

Inside Parenting Programmes: Case Studies of Family Group Conferencing

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Abstract

A qualitative case study approach was taken to evaluate three areas of early intervention Family Group Conferencing (FGC): the preparation procedure; the young people's understanding of FGC and finally, the consistency of outcomes. Participants consisted of four families and two practitioners who had taken part in an inner-city early intervention project. Findings indicated that the preparation procedure contained some gaps. The children generally appeared to understand why FGC was necessary. The families developed some dependence on the project worker despite indications that some of the practitioners were more stigmatising of the families than may have been predicted.

Introduction

Family Intervention in Context

Early family interventions linked to British criminal justice come out of more than 30 years of research and practice that has identified parental management, supervision and offending behaviour as important to the aetiology of young people's delinquency. In 1998, one legislative response was the introduction of Parenting Orders. Aimed at 'parents of young people who are at risk of, or known to be engaged in, offending or who are failing to attend school' (Ghate and Ramell, 2002), the Order provides a way to ascribe blame and provide rehabilitation. Parenting Orders were further strengthened in the 2003 Anti-Social Behaviour Act.

Family Group Conferencing

The focus of this study is an example of Family Group Conferencing (FGC), used as part of Parenting Orders. Although fairly new as a formal part of British Justice, FGC is not a recent concept here, and has already been used in other countries such as Canada and the United States (Hardin, 1996), Australia, Israel and South Africa (Marsh and Crow, 1998). FGC can be traced back to early Maori traditions and has been used in the mainstream of New Zealand's criminal justice system for the past two decades (e.g. Morris, Maxwell and Roberts, 1993). As Thomas (2000) points out, in this country, 'a number of attempts have been made to draw the new model to the

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attention of practitioners and policy-makers...from 1992 a number of pilot projects began to operate in England and Wales’.

An obvious question to pose is not just what are the desired outcomes of FGC, but by what process is FGC supposed to arrive at such outcomes? One answer to this question could lie within the literature on ‘shaming’. The idea guilt can be induced through being criticised or shamed by others has a strong provenance (e.g. Benedict, 1946; French, 1985, cited in Braithwaite, 1995) but has been most recently brought to prominence by Braithwaite (1995). Braithwaite (1995:55) distinguishes between, ‘shaming that is reintegrative and shaming that is disintegrative (stigmatisation)’.

Family Group Conferencing aims to facilitate reintegrative shaming. The process is designed to illuminate the child’s behaviour and begin reacceptance. The family, including the child, face the problems and challenges, working on a way forward together. So, ‘instead of punishment being administered within the traditional framework of disharmony and fundamentally irreconcilable interests, it is imposed within a framework of reconcilable, even mutually supportive interests’. Further, if they work well, then FGCs fulfil Braithwaite’s assertion that ‘the best place to see reintegrative shaming at work is in loving families’ (Braithwaite, 1995:56).

In a two year evaluation of FGCs in Minnesota, in which victims and offenders met alongside family/representatives of each, Fercello and Umbreit (1998) concluded that they provided an effective process in which most parties involved expressed satisfaction with the system and its handling of criminal acts. Indeed ‘95% of victims and offenders were satisfied with the outcome of the conference’ (Fercello and Umbreit, 1998:1). Other studies have also produced positive results (McCold and Wachtel, 1998; Umbreit and Fercello, 1998; United Nations Crime Congress, 2000).

However, there are questions about FGCs that need to be addressed. A study by Daly (2002) concentrated on the practice and theory of a Restorative Justice Programme and identified several gaps within the process. One gap was the offenders’ knowledge of what would happen at the restorative conferences and why they were even attending ‘a substantial share said they were given ‘none’ or ‘not much’ information on what would happen’ (Daly 2002:5).

Although high levels of satisfaction with the preparation procedure have been reported elsewhere (Sieppert, Hudson and Unrau, 2000), do the children and their families feel truly prepared for the procedures of FGC and do they understand the aims of the process? This may be especially important when considering the children as indeed, Daly reports in her study, ‘effective participation requires a degree of moral maturity and empathic concern that many people, especially young people, may not possess.’ (Daly, 2002:2) Further questions would include whether children who are struggling in general, or presenting challenging behaviours, have sufficient moral maturity to feel shame, and or, to act on feelings of guilt?

