother/wife abuse. The study found that overall levels of abuse had decreased significantly for the families involved with the project and increased moderately for the comparison group.

More work is needed with larger sample sizes and in other settings to gain a greater understanding of long-term outcomes for families. The present evaluation addresses this gap in our understanding of the effectiveness of the FGC model by reporting both the immediate and long-term outcomes for an ethnically diverse group of 138 children in Washington State.

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Family Group Conferencing in the State of Washington

FGC has been practiced in Washington State since 1997 when two Division of Children and Family Services (DCFS) managers contracted with the University of Washington to implement a statewide pilot demonstration of FGC. The original FGC pilot program is now standard programming with long-term investments in five of the six administrative regions, each of which have allocated regional budgets to fund one to six FGC facilitators per region. The state child welfare agency contracts with the University of Washington to convene facilitators from around the state on a monthly basis in order to support the exchange of best practice knowledge and to provide direction for the future of FGCs. At a later date, the Stuart Foundation of Washington and California added funds for an evaluation component.

In the state of Washington, FGC consists of a three-stage process where-by families assume a central role in planning for their children within the mandated authority of the child protection agency. The FGC process used in Washington State, as described in the next section, reflects those used in other parts of the country and internationally.

Stages in a Family Group Conference

1. Referral and Contacting Family

A case carrying social worker refers a family to an FGC facilitator. The facilitator then works with the child's parents or relative caregiver to identify other extended family members and support people who should be invited to the conference. During this period the FGC facilitator also contacts service providers who can provide pertinent information regarding the well-being of the child. At this stage, the facilitator's task is to prepare both the family and service providers for their role in the conference. For example, the facilitator explains to the family members that their charge is to develop their own family plan that addresses the safety and well-being of the child. Service providers are told to provide information to family members, but not to express an agenda or an outcome. The only exception to this is when there is a serious safety concern. For example, if a plan to return the child to a parent would not be approved due to safety concerns, the referring social worker is asked to be explicit about any "bottom line" safety limits.

2. The Conference

a. Information-gathering

The facilitator convenes the meeting at a location selected by the family and the meeting begins with introductions and a statement of purpose by the facilitator. The providers then proceed with sharing information with the family. This can include evidence leading to the concerns for the child and family well-being, a description of the services currently provided and other community resources, supports the child welfare agency can provide, explanations of the permanency planning options, and if appropriate, an overview of how the dependency court system works.

b. Private Time

After hearing all the information, the family and their support network meet privately to develop a plan aimed at assuring the well-being of the child. Often the focus is to develop a safe permanent plan, but other times the family may choose to focus on other more immediate needs, such as treatment plans or visits with family members.

c. Reconvene with Social Worker

After the family has developed their plan, the FGC facilitator and the referring social worker reconvene with the family. The family presents their plan to the social worker, who is responsible for approving the plan.

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The primary criterion for approval is the safety and well-being of the child. Previous studies have found that the majority (in most studies as high as 90-95%) of families are able to identify a plan, and that these plans are approved by the referring social worker (Crowe & Marsh, 1997; Simmonds, Bull, & Martyn, 1998);(Lupton & Sheppard, 1999). If the plan is approved, it becomes part of the child's record and is usually sent to the Dependency Court judge.

3. Follow-up

Follow-up is an important phase of the FGC process as the plans must be monitored to ensure that children remain safe, families are receiving adequate support, and that services are being delivered. For some families, follow-up may be in the form of a second FGC. Conceptualizing the FGC process as three phases emphasizes how specific efforts are required to 1) prepare for the conference, 2) facilitate the conference, and 3) provide support to the families after the conference. This conceptualization of the FGC process moves us beyond viewing the conference as a single act that can be successfully performed without careful preparation work or adequate support after the family meets. In looking at a critique of the New Zealand experience with FGC, lack of follow-up to monitor and ensure service delivery was cited as a major concern (Mason Report as cited in (Lupton & Nixon, 1999)).

