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## Outcomes of family group conferencing in Sweden A 3-year follow-up<sup>☆</sup>

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### Abstract

**Objective:** Between 1995 and 1997, the Swedish Association of Local Authorities implemented Family Group Conferences (FGC) in 10 local authorities throughout Sweden. This study reports on client outcomes of this implementation.

**Method:** 97 children involved in 66 FGCs between November 1996 and October 1997 were compared with 142 children from a random sample of 104 traditional child protection investigations by the Child Protective Services (CPS). All children were followed for exactly 3 years for future child maltreatment events reported to CPS. Effects were modeled using multiple regressions, controlling for the child's age, gender, family background, and type and severity of problems.

**Results:** After controlling for initial differences, FGC-children experienced higher rates of re-referral to CPS compared to the group that had been processed in traditional investigations. They were more often re-referred due to abuse, were more often re-referred by the extended family, were longer in out-of-home placements, but tended over time to get less intrusive support from the CPS. FGCs were not related to re-referrals of neglect, of case-closure after 3 years or number of days of received services. The results suggest that the impact of the FGC was scant, accounting for 0–7% of the statistical variance of outcome variables.

**Conclusions:** The findings did not support the alleged effectiveness of the FGC model compared to traditional investigations in preventing future maltreatment cases. If these results are confirmed in future research, they serve as a reminder of the necessity to evaluate models based on untested theories or on extrapolations from other countries/cultures, before these models are widely spread in a national practice context.

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## Introduction

The model of Family Group Conferences (FGCs) for decision making in child welfare has, in a relatively short time, spread from its birth place New Zealand to several countries in Europe, the USA, Canada, Australia, Israel and to South Africa (e.g., Ban & Swain, 1994a, 1994b; Burford & Hudson, 2000; Immarigeon, 1996; Lupton & Nixon, 1999; Marsh & Crow, 1998). Several authors (e.g., Connolly, 1994; Lupton & Nixon, 1999; Maluccio, Ainsworth, & Thoburn, 2000) have pointed out that the wide popularity of FGCs rests more on procedural and implementation data than on outcome evidence, and have strongly stressed the need for research on long-term outcomes. This article reports on the results from a 3-year follow-up of a FGC-trial in 10 local authorities in Sweden. Outcomes were compared for 97 children involved in 66 FGCs during November 1996 and October 1997, and 142 children from a random sample of 104 traditional child protection investigations conducted by the Child Protective Services (CPS) during the same period.

### *The Family Group Conference model*

FGCs have their origins in a New Zealand Ministerial inquiry (Department of Social Welfare, 1988) which addressed concern about the overrepresentation of Maori children in the care system (see also Connolly, 1994; Marsh & Allen, 1993; Ryburn, 1993). The basic premise of the FGC model is that families not only have the right to be deeply involved in decisions about their child, but that solutions found within the family are likely to be better than those imposed by professionals are. Other central assumptions are (Burford & Hudson, 2000; Hassall, 1996; Lupton & Stevens, 1998):

- families—through assuming responsibility for current problems—are better motivated to seek lasting solutions than professionals,
- the model is culturally sensitive,
- when families agree to discuss current problems in private among themselves, the likelihood of sensitive information being included into the decision making is increased,
- FGCs initiate better family functioning by way of communication, cooperation, and supervision as well as bringing together family members who have lost touch and restoring legitimate parental authority that has been undermined.

In summary, FGCs are aimed at promoting effective functioning in families by focusing on their unique strengths and by enlisting them in a problem solving process (Hudson, Galaway, Morris, & Maxwell, 1996).

Three basic practice related principles seem to prevail in all countries that have adopted the FGC model (Lupton & Stevens, 1998): (1) the term “family” should be interpreted widely to include extended family members, friends, neighbors, and significant others; (2) the family must have an opportunity to develop a protection plan in private without the professionals present; and (3) professionals should accept the plan unless it is seen to place the child at risk of significant harm. In addition, there seems to be wide agreement that FGCs should be reconvened when initial problems have been sufficiently resolved, or if there is a need for a new meeting for other reasons (Burford & Hudson, 2000; Lupton, Barnard, & Swall-Yarrington, 1995; Marsh & Crow, 1998; Pennell & Burford, 2000).

*FGCs in Sweden*

Inspiration in Sweden to start a FGC-trial was drawn from British experiences (cf, Lupton & Nixon, 1999; Marsh & Crow, 1998; Ryburn & Atherton, 1996). In 1995, the Swedish Association of Local Authorities selected 10 out of 23 interested local authorities for the trial, wanting geographic as well as socio-economic diversity, and demanding local professional and political commitment to the model. Financial support was provided for training of personnel and coordinators. The first FGCs were held in May 1996. In October 1996, all 10 local authorities had held at least one FGC. The trial operated within existing legal frameworks and policy/practice requirements. It was at the discretion of individual social workers whether families under CPS investigation should be offered a FGC or not, a reminder of the strong influence that “street level bureaucrats” have in the child welfare system (Lipsky, 1980). In practice, FGCs were but one method among several alternatives, resulting in low levels of FGC referrals, as in the UK study (Marsh & Crow, 1998; Sundell, Vinnerljung, & Ryburn, 2001). Of all families that were referred to the CPS during this period, approximately one-third (35%) were offered a FGC, and only one in four of these families accepted the offer (Sundell & Haeggman, 1999). The families offered a FGC did not differ from those not offered to do so in types of problems or severity of these problems. The main difference between the two groups is that those offered a FGC had a social worker that generally was more positive toward the FGC model. Also, social workers claimed that families who were offered FGCs were less willing to collaborate with the CPS authority during the investigation.