Given that the numbers of families going through schemes are still quite low, and that the use of FGCs in this way is relatively new, we felt that this was an excellent example of where in depth, qualitative evaluations could be made to give a participant centred flavour for the experience of being involved in parenting

programmes. The debate as to the role of qualitative and quantitative approaches to applied psychological problems is well rehearsed and much engaged in elsewhere. A particularly useful place to look for a review of pros and cons of this approach is in the dedicated issue of the Journal of Social Issues, from Winter 1997 (Brydon-Miller and Tolman, 1997).

Outline of the Scheme

Our evaluation is of an FGC in England that has been running since 1999 and is an inner city intervention project. It is aimed at children under the age of 13 and their families. The programme uses the FGC process not only as an intervention method to deal with juvenile crime, but also for families with children who are experiencing problems and who, for one reason or another, were in need of help. The project worked on a referral basis with referrals coming from a variety of sources such as Police, Social Services, and Youth Offending Teams.

In this scheme, the process began with a project worker making contact with the child and family concerned after a referral. Several preliminary meetings enabled the project worker to gain an impression of the views of the child and family regarding the problems that they wished to address. This was supposed to involve and empower the family from the onset. The role of the project workers was central to the programme: They were the first contact that the child and family had with the intervention project; they set the stage for the rest of the process and needed to create an environment in which the child and family could feel trust for the project worker, comfortable and safe. Before the FGC began, the project worker also met with representatives from the Practitioner bodies, services and agencies concerned.

After these preliminary meetings, when the family felt ready for the FGC, the project worker delegated arrangement for the conference to a co-ordinator. When assigning co-ordinators, the project worker aimed to gain the best match between co-ordinator and child needs. The co-ordinator then liaised with the child and family to confirm which members of their extended family and friends they wished to have present. Thereafter, the co-ordinator scheduled the FGC at a time and place to suit the family, informed other agencies, and provided a range of food to meet with requests from the child. Like the project worker, the co-ordinator required certain skills and qualities: they needed to understand the family's needs and to be impartial at all times. They chaired the conference, so needed to be able to steer it in the right direction without taking proceedings away from the family.

Moving onto the three-stage FGC, itself. The first stage involved everybody coming together, introducing themselves and stating their relationship to the family. The FGC procedure would then be explained by the co-ordinator and a prepared sheet that contains background information concerning the child and family, and a series of questions that the FGC needs to address, would be circulated. The questions would have been compiled by the project worker in conjunction with the child and family concerned. The problems were then addressed and the family given the opportunity to speak to the practitioners for information and advice. This is also when the practitioners brought forward any concerns they may have regarding the child and family. The conference then moves into the second phase in which all the

practitioners, including the project worker and co-ordinator, leave the room to give the family time to discuss a plan; a way forward. This process can take several hours and the family is given as much time as they need to come up with a plan. Once a plan is decided, the third and final phase begins. In this phase, the plan is presented to the co-ordinator, project worker and practitioners. Once everyone agrees to the plan, including the child, the process ends. The plan is distributed to those concerned, and the practitioners attend to what is required of them. A review, (optional in most cases), was scheduled for three months later. The project worker also monitored the situation and was available to give the child and family further assistance, if required.

The aim of the present study is to evaluate, via semi-structured interviews:

- Whether the children concerned and their immediate family (parents/guardians) felt adequately prepared for FGC.
- Whether the practitioners involved in FGC felt prepared..
- Whether the children fully understood why their FGC was deemed necessary and the purpose of the FGC.
- Whether outcomes seemed likely to be consistent over time.

Methodology

The approach was broadly that of Interpretive Phenomenological Analysis (I.P.A.) (Smith, 1994) utilising semi-structured interviews, content analysed to the point of 'theoretical saturation', (Glaser, 1978).

Participants

The participants consisted of four families, (A, B, C and D), and two practitioners. All of whom were involved with the inner city intervention project mentioned in the introduction and had agreed to participate in the research.