For more detailed descriptions of the process or history of FGC see (Hudson, Morris, Maxwell, & Galaway, 1996,Hassall, 1996 #196) (Robertson, 1996b); and (Lupton & Nixon, 1999).

Methodology

Study Sample and Procedures

The findings reported here were generated through a participatory evaluation conducted in close partnership between DCFS and the University of Washington. During the process of the evaluation, members of the Washington State FGC facilitator team provided critical guidance and insight including suggestions for design features, identification of questions for analysis, and assistance with the interpretation of project findings. This collaborative process strengthened the validity of the evaluation.

The sample for this evaluation included all conferences that were conducted by two FGC facilitators in a suburban and rural area north of Seattle, Washington. These two facilitators tracked descriptive data and outcome information on their FGCs dating back to the start of the project in May of 1997. Because the intent of the study was to explore long-term outcomes, only cases at least 6 months post-FGC (occurring prior to November 1999) were included in the analysis. The evaluation consequently reflects outcome information on 70 families with a total of 138 children.

There were two sources of information for the evaluation. The first source of information, the family plans, were prepared by the families at the conference, outlining the steps families agreed upon to assure the well-being of the child. A content analysis of the family plans provided information on the immediate outcomes of the conferences. Attached to these plans were face sheets that FGC facilitators routinely completed after the FGC. These face sheets included demographic and departmental information; for example information on what unit referred the family for an FGC. The second source

was a database of outcomes kept by the FGC facilitators. The database included case-by-case information, such as whether the child returned to care after the conference. The information from the database allowed us to address the most central questions in this paper, whether the immediate outcomes resulted in sustained long-term benefits for the children.

The University evaluation staff gained access to the database and the family plans only after identifying client information was removed, thereby assuring protection of client confidentiality. The FGC facilitators established a coding scheme that allowed for the database and plans to be linked while maintaining the clients' anonymity to the non-DCFS evaluators.

The extent to which we could answer the evaluation questions was limited at times by the availability of information. The content of the database and the face sheets were collected prior to the conception of this evaluation, thus limiting what questions could be addressed within this evaluation. In some instances information was collected using the child as the unit of analysis, while for other variables the family served as the unit of analysis. Furthermore, there was a problem with missing information. As the number of conferences increased, the facilitators' priority understandably focused on preparing and convening conferences rather than tracking all the conference data. Throughout the report care will be taken to indicate the number of cases where information was available and whether the unit of analysis was the child or the family.

Evaluation Questions

Through the descriptive data the following questions are addressed: (1) which child welfare units referred families, (2) what was the cultural diversity of the families, and (3) who participated at the conference, both in terms of the composition of the family support network and the presence of service providers. The immediate outcome questions include whether the families' plans were approved by the social worker, whether there was an increase in reunification or relative care placement options after the FGC, and whether the plans reflect variations in family and cultural approaches to care-giving and problem-solving. Based upon practice experience, it is believed that families will tap into their own resources, with the support of the agency, to create a permanent plan that accounts for the well-being of the child. There are three primary long-term questions that will be addressed within this study: (1) were there any substantiated CPS re-referrals, (2) were the placements stable, and (3) did the case close?

Results

Who participated in the FGCs?

Families Were Primarily Referred Through Permanency Planning Units

Of the 66 families where information was available, 74% were referred from CWS, 23% from Child Protective Services (CPS), and the remaining 3% from Tribal Indian Child Welfare workers who provide both CPS and CWS services. According to the FGC facilitators, many of the families were considered "challenging" cases where a plan for the children had not yet been identified. Of note, children who are involved with CWS typically are receiving permanency planning services and have been in out-of-home care more than 90 days. Substance abuse and neglect were the two primary concerns that brought these families into the child welfare system.