*Evaluations of the FGC-model*

Research from New Zealand on outcomes of FGCs in child protection is so far sketchy. The bulk of international research on FGCs in child protection up to date has been concerned mainly with process and implementation related outcome (Lupton & Nixon, 1999; Maluccio et al., 2000). Studies of varying methodological quality have been done in several countries, as the UK (Lupton et al., 1995; Lupton & Stevens, 1998; Marsh & Crow, 1998), Sweden (Andersson & Bjerkman, 1999; Sundell, 2000; Sundell & Haeggman, 1999), Canada (Burford & Pennell, 1998; Pennell & Burford, 2000), USA (Shore, Wirth, Cahn, Yancey, & Gunderson, 2002) and Australia (Ban, 2000; Cashmore & Kiely, 2000; Crampton & Jackson, 2000; Trotter, Sheehan, Liddell, Strong, & Laragy, 1999; Vesneski & Kemp, 2000). Results on process and implementation concur so far in most respects. When used in New Zealand and in other countries, FGCs:

- Involve relatives and others from the family’s social networks in sharing responsibility for family’s problems.
- Give families who face the likelihood of statutory intervention a real chance to make their own decisions on how to solve family problems.
- Permit 9 out of 10 families to actually produce a plan for change that gains acceptance from the Child Welfare authority.
- Get high ratings for consumer satisfaction.

Follow-up data on child and family related outcome after FGCs have so far been presented in only a few studies, using relatively small samples. The results are not easily compared, due to different methodologies and legal/social context, different construction of samples and comparison groups, and varying follow-up time, even within the same studies. Taken together, the results tend to be somewhat of a mix, though more

positive outcomes for FGC-clients than for comparison groups seem to prevail. Marsh and Crow (1998) presented follow-up data on 80 of the 99 children who originally participated in FGCs. Data for 16 of these children came from a 6-month follow-up, and for the remaining 64 from a 2-month follow-up. The study found considerably lower re-abuse rates compared to cited studies of CPS-populations, albeit with different follow-up times. In addition, the proportion of children still on the UK local authorities' lists of at-risk children was significantly smaller than in comparable studies. Furthermore, the results suggested that reunification rates for children, who were placed in out-of-home care after FGCs, were the same as for children not participating in FGCs. However, reunification for FGC-children meant that more moved to members of the extended family (e.g., grandparents). In addition, a larger proportion of children reunited after FGCs tended to remain at home, not re-entering care, compared to other CPS studies. Pennell and Burford (2000) studied 28 families from Newfoundland and Labrador (including a group of indigenous families), who had participated in FGCs during 1 year. They used data from interviews with 115 family members 4–27 months after the conference, together with case file reviews. Data for a comparison group of 31 roughly matched CPS-families were accessed through similar case file reviews. The results were positive, showing declining child maltreatment rates and reduced levels of domestic violence after FGCs, compared to the development over the same time for the comparison group. Shore et al.'s (2002) report from the Seattle area in the US is based on data from 70 FGCs, involving 137 children. Follow-up data were from at least 6 months after a convened FGC, focusing on 114 children who were in care at the time of the conference. The authors found that the number of children reunited with their parents had increased dramatically at follow-up, even though the proportion of children living with either parents or relatives was roughly the same as at the time of the FGC. Re-referral rates were lower than regional CPS-data, even for 55 children who had their FGC 2 years before follow-up. In addition, the stability of the living arrangements was high, with few re-entries to care.

The study presented here was designed to increase knowledge of long-term outcomes of FGCs. From relatively consistent claims in the literature by proponents of the model regarding FGCs assumed influence on client-level outcomes (e.g., Burford & Hudson, 2000; Hassall, 1996; Lupton & Stevens, 1998; Ryburn, 1993), six hypotheses guide the evaluation. First, it is reasonable to (1) expect positive process related results. The implementation of FGCs should furthermore (2) decrease the risk for referrals, (3) reduce the likelihood of repeated neglect and abuse, (4) when needed, FGCs should increase reports by the extended family, (5) out-of-home placement within the extended family ought to be more frequent, and (6) FGCs ought to increase the possibility of closing CPS-cases.

## Method

### *Study design and procedures*

The design used is a concurrent prospective study with nonequivalent comparison groups. The sample includes all families with a first-time FGC that was held between November 1996 and October 1997 in the 10 local authorities that were part of the Swedish study, and where the child was younger than 17 years of age at the time of the initial FGC. A total of 67 first-time FGCs involving 99 children were carried out during this period. A further 12 young persons aged 17–19 had participated in FGCs during the same period, but were excluded in the follow-up because their advanced age excluded them from being re-referred within the follow-up period. The 99 children in the FGC-group were compared with

a random sample of 149 children (the comparison group) from 106 families that were not referred to a FGC during the same period, but were assessed in normal Swedish CPS-procedures in the same local authorities. Because parents' child rearing sometimes differ between siblings (Holden & Miller, 1999) and because the reasons for child protection was not necessarily similar within the same CPS investigated family (e.g., one child was referred because of juvenile delinquency, which brought the issue of parental neglect to a younger sibling), the child was used as the unit of analysis rather as the family (cf, Pedhazur, 1982). Due to both political and practical reasons, a randomized controlled trial was not an option. The study was approved by the CPS in all local authorities that were involved in the study. Informed consent was obtained from the parent/caregiver at the index investigation.

All families were followed for exactly 3 years from the closure of the investigation that was initiated during the enrollment year November 1996 to October 1997 (index incident). Due to varying length of the index investigations, for some of the comparison children the investigations were not closed until June 1998. The follow-up period extended between November 1996 and May 2001.

Residences of the 248 children were tracked using the Swedish National Population Register. Of the 99 FGC-children, two had emigrated during the follow-up period, thus leaving 97 FGC-children from 66 families. For these families, 101 FGCs had been held at the end of the follow-up; 66 first-time conferences, 24 first follow-ups, 9 second follow-ups and 2 third follow-up conferences. Of the 149 children in the comparison group, five had emigrated during the 3-year follow-up period and two could not be located. The remaining 142 comparison children came from 104 families. The number of children per family being investigated was equal in both groups ( $M = 1.4$ ),  $F(1, 169) = .78$ ,  $p > .05$ , with 71% of the families with only one child in the FGC group and 74% in the comparison group.

Of 239 studied children, 73 (31%) had changed their residency at least once. Other Swedish research has showed that frequent moves are common in child maltreatment populations (e.g., Höglund Davila & Landgren-Möller, 1991). Because Sweden has no national child abuse and neglect data system, all 52 local authorities where the families had lived during the 3-year period were contacted. The rate of children changing their residency was about equal in both groups,  $\chi^2(1) = 1.07$ ,  $p > .05$ . However, changes of residency was more frequent among children from cities (58%), suburbs (40%) and larger towns (30%) compared to rural children (3%),  $\chi^2(3) = 39.21$ ,  $p < .0001$ .