Family A

The participating child from family A was a 9 year old girl and was referred to the project by the staff of an early learning centre where her younger brother attended nursery. They became concerned about the family through conversations with the mother. Concerns centred on Child A's self-harming behaviour, though there were also housing issues. Child A lived with both parents and an older and younger sibling. At the time of writing, the family's involvement with the project had come to an end, as both parties felt that the family no longer required the project's intervention, though the family were free to return.

Family B

The relevant child in family B was a female aged 12 years who was referred to the project by her Special Educational Needs Co-ordinator (SENCO), from her school. The main concerns centred on her bullying and stealing. Child B lived with both

parents and an older and younger sibling. Again, this family had moved forward and was no longer involved with the programme, though Child B did attend a mentoring programme, which provided activities when she was not in school. Child B attends a boarding school for children with behavioural difficulties. Her place was arranged by the intervention project.

Family C

The subject child in family C was an 11 year old boy. He had been referred to the project by the family's social worker after the mother requested help. Concerns centred on his aggressive behaviour at home. Child C lived with his mother and a younger sibling. Child C's older sibling lived with members of the extended family. At the time of data collection, Child C had moved from his mother's house and was living with his Grandmother as he was considered a danger to his younger sibling. Child C was still involved with the project and was attending reviews, as there were still many issues of concern regarding his schooling and behaviour.

Family D

The child in family D was a male, aged 12 years. He had been referred to the project by his SENCO at his school. Concerns centred on his stealing in and out of school. Child D lived with his father and an older sibling. At the time of data collection, Child D was still attending the project and was about to have a review.

Practitioners

The practitioners consisted of a Social Worker and a Housing Officer. Both attended Family A's FGC. For the Social Worker, it was her first experience of FGC. The Housing Officer had attended FGC in other areas, although this was her first experience of FGC within this project.

Materials

Four semi-structured interviews were used with the families:

1st Parents/Guardians Interview

To assess the FGC preparation procedure and outcomes. The interview consisted of 20 questions and took approximately 45 minutes to complete. The questions began by asking about expectations of the process that had existed prior to engaging in FGC; moved to consider the amount of preparation given, in advance of the FGC; looked at the roles caregivers had within the process; their assessments of the FGC and closed with their suggestions for improvements.

1st Child Interview

To assess the FGC preparation procedure, child's understanding and outcomes. The interview consisted of 13 questions and took approximately 20 minutes to complete. The first interview began with an assessment of their understanding and expectations of the process; from there, the interview moved to an assessment of the process itself

and how the child felt that s/he had been incorporated within and interacted with FGC; Children were also asked to assess the best and worst things about the meeting.

Follow-up Parents/Guardians Interview

To assess outcome consistency over time. The interview consisted of 14 questions and took approximately 30 minutes to complete. It focussed on a longer term appraisal of the process from the primary caregivers' perspectives.

Follow-up Child Interview

To assess outcome consistency over time. The interview consisted of 8 questions and took approximately 15 minutes to complete. This interview was a child focussed evaluation of the process, including a request for the best and worst things within FGC.

For the interviews with practitioners, an one-off semi-structured interview was used, consisting of ten questions and taking approximately half an hour to complete. This asked about their experience and then moved to an appraisal of the process from their perspectives.

A full set of protocols used is available from the corresponding author.

Procedure

Before participating, all participants were provided with an information sheet and consent form. These included the normal participant rights including the right to withdraw, without penalty, and information that the research would be written up, possibly for publication at a later date. Their confidentiality was assured. Parents/guardians were asked to sign on behalf of their children. An information sheet was also read to the child by the interviewer. For all interviews, initial contact was made via the telephone to establish a suitable time and place for the first meeting. For the families, this was their home and for the practitioners, their place of work.

Family Interviews

The first interviews with the families took place shortly, or as soon as was possible, after the FGC. The parent(s) were interviewed first followed by the child. All child interviews were conducted with at least one primary caregiver present at all times. The second interviews were then conducted approximately three months later. Again the parent(s) were interviewed first, followed by the child in the presence of a parent or guardian. The second interviews aimed to cover the consistency of appraisals over time. As with any research that includes children, there are ethical dilemmas regarding whether or not to interview them in the presence of their parents or guardians. In this instance, it was felt that the best way of protecting children from possible adverse implications of interviews was for them to be interviewed with a caregiver present. It is recognised that the presence of the caregivers could have been

intimidating for some children. However, we felt that this was the best way of balancing the ethical needs of both participants and interviewer.