The Diversity of Families Was Similar to That in the Agency as a Whole

The diversity of families within our sample reflects that of the general child welfare population in this region, with two exceptions. Within the sample, 59% of the families were Caucasian, 23% were Native American, 11% African-American, 4% Hispanic, and 3% Asian. Proportionally, there are fewer Caucasian families and more Native American families in the sample compared to this region's representation of children in out-of-home care (Washington Permanency Summit, 1999). Of note, information was only available regarding the family's ethnicity as a whole, while the regional statistics describe child ethnicity. Our analysis was not able to account for the potential ethnic variations within families.

Family Member Participation Was High

Participation at the FGC was considered an indicator of whether extended family members mobilized around the planning for the child's well-being. Data show that each conference drew a high number of family members, and those family members out-numbered service providers. Across the 70 FGCs, there were 589 family members and 361 service providers in attendance, resulting in an average of 8 family members and 5 providers at each conference. Family members include fictive kin, friends of the family, or anyone the family identified as a support person, such as a pastor. Types of providers attending the conferences include school counselors, therapists, and foster parents.

Family involvement was further explored to learn about the degree of participation by the maternal and paternal sides of the family, as well as for the presence of children at the conferences. For 57 of the cases within this study, information was available regarding maternal and paternal participation. For some of these "missing cases," only the plans identified at the follow-up FGC were available for analysis. For purposes of consistency, it was decided not to include these plans in the study. Across these 57 cases, there were 263 maternal and 163 paternal relatives, resulting in an average of 5 maternal and 3 paternal relatives attending a conference. FGC's commitment to family involvement in case planning was reflected in the model's ability to creatively accommodate different family situations. For example, at several of the FGCs, parental participation occurred via the use of speakerphone with an incarcerated parent. Sixteen children were listed as being physically present at the conference. Other children's voices were shared, however, through their letters being read at the conference or by the participation of their therapist or counselor. Information was not available regarding the age of the children.

What were the immediate outcomes?

The Conference Resulted in Family Plans in Most Cases

A family plan, outlined during the family's private time and approved by the caseworker, is the primary goal of the FGC. For 97% of the children (n=134) a family plan was identified. For three of the other children, the family chose to reconvene in order to decide upon a plan. For only one child was the family unable to arrive at a plan. All of the identified plans were approved by the social worker indicating that the plans met agency standards for child safety and well being. These findings correspond to the results of other FGC studies (Maxwell and Robertson, 1991; Paterson and Harvey, 1991; Renouf, Robb, and Wells, 1990; all as cited in (Robertson, 1996a).

Family Plans Combined Both "Traditional" and Family Specific Strategies

As the families are empowered to create their own plans, the FGC process is more likely to reflect the variations in family and cultural approaches to care-giving and problem-solving. The family plans created at the FGC were reviewed to determine whether they included strategies that were both representative of the types of traditional services seen in case plans where a FGC did not occur, and that were also unique to the family. Only 57 plans, out of a possible 70, were available for analysis. The more "traditional" services identified by families were categorized into four main groups: mental health services, substance abuse treatment, behavioral interventions, and housing resources. In 80% of these plans, families listed a mental health service such as a psychological evaluation or counseling. The second most frequent service listed was substance abuse treatment or prevention (61%), which included AA meetings or substance abuse evaluations. The third most frequent service was behavioral interventions (61%) that included services such as anger management, domestic violence services, parenting, and stress management classes. The last main grouping pertained to housing resources (30%). Other resources that families identified were educational services, public assistance, Intensive Family Preservation Services or less-intensive family preservation services, childcare, public health, and health.

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In addition to the more "traditional" services, families also identified resources that tapped into their own strengths. In all of the 57 plans reviewed, at least one family-driven support was listed. These services included family members providing transportation, financial assistance, supervised visits, continuous emotional support, respite care, and long-term placement resources. Other family plans included extended family members helping with school tuition, providing furniture, attending children's extracurricular activities, and contributing to home improvements. The plans also identified cultural supports such as sweat lodge healing and church based supports.