### *Measures*

Information about the FGCs was collected with adapted versions of Marsh and Crow's (1998) instruments, previously used in a large UK study. FGC-coordinators, responsible for arranging the conferences, completed a questionnaire on preparations (e.g., the individuals assessed as vital to the family, the relation of those individuals to the family, who was asked to participate), and on convened FGCs (e.g., date and place of the FGC, participating individuals, length of the different parts of the FGC, the content of the agreed plan, and the response from the child welfare authority to this plan).

Immediately following the FGC, each participant was asked individually to answer a short, anonymous survey on their relation to the child, their feelings of empowerment and other sentiments, and their assessment of the plan and of the child's future situation (cf, Sundell & Haeggman, 1999). The response rate of the 616 participating extended family members, including the child and his/her parents, was 67%.

The follow-up is based primarily on case file reviews, focusing on information that can be considered reliable (Shireman, Grossnickle, Hinsey, & White, 1990): date of referrals, referring party, substantiation status, type and opening/closing dates of placement of children or other social services provided to

family members (e.g., intensive family services, counseling, parents' drug abuse treatment, respite care). In addition, information on type of problem (e.g., neglect, abuse, delinquency) was included, although the reliability of this information is somewhat uncertain.

For the index investigation, as well as for each re-referral, coders gathered information from case files or through interviewing caseworkers. The coders were only informed of the general purpose of the study, and at follow-up lacked knowledge of the history of individual children (e.g., if they had participated in FGCs or not). Because the type of problems at the index investigations were also coded at the closure of the investigation between 1996 and 1998, by other coders blind of the first coding during 2001, it was possible to assess inter-coder agreement on the type of problems at the index investigations. Agreement between the two codings ranged between good and excellent ( $.68 < \phi < .86$ ) when conceptually similar types of problems were merged into one (e.g., juvenile delinquency and teenagers drug abuse) and compared.

Due to a high rate of staff turnover (cf, Sundell, 2000; Sundell & Haeggman, 1999), it was not possible at follow-up to interview the caseworker in charge of the index investigation. As a complement to case file data, some data from previous interviews with the social worker in charge of the index investigation were included. Beside basic information of the child's cultural and family background, this information included mode of family self-support during the year before the index investigation (income from work, social welfare, study loans, pension, etc.), and if the child or his/her siblings were previously investigated due to suspected child maltreatment. The caseworker rated the severity of the child's problems or young person's behavior at the start of the investigation as well as at closure, using a 5-grade scale constructed for this study, ranging from not serious to very serious. A score of one corresponded to "no serious problems, intervention not necessary" and a score of five to "serious problems, immediate intervention necessary with or without parents" consent. The investigations lasted on the average for about 6 months, which for that period was normal in Sweden. The two assessments showed high stability [ $r(n = 233) = .76$ ,  $p < .0001$ ]. The caseworker also rated the collaboration with the parents during the index investigation, using a 3-point scale (collaborative, ambivalent, and hostile parents).

### *Data analysis*

Multiple regression analyses with forced entry were conducted to examine the combined and independent contributions of the child's age, gender, family background and type of problem from the type of investigation (FGC or traditional) on children's services from CPS. This method is suitable for analyzing the collective and separate effects of two or more independent variables on a dependent variable (Pedhazur, 1982). Because some of the conceptually similar variables are highly correlated (e.g., juvenile delinquency and teenagers drug abuse), these are combined to represent the variable (e.g., antisocial behavior problems). The correlations among the 11 predictors never exceeded  $\pm .52$  (Table 1). The analyses were done using LISREL8.30 (Jöreskog & Sörbom, 1993). Since LISREL adjusts for scale technical variations, multiple regressions can also be used with dichotomized dependent measures.

## **Results**

The results are divided into four sections. First, the FGC and the traditionally investigated children are compared by index investigation status. Second, immediate outcomes of the FGCs are described.

Table 1  
Correlations among the 11 predictors (1–11) and the 9 outcome variables (12–21)

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
1 Child's age (years)	1.0																				
2 Child's sex (0 = girl, 1 = boy)	.11	1.0																			
3 Living on social assistance	-.24	-.06	1.0																		
4 Immigrant family	.15	.09	.14	1.0																	
5 One parent family	-.33	-.09	-.20	-.31	1.0																
6 Severity of problems at index investigation	.03	.07	.19	-.16	-.21	1.0															
7 Neglect at index investigation	-.39	-.01	.39	.13	-.23	.11	1.0														
8 Abuse at index investigation	-.36	-.19	.21	.11	.13	.00	.31	1.0													
9 Antisocial behavior problems at index investigation	.52	-.12	-.03	-.13	-.14	.00	-.48	-.48	1.0												
10 Appliance for respite care at index investigation	-.18	.09	.16	.15	.14	-.27	.06	-.18	-.12	1.0											
11 Family Group Conference	.06	.02	.06	-.07	-.13	.49	.14	-.04	-.27	-.03	1.0										
12 Substantiated re-referrals	.12	-.09	.26	-.05	-.11	.37	-.08	.09	.19	.01	.27	1.0									
13 Report from extended family	-.21	-.13	.32	-.05	.36	-.18	.23	.44	-.29	-.08	-.16	-.08	1.0								
14 Report from CPS officers	.02	.06	.03	-.19	.02	.47	.37	.31	.04	.09	.30	.50	-.11	1.0							
15 New reports of abuse	-.27	-.22	.32	-.10	-.02	.28	.41	.61	-.40	-.18	.26	.64	.12	.31	1.0						
16 New reports of neglect	-.13	-.04	.34	-.06	-.05	.28	.50	.14	-.21	.20	.17	.75	.37	.53	.78	1.0					
17 New services	.17	-.06	.20	-.03	-.16	.40	.00	-.05	.25	.03	.33	.90	-.06	.57	.41	.61	1.0				
18 Days with services	-.01	.00	.32	-.19	-.28	.30	.10	-.12	.05	.16	.20	.34	-.17	.50	.28	.27	.46	1.0			
19 Days in out-of-home placement	.06	.00	.15	-.14	-.25	.25	.20	.10	.07	.10	.21	.22	-.07	.56	.05	.27	.33	.54	1.0		
20 Closed CPS-cases after 3 years	.03	-.02	.38	-.21	-.22	.47	.13	-.26	-.19	-.11	.29	.58	-.15	.54	.25	.53	.75	.79	.47	1.0	
21 Decline in service provision	.08	.11	-.07	-.20	-.06	.01	-.07	.12	.22	.04	-.03	-.01	-.15	.04	.04	.02	-.09	.16	-.02	-.57	1.0