There were some exceptions to the procedure: Firstly, at the first interview with Family B, Child B was unavailable for interview. In this instance, the researcher amalgamated both sets of questions into one interview and conducted this with Child B at the second meeting with the family. Secondly, when interviewing Family C for the second time, it was felt by both the project worker and the researcher that it was inappropriate to interview Child C because he was undergoing a mental health assessment, and may have found an additional interview stressful. Finally, Family D joined the research study near to its end and there was not enough time available to conduct two interviews. Because of this, Family D was only interviewed once, using the questions from the first semi-structured interviews.

Practitioner Interviews

The interviews with the two practitioners were conducted approximately three months after the FGC which they both attended.

All interviews were recorded on to audio cassette and supplemental field notes were made. Upon completion, a debriefing was given and participants were provided with time to ask questions. The information sheet given to them also listed a future contact number.

The data collected were transcribed and used for content analysis. However, because family D only participated in the first set of interview questions, their data could not be used to evaluate outcome consistency over time.

As touched upon above, the study contained various ethical implications. These centred mainly on working with vulnerable families who could have been experiencing both emotional and physical pain, and working with children under 16 years of age. Special care was taken when interviewing the children and every attempt was made to ensure that the research caused no additional stress or upset.

Results and discussion

As each FGC was attempting to resolve different issues, the resultant qualitative data encompassed many different and varying responses at interview. As a result, the data provided the study with many different themes that could be addressed and discussed. For clarity and brevity, the authors have concentrated on four major themes. Within these themes, this report utilises representative data from the interviews which have been presented as they were initially stated.

Preparation

The families and children said that they knew what was going to happen at the FGC and that they knew who would be present. However, the practitioners were more ambivalent.

Adult Responses:

‘Yeah, they told us what, how it was all set out.’ (Adult B1)

‘I felt well prepared, that it was in my control.’ (Adult B2)

‘The structure of the meeting, the way it was laid out, and the way it was presented, it was very, very good.’ (Adult D)

In addition, one of the adults’ responses also provided negative data indicating that they were not fully prepared for the way they felt emotionally, upon initially entering their FGC.

‘The project worker explained quite a lot and to tell me what would happen at the conference and what family and agencies were going to be there and everything, so I thought I knew but when I walked in, it wasn’t actually as I expected it to be. It was really weird because its okay writing these names on a piece of paper but when I walked in the room it was really scary because you don’t expect there to be so many people ... it was huge and I walked in and it was just like, oh my G-d....It was really overwhelming when I walked in, yes. It took me a little while to settle down.’ (Adult A)

Child responses:

‘Erm, I thought that we was gonna erm, talk about like why I needed help and why I was here and why I was being naughty for my mum.’ (Child A)

‘Yeah, cos my mum was telling me. The project worker and ... Were going to the conference, me and mum and dad about stealing and not listening to your mum and dad, and stuff like that.’ (Child B)

Q: ‘How did you feel about the meeting, when you went into the room?’

‘All right. It was a bit funny at first, a bit weird, but I got used to it.’ (Child B)

Practitioner Responses:

‘Well, the project worker kind of, when the project worker said to me she was going to have a FGC I said to her, what is going to happen and she did go into detail what would happen and she gave me a leaflet or the other woman erm... yeah the co-ordinator, gave me details about how it was going to erm, how it was going to be conducted and what my role would be.’ (Practitioner A)

However,

Q: ‘Were you given much information about the procedure?’

‘No.’ (Practitioner A)

Q: ‘About the family?’