The Proportion of Children Living With a Parent Increased After the FGC

Information regarding placement location prior to the conference was available for 114 of the children. Knowing where the child was placed prior to the conference is critical in order to explore how placement location changed after the conference. We therefore limited our analysis to these 114 children. The table below lists where the children were placed pre- and post-FGC. Children placed in foster care, detention, and treatment facilities for special needs were considered to be living with non-relatives. The greatest shifts can be seen with the number of children living with parents and relatives. After the conference there was a surge in the percentage of children living with their parents and a decrease in the number of children living with relatives. This shift suggests that children were reunified after living with a relative. The percentage of children living with a non-relative also decreased after the FGC.

Table I. Where did the children go? (N=114)

	Pre-FGC placement	Post-FGC placement
Living with parent(s)	20%	43%
Living with relatives	55%	31%
Living with non-relatives	25%	9%
Tribal jurisdiction	0%	4%
Plan not achieved	N/A	13%

FGCs Resulted in Permanent Plans or Other Positive Immediate Outcomes

Public Law 96-272, the Adoption Assistance and Child Welfare Act of 1980, defines permanence as "the least restrictive (most family-like) setting available and in close proximity to the parents home, consistent with the best interests and special needs of the child." This permanence can be codified by law as reunification or adoption, or by the agency as guardianship or long term foster care. Where information was available (n=129), the FGC resulted in a permanent placement for 82% of the children. In addition there were two pending adoptions and a relative placement that possibly was intended as a permanent living arrangement. For the remaining 15.5% of the children, either the plan was not achieved or it was a nonpermanent placement.

It should be noted, however, that not every FGC was designed to address issues of permanence. For example, at one FGC a treatment plan was the issue under discussion. The family specified a timeline for the mother to receive therapeutic services and demonstrate her ability to care for the child. The plan was to reconvene at a follow-up

meeting to assess whether it was appropriate for the child to return home or whether another permanent plan should be pursued. In six other cases, the "non-permanent" placement was intentional, as the family had identified the placement as part of their secondary plan. Families were encouraged to identify a secondary plan in case the primary plan did not work out. For example, one youth had a primary plan to return to the care of relatives with a secondary plan to return to group care if the youth's behavior became too disruptive.

The proportion of children living with a parent increased after the FGC.

Placements Were Designed With Both the Maternal and Paternal Side of the Family

In this study there was a high rate of paternal presence at the FGCs and a high rate of children placed with paternal relatives. After the conference, approximately one-third of the children found a home with either their father or a paternal relative. More specifically, 24% of the children were placed (or remained) with dad, 10% with a paternal relative, 28% with mom, 20% with a maternal relative, 6% with both parents, and 12% with a non-relative. Placement information that specified the relationship of the caregiver to the child was available for only 110 of the children.

Did the Children Remain Safe and in Stable Placements Over the Long-Term?

The question of long-term safety and stability was operationalized in three ways: 1) were there any substantiated CPS re-referrals, 2) were the placements stable, and 3) did the case close? These questions were examined for three groups of cases: those more than two years post-conference (n=55 children), those one to two years post-conference (n=60 children), and those six months to one year post-conference (n=23 children). Except for the case closure question, findings were virtually the same across the 3 subgroups.

The Rate of Re-referral Was Low Over Time

An indicator for child safety is whether there are subsequent founded allegations of abuse and neglect. This study was able to find information on 133 out of the 138 children. Information was not available for 5 of the children due to a transfer to tribal jurisdiction, thus taking the children out of the state child welfare management information system. Of the 133, nine had a founded CPS referral after the conference, resulting in a 6.8% re-referral rate. Of the 55 children who were the focus of the FGC over two years prior to the study, there were substantiated CPS referrals on only two of the children.

Further analysis of the cases that were re-referred show for over half of these children the re-referral did not disrupt the family plan. The re-referred cases involved incidents occurring within five families, as some of these 9 children were siblings. Although an allegation of neglect was substantiated for three children, no change in the plan was deemed necessary after the investigation. For two other children where there was a re-referral, the result was a change to the secondary plan that had been identified at the conference: group care and relative placement. The remaining 4 children who had re-referrals were placed in foster care, which was not part of the family plan. Information was not available on the frequency of inconclusive and/or unfounded reports.