Table 2  
Comparison by index investigation status

	FGC	Traditional	
Child's age (years)	10.11	9.63	$F(1, 238) = .59$
Percent female	45	44	$\chi^2(1) = .02$
Percent living on social assistance	58	54	$\chi^2(1) = .28$
Percent immigrant family	23	26	$\chi^2(1) = .35$
Percent one parent family	39	47	$\chi^2(1) = 1.45$
Percent formerly investigated by the CPS	71	51	$\chi^2(1) = 10.33^*$
Severity of child's problems	3.65	2.72	$F(1, 237) = 37.83^{**}$
Percent good collaboration between parents and caseworker	74	67	$\chi^2(1) = 1.31$
Percent neglect	73	65	$\chi^2(1) = 1.58$
Percent abuse	18	21	$\chi^2(1) = .49$
Percent antisocial behavior problems	8	17	$\chi^2(1) = 3.72$
Percent appliance for respite care	31	32	$\chi^2(1) = .01$

\*  $p < .001$ .

\*\*  $p < .0001$ .

Third, data on long-term outcomes are presented, contrasting the two groups, but unadjusted for initial differences. At last, cumulative effects, of the child's age, gender, family background, type and severity of problems and model of investigation, on long-term outcomes are reported.

#### *Status at time of index investigation*

At the index incident, the FGC-children differed from the comparison children in two respects. A larger proportion of the FGC group (71% vs. 51%) was known to the CPS for earlier child protection investigations (Table 2). Prior maltreatment known to the CPS, has been a strong predictor of recurrences in other research (e.g., DePanfilis & Zuravin, 1999; Schuerman, Rzepnicki, & Littell, 1994; Wood, 1997). The social workers also rated the cases of the FGC-children as more serious, compared to the comparison group.

In other respects, there were no substantial differences between the two groups. They were about the same age, and the gender rate did not differ significantly. Neither did the prevalence of children from immigrant families, one-parent families or families that partly or completely had lived on social assistance during the past year. Collaboration between the parents and the caseworker, as assessed by the latter, generally worked well, and was about equal frequent in both groups. The proportion of different types of problems did neither differ statistically between the two groups, neither did the proportion of index investigations started because of need of respite care, physical or sexual abuse, or children's antisocial behavior problems (e.g., delinquency and substance use).

#### *Immediate outcomes*

##### *Attendance*

Of all invited extended family members, 75% attended FGCs. The average number of participating family members, excluding children, siblings, and parents, was 6.5 ( $SD = 4.0$ ), ranging from 1 to 20



individuals. This figure increases to 9.4 ( $SD = 4.0$ ) when parents and children are included, and 10.8 with the professionals. The majority of children (67%) who were actual objects of the investigation participated; 41% of children 9 years or younger and 94% of children 10 years or older.

### *Family plans*

Families were generally allowed to discuss their problems without the professionals interfering, “in private family time.” In a minority of the FGCs (10%) a professional, though not a social worker, attended the private meeting. At least in some cases this was because the family invited them for additional support. All families were able to agree on a plan to solve the problems identified by the CPS. Of the 66 plans included in the study, 65 were directly accepted by the social services. The last one was accepted by the social services at a later date.

### *Empowerment*

The extended families spent, on average, 160 minutes ( $SD = 73$ ) in private family time to discuss the problems. Furthermore, in 86% of plans the extended family members volunteered to assist the child and parents. A typical plan involved having the extended family and the social services act jointly in supporting the child and his/her parents. Although 51% of the services suggested in the FGC plans were to be provided by the extended family, this still left a great deal to be delivered by social services (32%) and other organizations, primarily the school (17%). Proposed family support was often extensive (e.g., accommodation of the child) and potentially intrusive (e.g., informing the social services if the parent reverted to his or her former drug use).

The plans demonstrated that the families frequently revised the questions that the social service asked them to address. Of the 147 questions to the FGCs asked by CPS-social workers, 101 (69%) were dealt with in the plans. However, the plans also contained 72 examples of addressed questions, not raised by social workers. For instance, in 10 FGCs the social workers asked the conference to address problems of parental or a young person’s substance abuse. Almost twice as many FGC-plans ( $n = 19$ ) dealt with this issue. Another example regards educational support for the child, who was raised by the social workers in 16 FGCs, but 28 plans addressed this need.

### *Services*

The closure of the investigation resulted in some kind of CPS service for 55% of the traditionally investigated children or their parents and for 64% of the FGC-children or their family. The difference was not statistically significant,  $\chi^2(1) = 1.92, p > .05$ . However, the FGC-children received on average more services ( $M = 1.5$ ) than the comparison group ( $M = 1.2$ ),  $F(1, 139) = 8.02, p < .01$ . The FGC-children were more often placed in foster or residential care (27%) than traditionally investigated children (10%),  $\chi^2(1) = 11.87, p < .001$ . After the conference, four of 26 FGC-children in out-of-home care, and none of the 14 traditionally CPS-investigated children lived with their extended family. Partly in parallel with out-of-home placement, several children received in-home services (e.g., respite care, counseling, psychotherapy). The FGC and the comparison group did not differ significantly in this respect (27% vs. 30%),  $\chi^2(1) = .16, p > .05$ . In addition, parents of the FGC-children (28%) received in-home supportive services (e.g., counseling, home therapist), as much as parents in the comparison group (27%),  $\chi^2(1) = .09, p > .05$ .