‘Because they are our tenants they expected us to know about the family, so they didn’t give us any background about what the case was going to be about.’ (Practitioner B)

Both practitioners also reported initial difficulties:

‘There were so many people, I found it quite daunting.’ (Practitioner B)

‘It had to be an experience, it was kind of overwhelming, the first one...I was kind of, oh my G-d all these people.’ (Practitioner A)

The practitioners reported feeling ‘under attack’ by the family members in the FGCs. (A feeling that was also expressed by the father from Family D). Moreover:

‘I think beforehand the practitioners should have actually met and discussed--erm--ways of trying to help the family. I really did feel like it was attack of Social Services.’ (Practitioner A)

‘The preparation before the meeting should be improved, in terms of us getting information, and sharing information.’ (Practitioner B)

Considering these responses, it seems fair to conclude that the preparation procedure may not fully prepare the families and children for the emotions that they may experience upon initially entering their FGC. Gaps also appear to be present within the preparation procedure for the practitioners. Although the practitioners are not the most vulnerable parties, they do need to be prepared, not least, as they may be about to be confronted by a large number of family members and friends whilst they are there on their own. For anyone, the FGC seems to be a daunting experience.

Although both practitioners reported needing better information and preparation, neither had approached the project worker with their thoughts. It is tempting to speculate that there may be a degree of Pluralistic Ignorance at play (Rosenbaum and Blake, 1955). Although both practitioners felt the same, neither was aware of the other's thoughts and therefore each assumed that the other was happy with the process.

Thus far, the study appears to provide support for the Sieppert et al (2000) study. The families and children report feeling prepared for the FGC process. However, the study has also found support for Daly's (2002) study as there appear to be gaps for both families and practitioners within the FGC preparation procedure. We would suggest that the preparation procedure may benefit from preparing families for the emotional dimensions and better information sharing should be introduced for practitioners.

Children's Understanding

When asked why the FGC took place, the children concerned did appear to understand the purpose of their FGC and why it was deemed necessary.

‘Because ... Because I was being naughty for my mum...I was running in the road, I was hitting my brother.’ (Child A)

‘About my stealing. I didn’t really want to steal, but I didn’t know what was going on inside my head.’ (Child B)

Q: ‘You wanted to stop stealing?’

‘Yeah. Police said I was on my last chance. If I’d stole again, I would have been in those police, erm, those thingies ...’ (Child B)

Although these responses suggest an understanding of why the FGC took place, the children's ways of assessing the meetings, may not have centred around the FGC's impact on their own behaviour, rather:

Q: ‘What was the best thing about the meeting, the actual meeting, what was the best thing for you?’

‘The food and ... Oh yeah my favourite was the tuna, but I didn’t like the mayonnaise, yuck.’ (Child A)

Q: ‘What do you think is the best thing that’s come out of the meeting?’

‘Liked the food and (Child A laughs) and when they all was discussing because I was just, like sitting there reading something but I didn’t want to read it.’

Alternatively:

Q: ‘What did the meeting do for you?’

‘It helped me not to steal. It helped me not to hang around with those people who are smoking, nicking and stuff like that.’ (Child B)

The responses suggest both a negative and positive result concerning the children’s engagement with the process. We could lean towards the conclusion that understanding comes with age as Child A, who appears to possess a lack of understanding, is 9 years old. Whereas, Child B is 12 years old and her response suggests that she does possess a greater level of comprehension. However, there could be other reasons for this such as the questions themselves. Child A was initially asked what was the best thing about the meeting itself. As a result, Child A focused initially on the food, which could have then influenced her answer concerning the subsequent question. It is also interesting to note that Child A focused her answer on one area of the proceedings that she had thought that she had full control over, as she had requested the food that was to be provided at the FGC, and it had not been

entirely to her satisfaction. Thus, the food was, for her, both the best and worst thing about the meeting.

Can the Outcomes be Seen as Consistent over Time?

At the outset of this section, we need to clarify what is meant by outcomes. The outcomes we are referring to are those outcomes that were reported by the families at the first interview and whether they could be seen as consistent over time. Under this theme, the study has focused on the outcomes of families A, B and C. Family D's outcomes could not be assessed in this way because they were only interviewed once. Families A, B and C reported only positive outcomes at the first interviews. There were however, some negative responses concerning things agreed in the plan at the meetings that never actually happened. For example:

Q: 'Has there been anything else from the outcome, from the plan that was agreed, that hasn't happened?'

'People haven't been ringing her really as much as they should have been. You know they did for maybe two weeks, completely died down after that...I'm a bit disappointed to be honest you know. I thought the meeting might make something click with someone you know, really the grandparents.' (Adult A)

It is important to note that although the above are negative outcomes, the overall effect of the FGC intervention could still be deemed positive for this family, as reported above.