Placements Were Stable Over Time

As we have reported, the majority of families were able to identify a placement plan for their children. It is important, however, to look beyond whether a placement plan was identified and determine whether or not the plan remained stable over time. At the time of the study, the majority of children were in the placement identified in the family plan. Only 14 (10.1% of 137) of the children experienced difficulties with the intended primary plan and consequently were placed in out-of-home care. For 4 of these children, the move to a non-relative out-of-home care was identified by the family as their secondary plan. For 7 of the children, their placement in non-relative care was not part of the family plan. The remaining 3 of the 14 children were placed in relative care. Of the 14 children who experienced a change in placement, only 3 of these children had a substantiated CPS re-referral after the conference. Although there were no significant differences in the rates that children returned to care by the amount of time elapsed since the conference date, it is important to note that for the 55 children who had a conference 2 years ago, only 5 (9%) returned to out-of-home care. Of the remaining children who returned to care, 6 had participated in a conference one-to-two years ago and the other 3 six months-to-one year ago.

Findings Were Similar in Sexual Abuse Cases

Safety is a particular concern for families where sexual abuse is an issue because of the secrecy surrounding the abuse. Because of these safety concerns, the FGC team was interested to learn of the outcomes for families where sexual abuse was the issue. For thirteen of the families (26 of the children) sexual abuse was identified as one of the risk factors calling for state intervention. Family plans were identified for all of these children at their conferences. After the conference, 21 of the children either remained in their parent(s)' home or were placed with a relative, 4 children went to out-of-home care, including one foster parent guardianship and information was not available regarding the final child. There were no substantiated CPS re-referrals after any of these conferences.

A Slim Majority of Cases Were Closed at the End of Two Years

Closing a case is usually an indication that the social worker considers the child to be in a safe situation, that a permanent plan has been completed, or that agency involvement no longer provides additional benefit or is necessary. Cases were reported as closed for 54% of the 2 plus-year subgroup (n=50), 34% of the 1-2 year subgroup (n=59), and 13.6% for the six-month subgroup (n=22). Unfortunately information was not available regarding the length of time between the FGC and case closure. The discussion section addresses concerns with relying solely upon the case closure status as an indicator of well-being.

Discussion

Descriptive findings of this project echo those of earlier Washington State studies, showing a preponderance of referrals originating from CWS, high rates of families of color participating in a FGC, and high levels of family participation at the conferences (Vesneski, 1998). Interpretations of these findings were discussed at the facilitator team meeting and future evaluation questions were identified. For the families within this evaluation, FGC appears to be an effective intervention to support families in identifying their own resources in addition to accessing agency-based supports. Many of the children remained or were reunified with their parents, while others were able to remain in the care of their relatives.

In regard to the small number of referrals originating from CPS, possible interpretations discussed were: (1) this was a reflection of families being less inclined to accept an FGC earlier on in their involvement with the child welfare system, (2) a lack of awareness of CPS social workers regarding FGC and consequently low referral rates, or (3) an effect of possible system disincentives that preclude a FGC referral. Dialogue has already begun within a CPS unit to gain a greater understanding of the low referral rates from the perspective of CPS workers. This understanding will help identify effective strategies to offer FGCs to families early on in their involvement with the child welfare system. If the outcomes from this evaluation serve as an indicator of the effectiveness of FGC for children in general, offering a FGC to families may help reduce the approximately 31% of the children placed in out-of-home care for at least 60 days who remain in care two to three years later (Washington Permanency Summit, 1999). At the facilitator team meeting, members also recommended that even if a family declines a FGC initially, there should be repeated offers to have a FGC throughout their involvement with the child welfare system.

In terms of the high rate of families of color participating in FGCs, it was unclear whether this may be a result of social workers selectively referring certain ethnic groups or that certain ethnic groups being more inclined to accept an FGC referral. A greater understanding in these areas is important to assist facilitators in their efforts to assure that practice efforts continue to be culturally responsive. Recall that FGC originated from the Maoris' efforts to make the New Zealand child welfare system more culturally responsive.