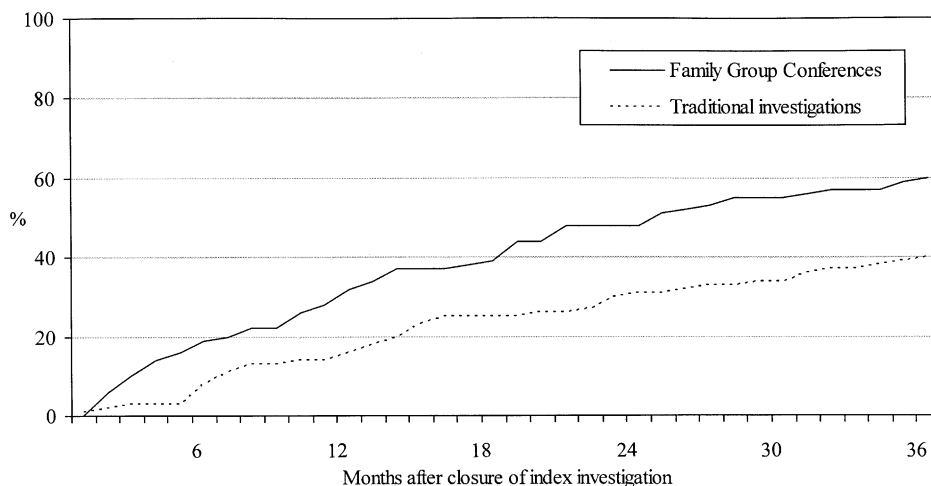


Figure 1. Children with substantiated reports after the index investigation (cumulative %).

### *Consumer satisfaction*

Of the 413 participants from the extended families that completed the inquiry about their participation in the FGC, a large majority (81%) reported that they were adequately informed about how a FGC works. Moreover, 84% believed that all important persons had attended the meeting, and 86% stated that the social workers had presented adequate information about the problem that had to be solved. Most participants indicated that there was sufficient opportunity to express their views during private time (86%), that other participants respected their opinions (77%), were satisfied with the plan (89%), and favored the FGC as a method in bringing a solution to child protection cases (86%). The presence of a professional in the private meeting was not a determinant for family satisfaction. Family sessions held in complete privacy were considered just as satisfying as those sessions which a professional attended, regarding opportunity to express views by family members,  $\chi^2(1) = .15$ , overall satisfaction with the plan,  $\chi^2(1) = .90$ , and family members favoring the FGC as a method in bringing a solution to child protection cases,  $\chi^2(1) = .08$  (all  $p$ 's > .05).

### *Long-term outcomes*

#### *Referral rates*

The case file review found 346 new referrals during the 3 years after the initial investigations were closed. Of those referrals, 254 were substantiated, resulting in some form of CPS intervention/provision of services. A sustained allegation of child maltreatment after closed investigations is an important indicator of child safety. Of the 97 FGC-children, 67 (69%) were objects of at least one new child maltreatment report after the conference, and 58 (60%) had a substantiated CPS referral. Of the 142 children in the comparison group who were investigated using traditional CPS procedures, 81 (57%) were re-referred and for 57 (40%) the allegations were substantiated (Figure 1). The difference in substantiated reports between the two groups of children was significant,  $\chi^2(1) = 8.92$ ,  $p < .01$ .

### *Reports by the extended family and the social welfare administration*

The case file review identified few reports by the extended family; 37 of 346 re-referrals, 20 of 185 (11%) for FGC-children and 17 of 161 (11%) for the comparison group,  $\chi^2(1) = .0$ ,  $p > .05$ . Of those re-referred, 14 (21%) of 67 FGC-children were at least once reported by the extended family, as was 13 (16%) of 81 comparison group children. The proportions were not statistically different between the two groups,  $\chi^2(1) = .57$ ,  $p > .05$ .

A substantial part of the re-referrals, 122 of 346 (35%), came from CPS officers (e.g., caseworkers, service workers, foster parents). This was more frequent among the 67 FGC-children (54%) than in the comparison group (35%),  $\chi^2(1) = 5.49$ ,  $p < .05$ .

### *Substantiated problems*

Because there often were several reasons for new services, the sum of substantiated problems described is more than 100%.

The FGCs do not seem to have prevented further neglect or abuse during the 3 following years. More than half of the substantiated allegations, 162 of 254 (64%), dealt with neglect. Of the 97 FGC-children, 46 (47%) received support during the follow-up years due to new substantiated referrals of neglect, compared to 41 of 142 (29%) of the traditionally investigated children, a significant difference,  $\chi^2(1) = 8.55$ ,  $p < .01$ .

Physical and sexual abuse was less frequent among the children receiving new services: 51 (20%) of all 254 re-referrals, comprising 20 (21%) of 97 FGC-children and 4 (3%) of 142 comparison children. Substantiated re-referrals for abuse were more frequent in the FGC group than in the comparison group,  $\chi^2(1) = 20.21$ ,  $p < .0001$ .

After the index investigation, 85 referrals dealt with antisocial behavior problems. The occurrence of re-referred children that received services because of antisocial behavior problems was equally frequent in both groups (13%).

### *Service provision*

The proportion of children receiving services decreased during the first year after the investigation was closed (Figure 2), but leveled off and stayed comparably stable during the other 2 years. Usually, at a given time, 40% or more of the FGC-children/families received some form of services, compared to approximately 30% of the traditionally investigated children/families.

During the 3-year follow-up interval, the FGC-children received services provided by the CPS for a longer time ( $M = 514$  days) than the traditionally investigated group ( $M = 375$  days),  $F(1, 231) = 6.95$ ,  $p < .01$ . The cumulative proportion of children and families who at any time during the three year follow-up period had been objects of any kind of CPS services (i.e., in-home and out-of-home care) was similar in both groups: 81% of the FGC-children and 71% of the comparison group, a statistically non-significant difference,  $\chi^2(1) = 3.30$ ,  $p > .05$ .