The rest of this section explores whether the positive outcomes were consistent over time. Excerpts shall be given for each family in turn, to enable the reader to gain a better understanding of the consistency of the positive outcomes for each family.

Family A: First Interview

Mother:

Q: 'About her hurting herself, how is that now?'

'She hasn't done it for a while....I'd say even a week after the meeting, she ... she's maybe bitten herself twice since the meeting which is absolutely fantastic, cos she constantly had bruises up her arms...That is fantastic, that's more or less completely resolved cos she hasn't been that angry to do it. Walking in the roads ... she hasn't done at all since the meeting.'

Q: 'So the conference has helped, really helped?'

'It's literally, it's from the conference and I don't know what happened, I don't know what was done. I don't know ... don't know why. But I've actually thought about it quite a lot you know. What changed all that around I thought, and I can't figure out

whether its one specific thing, I can't ... I can't actually say it was one specific thing, I think it was just all of it. And everyone being there has made her feel like everyone cares about her.'

Child A:

Q: 'So what about the biting, do you do that anymore?'

'I bit myself about two months ago.'

Q: 'Do you run into the roads anymore?'

'No.'

Q: 'How about the wanting to ... wanting to really hurt yourself. Do you want to do that anymore?'

'No.'

Q: 'No, not at all?'

'No.'

It is of note that the researcher observed no physical signs of self harming on Child A and both the child and parent seemed happy, and at ease with each other and with the interview scenario.

Family A: Second Interview

Mother:

'She's not biting herself any more, not at all, all of that has worked.'

Q: 'Totally, 100% stopped?'

'Stopped. She's not doing that anymore.'

Q: 'Do you think that the conference achieved what you wanted it to achieve?'

'Definitely. She's still 90% better, she's slipping a little bit now, and I don't know why, but at least I know I have got that as back-up, to get another conference together...She has started to enjoy herself, and the drama thing as well, which the project worker referred her to, that's fantastic. Really fantastic.'

Q: 'It's been a positive experience?'

'Completely. We've been through problems before, with [Child A] and that. This is the first time we've seen any improvement.'

Child A:

Q: 'The biting and wanting to hurt yourself, have you done that at all since the meeting?'

'No.'

Q: 'Have you wanted to?'

'No.'

Q: 'Are you happier?'

'Yeah.'

Family B: First Interview

Father:

'I've got the best help that anyone could give me...I don't come out with soft words, but from being 100% living Anti Christ, now to only 5% out of hand.'

Mother:

Q: 'Is there anything that you wish had been achieved?'

'I think it all did. She's got to the stage where I can have a conversation with her, before the conference I couldn't. She's doing okay in the school, and at home, so she's getting there. It's a slow process, but she's getting there.'

Child B was unavailable at the first interview.

Family B: Second Interview

Mother:

'The conference was really good for us...She is not stealing anymore. It was the stealing and the school. The school is fine.'

Q: 'She is better now?'

'Yeah.'

Q: 'Out of 100%?'

'About 60. She still has her moments when she has her tantrums.'

Q: 'How do you feel about the future?'

‘I think it’s going to be a good one.’

Child B:

Q: ‘Do you think you will ever steal again?’

‘No...No, I never did it after the meeting’

Family C: First Interview

Mother:

‘Well he’s actually changed...He’s calmed right down now, except now and again...He was getting into trouble all the time on the estate, but now he doesn’t hardly go out, only next door, or the shop with me.’

Q: ‘What about hurting others, he said that was a really big problem?’

‘He did. He was always attacking people.’

Q: ‘Would you say that it was a 10 before? What about now?’

‘About a 2 now.’

Child C:

Q: ‘Were there occasions in the past where you hurt your mum?’

‘Once or twice, but I have made her cry. Just kick her.’

Q: ‘So before you had the help, was that a big problem, or a little problem?’

‘Sometimes, no what I’d say is most of the time.’

Q: ‘On 1 to 10 ...?’

‘9.’

Q: ‘What would you say it was now?’

‘2.’