This evaluation found that placements remained stable over time with only a few children returning unplanned into out-of-home care, and even fewer children being re-referred even two years after the conference.

The high level of involvement of family members at the FGC reflects the model's focus on the importance of family mobilization and family involvement in the decision-making process. The high rate of paternal involvement for the families within this study contrasts sharply with previous studies showing very few fathers being involved in case-planning, even for family preservation services (O'Donnell, 1999). Consistent with the high rate of paternal involvement at the conference, the rate of placement with fathers and/or paternal relatives was also high. In regards to the low rate of children present at the conference, the current Washington State practice guideline recommends children over the age of 12 be invited to attend the conference. This guideline differs from New Zealand's where children younger than 12 are often encouraged to attend the FGC. For example, in New Zealand one study found that children were present at 79% of the conferences (Paterson and Harvey, as cited in (Robertson, 1996a). Recently at the FGC team meetings, this guideline for child participation has been revisited.

Most importantly, this evaluation found that placements remained stable over time with only a few children returning unplanned into out-of-home care, and even fewer children being re-referred even two years after the conference. These positive long-term findings become even more significant when we consider the long-term outcomes for children in Washington State's child welfare system. Although the overall state or regional statistics are not a strict comparison group, these statistics help to contextualize the findings from this evaluation. The re-referral rate for the families within the evaluation is lower than the rate for the same region. Overall regional statistics show a 10.1% re-referral rate in 1997(Children's Administration Services, March, 2000). The percentage found in the Children's Administrative report reflects the "percent of CAN [child abuse and neglect] victims who have another substantiated report within 12 months." The report furthermore states that "*the total number of referrals is low due to partial implementation*" and consequently the "*estimated rates may change substantially in the future*" (emphasis added). The re-referral rate in our study was not limited to a 12 month period, but instead counted any substantiated allegation since the date of the conference, which could have been as long as two and a half years after the conference. There were substantiated CPS referrals on only two of the 55 children (4%) who were the focus of the FGC over 2 years prior to the study.

Although there was a low rate of closed cases within this evaluation, these rates coincide with the findings of an informal study conducted at a Washington State DCFS office (Caughey, 1999). In this study, it was found that even with the use of innovative and intensive services, it took on average 2 years for a CWS case to close.

The use of case status (open vs. closed) as an indicator of the effectiveness of FGC should be used cautiously and in conjunction with other outcome measures. The case closure results are confounded by the fact that guardianship cases, even when intended to be permanent arrangements, are considered

"open" in the state of Washington. Guardianship with relatives was one of the most frequently achieved outcomes within this study. The percentage of cases listed as open may also reflect how quickly the legal or child welfare system works, rather than the progress of the family and the well-being of the child. In other words, the family and the social worker may have completed everything, but the case remains open waiting for the finalization of paperwork in court. Future evaluation work should take a closer look as to why a case is still open to determine whether, for example, the case is open because there is a pending adoption or due to the caregiver relapsing.

Future Evaluation Recommendations

While the families in this study appear to have benefited from a FGC, additional studies are needed in order to gain a greater understanding of the long-term outcomes of FGCs. These recommendations reflect some of the limitations of this evaluation. For example, a reliance on pre-collected information restricted our ability to address the full range of questions regarding long-term outcomes. Additional work is also needed to understand whether the positive findings from this evaluation are reflective of other families' experiences with FGC.

Recommendations for future evaluation efforts were identified as a result of the findings from this evaluation and extensive discussion with the FGC facilitator team. The suggestions were generally aimed at identifying direct strategies to improve the FGC process or ways to expand its use within DCFS. Some of the recommendations addressed how to improve our ability to measure and track outcome information across the state of Washington. Currently the FGC facilitator team is actively working to create a template of key outcomes and descriptive variables. This template would allow for aggregation of the data across the different offices allowing future evaluation work to examine a larger and more diverse sample. To more fully understand the outcomes, suggestions were also made that require the collection of qualitative data gathered from both the families and the social workers.