### *Out-of-home care*

Out-of-home care was more common in the FGC-group (42%) than in the comparison group (21%),  $\chi^2(1) = 12.33$ ,  $p < .001$ . The proportion of FGC-children being in care at closure of the index investigation was 27% but soon fell to 15–20% (Figure 3). Of the comparison children, 10% were in out-of-home placement after the index investigation, a figure that remained comparably stable through the 3 years. The

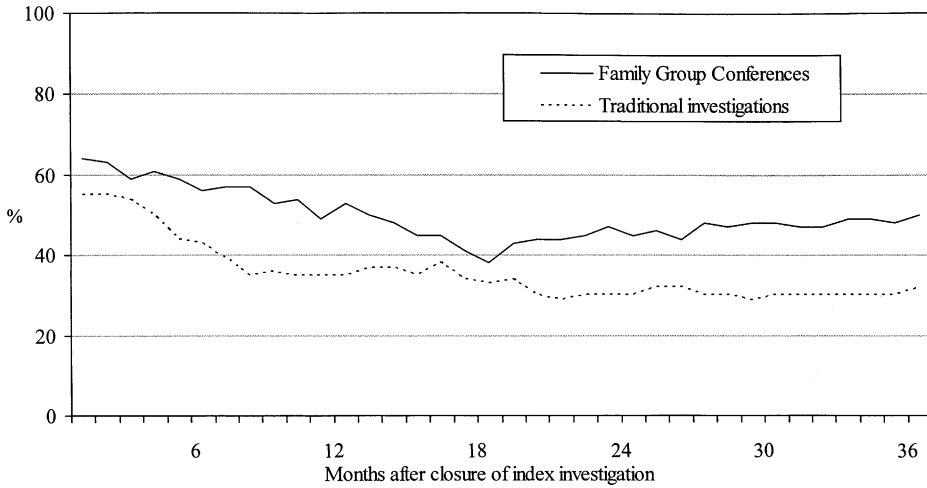


Figure 2. Service provision (%).

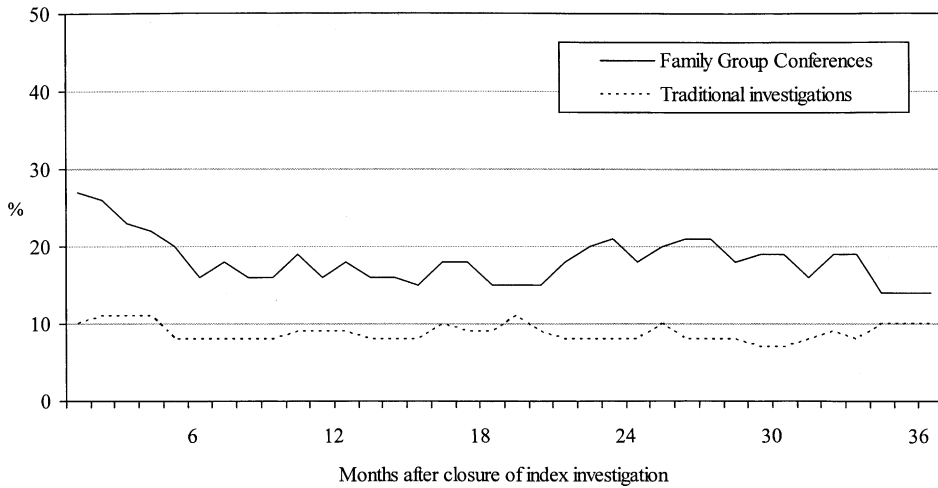


Figure 3. Children in out-of-home placement (%).

FGC-children had longer spells in out-of-home care ( $M = 205$  days) compared to comparison children ( $M = 103$  days),  $F(1, 233) = 6.87, p < .01$ .

Of the 41 FGC-children that at some time were in out-of-home placement, 9 (22%) had been placed with relatives. Only one of 30 (3%) comparison group children in out-of-home placement stayed within the extended family. This difference was statistically significant,  $\chi^2(1) = 4.96, p < .05$ .

### *Closed CPS-cases*

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 benefits or is necessary. After 3 years, significantly fewer cases were reported as closed for the FGC-children (50%) than for the comparison group children (68%),  $\chi^2(1) = 7.97, p < .01$ .

By comparing the types of support at closure of the index investigation, and repeatedly every 12 months, it is possible to identify trends in the service provision. For 38 (39%) of the 97 FGC-children services went from out-of-home placement to in home service, or from in home service to case closure. For 58 (41%) of the 142 comparison group children, service provision similarly declined. The difference was not statistically significant,  $\chi^2(1) = .06, p > .05$ .

### *Multivariate analysis*

Multiple regression analyses with forced entry were conducted to examine the combined and independent contributions of the child's age, gender, family background and type of problem from the type of investigation (FGC or traditional) on children's services from CPS. The contribution of the child's age and gender, together with the child's family background and type of problem, was entered into the first equation. This conservative approach was used to remove the maximum variance attributed to differences in children's family background before examining the influence of the type of investigation in the second equation. In **Table 3**, the standardized regression coefficients (i.e., betas) and  $R^2$ s are listed. Numbers printed in bold represent changes in variance explained ( $\Delta R^2$ ). This value estimates the effect that can be attributed to the model of investigation. Note, that placements with kin were not possible to analyze using multiple regression analyses due to few cases.

The first equation, including the child's age, gender, social background, and severity and types problems, accounted for between 29 and 67% of the variance of the dependent measures. The overall multiple  $R^2$ s in these regression analyses were all statistically significant, and most predictors were significantly associated with the client level outcomes, thus indicating that the predictors were relevant.

In the second equation, the variable associated with the investigation was added (FGC or traditional CPS investigation procedure), which significantly increased the variance accounted for in six of the nine dependent measures. A positive regression coefficient denotes that the FGC increased the frequency of the dependent measure, and a negative that it decreased the frequency. Thus, controlling for age, gender, family background, and types and severity of problems, type of investigation (FGC or traditional) proved important for most of the dependent measures, where more FGC-children:

- were re-referred to the CPS authority
- received new services during the follow-up years
- were re-referred for abuse
- were objects of reports to the CPS from the extended family
- were in out-of-home placement more days during the follow-up period
- received less intrusive support over time

Although the overall multiple regression coefficients for these analyses were highly statistically significant, the variance accounted for by type of investigation was small, in the range 0–7%.