Family C: Second Interview

As stated above, Child C was not present at the second interview and was living with a member of the extended family as it was considered that he had become a danger to his younger sibling. He was only allowed to visit his mother when his younger sibling was not at the family home.

Mother:

‘He got so bad, he was smacking (younger sister), about 3 times over 3-4 weeks. Shouting at her in her face. He was hitting me. I had the baby in my arms.’

Q: ‘That was between my last visit and now?’

‘Yeah. It got so bad that he threatened to hit me...All this being away from me has done him a world of good.’

Q: ‘So even though he has gone to live with someone else at the moment, it’s better?’

‘He is happier as well, because he can ring me whenever he wants.’

Q: ‘Do you think that things will get back to normal?’

‘I think they will eventually, but I’ve still got to expect him to have outbursts, because it is in him. Everyone has their bad days.’

To summarise, with families A and B, the responses suggest that the outcomes can be seen as consistently positive. Although Child C’s behaviour is clearly challenging, the mother still sees the intervention as a positive step. The FGC may have been needed to enable them to confront Child C’s problems. It is particularly poignant to note that social services had wanted to close the family’s case prior to this intervention.

Overall, the study does appear to show more positive results than negative and has enabled the families to move forward under a more positive light, including Family C; a consistency that not only helped the children in question, but the families as a whole.

‘Whereas before it was like, because Child B was doing things, it was always me and her father that was arguing, we were constantly at each other, so now, we are not. We have disagreements, but we can sit down and talk about it, talk it through. Get a solution to the problem.’ (Adult B1)

‘It’s like a knock on effect, seriously, when she is moody, everyone is affected by it, and especially me, getting depressed. I’m not depressed anymore, I feel fine now.’ (Adult A)

Family dependence upon the Project Worker.

The role of the project worker within FGC was not initially a subject area under investigation, however, it arose as a recurring theme. The main focus of these comments was how the families felt about the project worker and how much they had depended on her for help.

‘When he (Child C) first saw her he was like an angel. I told her, he really does need to see you.’ (Adult C)

‘She’s great, the project worker is. She’s been the support we needed.’ (Adult B1)

‘The project worker has done wonders for us. The project worker has not just been the project worker, she has been a friend, a good family friend to us, even though she’s Home Office.’ (Adult B2)
‘Absolute wonders she has done.’ (Adult A)

‘Once I knew that the project worker was there, she’s going to give the help that [Child B] needed, I knew that the project worker was helping us 100%, she was there if we did fall. She was there to pick us up, help us along.’ (Adult B2)

‘I just got referred here and there all the time. It was like a complete circle, after all those months, and still no help. Yet the project worker phones them up and I’ve got an appointment the week after. I couldn’t do that myself.’ (Adult A)

‘This 6ft 2 CID officer walked into the room. The project worker stood up, and I said [project worker] could you deal with that, because if I deal with that, there’ll be trouble.’ (Adult B2)

The comments given could suggest that there was the possibility for developing a certain amount of learned helplessness (Seligman, 1975) in the families. However, it is more likely that having an effective advocate facilitated improvement in the family dynamics and circumstances, as evidenced by the ability of two of the families to move away from the programme.

Additional Information

Without wishing to compromise confidentiality, we think it worth noting that, outside the FGC process, the net effect of the statements made by one of the practitioners was: ‘they don’t want to do anything for themselves, but then again, what can you expect from these kinds of people?’ Such labelling could be extremely detrimental to the families concerned and should therefore, be avoided and eliminated wherever possible. It was an unpredicted, but nonetheless observed phenomenon within this project.

The results of the study have produced many areas concerning FGC that would benefit from further research. Both practitioners reported feelings of being overwhelmed and attacked, and it would be interesting to see if this feeling is found amongst other practitioners. Much research has concentrated upon how the families feel but not how the practitioners feel. Also of interest, is whether the children possess a full understanding of the purposes of FGC. Such research could encompass the question of whether the children concerned actually need to fully understand for the FGC process to work.

With regard to the consistency of the outcomes over time, this clearly demands further research, not least because of the relatively short time between interviews considered here. Although tentative, we can see that positive results were demonstrated and reported by the families themselves - results with families who were close to their last hope, families who had lost faith with government agencies, a faith that the FGC process worked well towards rekindling.

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