Hearing the Family's Voice

Although the study results showed positive outcomes, we need to enrich our understanding by hearing from the families themselves. Numbers alone can be misleading when there is insufficient contextual information. In this study the collaborative work between the FGC facilitators and the University allowed the stories behind the numbers to emerge. For example, for one youth the plan was listed as "not achieved" because the intended relative guardianship failed. The facilitator shared, however, that the youth eventually was placed with the grandmother, who attended the FGC. This "unplanned" placement has remained stable. Ideally the grandmother's story could also be heard. For example, what did she think about the FGC process and how did it impact her decision to care for her grandchild? Hearing from the families can also help to assess whether families perceive FGCs as empowering and can provide an opportunity to learn how to improve the process.

In a desire to learn from families, the FGC facilitators in partnership with the University have created a toll-free survey line for families to self-refer for an interview. In the interview family members are asked if they would participate in an FGC if they had to do it all over again. A mother responded that she would as "they are really helpful and useful, not just to me, but to my whole family. My family learned a lot about me, especially how to help me where I need it the most." In another response, a paternal grandmother commented that she would "because everyone was there who needed to be there, and stuff got said that needed to be said and people were there to try and rectify it." A maternal grandfather commented that "we had more information then ever before…[and] it allowed the mother a chance to speak for herself. She is so used to having everyone tell her what to do, but here she really took her issues into her own hands…on a scale from 1-10, it was a 10." Finally a maternal aunt stated, "it was awesome for us, the family, to see my sister be the lead of her situation and feel like she was in control."

Hearing Social Worker Voices

To improve the FGC process, gathering social worker input is also critical. Social workers currently represent the gatekeepers between the families involved in the child welfare system and the FGC facilitators. In regards to encouraging social workers to make referrals, creating a space for social workers to share their FGC experiences, both the challenges and successes, will help to assure the process meets their needs. Listening to the social workers will help inform future directions of FGC implementation as well as how to better address the needs of the children and families in their caseloads.

Social worker feedback is also critical to gain a greater understanding of how children and families are doing after the FGC and to learn ways to improve the implementation of FGC. Inclusion of social worker voices would help to more thoroughly assess child and family well-being. As we have seen from the case closure results, many of the families still have an open case even two years after the conference. If the case is open, social workers likely continue to be involved in varying degrees with the family. Through this involvement, social workers could provide qualitative information on how the children are faring in their placements. If social workers are providing the required and necessary follow-up support, they could provide long-term information that supplements the more quantitative indicators of well-being tracked by the FGC facilitators.

The extended family offered a tremendous amount of support that included placement options, respite care, and financial assistance.

An additional area of inquiry for social workers is to explore the impact of FGC on how workers and the agency approach families. In Pennell and Burford's (Pennell & Burford, 2000) study, they noted an inter-

esting secondary impact of their project, one that lasted after the family group decision-making project concluded. Workers reported that they were more likely to engage extended family in a variety of ways to respond to the child's well-being. This approach was extended to families regardless of whether they were involved with a formal family group decision making process. The facilitator team has shared anecdotal evidence that suggest similar stories with the social workers here in Washington State. An exploration of whether FGCs impact overall agency culture with regard to family engagement in care represents yet another area for future evaluation work.

Conclusion

FGC appears to be an effective way to move beyond the metaphor of the pendulum. For the children within this evaluation, the immediate and long-term outcomes suggest the children were protected and the family unit was honored. Both the maternal and paternal sides of the family participated at the conference and with case planning. The extended family offered a tremendous amount of support that included placement options, respite care, and financial assistance. This support reinforces the belief that extended families must be brought into the decision making process for families involved in the child welfare system. Additional evaluation work, including the recommendations outlined within this paper, will further our understanding of the effectiveness of FGC and help to identify ways to improve the process for both the families and social workers.

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