Table 3

Hierarchical regression of children's continued contact with the CPS for age, gender, family background, severity and types of problems and presence of FGC ( $N = 239$ )

	REREF	NEWSE	ABUSE	NEGLE	EXTEN	CHPRO	DAYTO	DAYPL	CLOSE	DECLI
I: Social background and problems										
Child's age (years)	.05	-.03	.10	.29***	.19*	.40****	.03	.07	-.01	-.15*
Child's sex (0 = girl, 1 = boy)	-.02	.00	-.13**	-.08	-.08	.06	-.07	.08	-.06	.28****
Living on social assistance (0 = no, 1 = yes)	.11	.03	.18**	.16*	.45****	-.25****	.31****	-.12	.42****	-.39****
Immigrant family (0 = no, 1 = yes)	-.05	-.02	-.19***	-.11**	.09	-.29****	-.34****	-.28****	-.17**	-.15*
One parent family (0 = no, 1 = yes)	-.06	-.01	-.03	.11	.48****	.13**	-.32****	-.27***	-.05	-.29***
Severity of problems at index investigation (1 = non-serious, 5 = serious)	.28***	.27***	.10	.29****	-.27***	-.53****	.29**	.13	.28****	-.07
Neglect at index investigation (0 = no, 1 = yes)	-.10	.08	.13*	.48****	.23***	.47****	-.12	.25**	-.05	.26***
Abuse at index investigation (0 = no, 1 = yes)	.38****	.26**	.48****	.04	.19*	.49****	-.10	.45****	-.37****	.64****
Antisocial behavior problems at index investigation (0 = no, 1 = yes)	.39***	.53****	-.17	-.12	-.21*	- <sup>a</sup>	-.14	.41****	- <sup>a</sup>	.78****
Appliance for respite care at index investigation (0 = no, 1 = yes)	.23*	.21**	-.06	.28****	-.20**	-.43****	.22***	.36****	-.14*	.30***
$R^2$	.30****	.29****	.56****	.41****	.59****	.67****	.34****	.30****	.47****	.35****
II: Model of investigation										
FGC (0 = no, 1 = yes)	.26***	.35****	.16**	-.09	.21**	.01	.02	.22**	.07	.21**
$R^2$	.34****	.36****	.58****	.41****	.62****	.67****	.34****	.33****	.48****	.37****
$\Delta R^2$	.04***	.07****	.02**	.00	.03***	.00	.00	.03**	.01	.02**

REREF: number of re-referrals; NEWSE: number of new services; ABUSE: number of new substantiated referrals of abuse; NEGLE: number of new substantiated referrals of neglect; EXTEN: number of extended family reports; CHPRO: number of CPS reports; DAYTO: number of days of received services; DAYPL: number of days in out-of-home placement; CLOSE: closed GPS-cases after 3 years; DECLI: decline in service provision.

<sup>a</sup> With this predictor included, the matrix to be analyzed is not positive definite.

\*  $p < .05$ .

\*\*  $p < .01$ .

\*\*\*  $p < .001$ .

\*\*\*\*  $p < .0001$ .

## Discussion

This study reports on the results from a 3-year follow-up of a FGC-trial project in 10 Swedish local authorities. The local authorities involved in the trial were selected to represent geographic and socio-economic diversity of Swedish local authorities, thus increasing the external validity of the study. All children and families who during November 1996 and October 1997 participated in a first-time FGC were included in the study. The attrition was negligible, resulting in follow-up data on 97 children involved in 66 FGCs and 104 traditional child protection investigations from the same local authorities and the same period, including 142 children. All children were followed for exactly 36 months after the close of the investigation, making it the largest long-term follow-up study of FGCs published to date.

A limitation inherent in the design is that although observed initial differences between the two groups are statistically controlled, non-observed differences are not. In theory, the multivariate statistical analysis can remedy flawed matching between the FGC and the comparison group. In reality, there are no robust theoretical models of what background factors to control. Furthermore, case record narratives vary in quality and detail, thus jeopardizing the validity of our constructed comparison group. In the absence of randomized control trials on FGCs, the outcomes presented here, as well as in other similar studies, should be viewed with caution. This limitation should be borne in mind throughout the following discussion. In addition, the use of re-referrals and other agency related outcome data is in itself a limitation (e.g., repeated child maltreatment may have taken place but were unknown to the CPS authority).

As in several other international studies (e.g., [Burford & Pennell, 1998](#); [Cashmore & Kiely, 2000](#); [Lupton & Nixon, 1999](#); [Pennell & Burford, 2000](#)) the families that participated in FGCs seem to have had more serious problems than average CPS-cases (more were well known by the local CPS at the index investigation and their problems were rated as more serious by the social workers). Apart from that, the two groups had many similarities. Most types of problems were equally common, including neglect and physical/sexual abuse. In addition, both groups contained similar demographic variation of families and children.

Descriptive process related findings echo those of other studies ([Lupton & Stevens, 1998](#); [Marsh & Crow, 1998](#); [Pennell & Burford, 2000](#); [Shore et al., 2002](#); [Trotter et al., 1999](#)), showing that most FGCs have been carried out the way they were meant to. Thus, the first hypothesis was confirmed. The extended family attended the meetings, professionals rarely participated during the families' private conference time, and practically all families were able to produce a plan that was acceptable to the CPS. The collaboration during the investigation between the parents and the caseworker, as assessed by the latter, generally also worked well. The average number of attending members from the extended family is among the highest in the literature, the private time lasted about twice as long as in other published studies, and the use of additional FGCs was twice as frequent compared to, for instance, UK experiences ([Lupton et al., 1995](#); [Lupton & Nixon, 1999](#); [Marsh & Crow, 1998](#); [Pennell & Burford, 2000](#)). The evaluation also confirmed an essential assumption of the FGC model: the extended family members seem to have submitted knowledge of the parents and children that the CPS did not have before the FGC, leading to proposals in the plans for services on parental substance abuse and children's problems in school.

Despite these encouraging process results, the 3-year follow-up does not confirm general expectations on long-term outcome of the FGC model. Of the five remaining hypothesis, two were partly confirmed. After statistically controlling for the child's age, sex, family background, and severity and type of problems, the FGCs slightly increased the proportion of reports coming from the extended family during the



3 years of follow-up. More FGC-children were also cared for within the extended family, 22% compared to 3% among the comparison group children.

Contrary to the expectations, significantly more FGC-children were re-referred to the CPS authority during the 3-year follow-up period, thus indicating less stability in the lives of the FGC-children during the follow-up period. Other research on FGC (Lupton & Stevens, 1998; Pennell & Burford, 2000) has also reported substantial re-referral rates within 1 year, 20 and 25%, respectively indicating that this is not an exclusive result for Sweden.

Also contrary to expectations, more FGC-children than comparison children were re-reported for abuse. The rate of re-referrals for neglect did not differ, indicating that extended families have not been more successful in preventing further maltreatment after FGCs than after a traditional CPS investigation. In general, most neglect and abuse cases at the index investigation were re-referred during follow-up. The high prevalence of repeated neglect is in accordance with other research (e.g., Fluke, Yuan, & Edwards, 1999; Fryer & Miyoshi, 1994; Inkelas & Halfon, 1997; Wolock, Sherman, Feldman, & Metzger, 2001; Wood, 1997) showing that neglect tends to be a persistent phenomenon.

Although FGCs did not account for any variance in case closure, it did slightly increase the probability of a decline in service provision over time. However, the statistical effect was very small, as it also was for other outcome measures. The variance accounted for by the type of investigation was in the range 0–7%.

There are several plausible explanations for the results. First, the FGC model is primarily a model for decision making in child protection cases, and to lesser extent a method to select appropriate services. Although the plan formulated by the extended family might be correct in theory, the implementation of this plan might fail to be effective due to poor quality of provided services. It is a sad fact that scientific knowledge of truly effective interventions in child protection is relatively sparse (Becker et al., 1995; Macdonald, 1998; Macdonald, Sheldon, & Gillespie, 1992; MacMillan, MacMillan, Offord, Griffith, & MacMillan, 1994a, 1994b; Oates & Bross, 1995).

Second, CPS procedures for involving the extended family may not produce a solid highway to lasting solutions for maltreated children. Few children in our study were re-referred by the extended family members, thus either indicating a lack of belief in the services of the CPS shared by both study groups, or that extended families in reality had restricted knowledge of conditions in the child's home. Furthermore, withdrawn support from the extended family seems to be common. Earlier published results from this study (Sundell & Haeggman, 1999), demonstrated that of 36 parents who were interviewed 8–22 months after the first-time FGC (Sundell & Haeggman, 1999), 44% reported that extended family members did not live up to their part of the agreement. For instance, one father reported that relatives never had time to help when he needed help, and that he after some time stopped asking for help, since he did not want to be seen as "nagging." Evaluations from Canada, UK, and Australia report similar results (Lupton & Stevens, 1998; Marsh & Crow, 1998; Pennell & Burford, 2000; Shore et al., 2002). It remains an open question if FGCs in all cultural settings can make a substantial lasting difference when child welfare authorities attempt to mobilize informal networks of children at risk.

Third, the extended families of the comparison children may have assumed responsibility for the problems of their kin, unknown to us. If both groups received similar support from their extended families, this could at least in part explain the small differences in outcomes between the FGC and the comparison children. In the Swedish evaluation of the FGC model, there is only anecdotal knowledge of what help the comparison children received by their extended families. This information indicates that it was quite normal for families to receive a large variation of support from their kin network, such as grandparents providing temporary care for the children.

Fourth, it is possible that the FGC-children received more attention from the CPS officers because of more frequent previous engagements with the CPS. This explanation receives no support by the multiple regression analyses; after statistically controlling for the child's age, sex, family background, and severity and types of problems, the difference in re-referrals from the social welfare administration did not differ statistically between the two groups.

A fifth possible explanation for the unexpectedly weak outcome for the FGC model is that the socio-cultural settings of Sweden might not favor the FGC model. The Swedish CPS services reflect a strong paternalistic welfare state and shared popular values of social control that sanction interventions in families (Gould, 1988; Hesse & Vinnerljung, 1999; Weightman & Weightman, 1995). This could make Swedes unfamiliar with participation in the CPS decision process. In addition, the few studies with encouraging long-term outcomes of FGCs included a substantial part of families from indigenous minorities (Pennell & Burford, 2000; Shore et al., 2002). The Swedish trial included few families from immigrant groups and none from a native minority. Whether socio-cultural differences can explain the no-concurring results from our study and others, is an important issue for future research.

Although the results do not verify the presumed superiority of FGCs, they do neither disqualify their use. Most important, the variance accounted for by FGCs is small. Some results actually support the FGC model; high consumer satisfaction and a higher placement rate within the extended family. Furthermore, some of the seemingly discouraging results may be accounted for by services of poor quality, not a fault of the FGC model. A relevant motive for offering families FGCs is that they bring increased transparency to the decision process of the CPS authority. FGCs give extended families the opportunity to make vitally important decisions in matters close to their hearts, and might be a way to level the uneven power relation between CPS authorities and families, thus improving collaboration. This assumption receives some support since referrals by the extended family were somewhat more frequent after FGCs.

Given the widespread enthusiasm for and interest in the FGC model, there is a vital need for evaluations using random assignment to FGC model and control alternatives, and focusing on long-term outcomes related to child and parent well-being (cf. Boruch, 1997; Macdonald, 2001). This should preferably be done when the FGC-model is introduced in a new local setting, at best in countries or regions where the model has not been used previously. Construction of randomized trials after the model has been integrated in the regular service supply from child welfare authorities may be practically difficult.

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## Résumé

**Objectif:** Entre 1995 et 1997, l'Association Suédoise des Autorités Locales a organisé des rencontres pour le groupe familial (FCG) dans 10 autorités locales à travers la Suède. Cette étude rapporte les résultats de cette réalisation.

**Méthode:** 97 enfants impliqués dans 66 de ces rencontres entre novembre 1996 et octobre 1997 ont été comparés avec 142 enfants d'un échantillon choisi au hasard tiré de 104 enquêtes traditionnelles de protection de l'enfance faites par les services de Protection de l'enfance (CPS). Tous les enfants ont été suivis exactement pendant 3 ans au sujet de mauvais traitements pouvant dans le futur être rapportés au CPS. Les effets ont été modélisés en utilisant les régressions multiples, et en contrôlant chez les enfants l'âge, le sexe, le milieu familial, le type et la gravité des problèmes.

**Résultats:** Après contrôle pour les différences initiales, les enfants soumis aux FCG ont connu l'expérience d'être plus fréquemment référés au CPS que le groupe qui avait été soumis à des enquêtes traditionnelles. Ils ont été plus souvent référés à nouveau pour des mauvais traitements, plus souvent référés à nouveau par la famille élargie, plus souvent placés, mais à la longue ont reçu une aide moins exagérée de la part du CPS. Les enfants du groupe FGC n'étaient pas référés à nouveau pour négligence, fermeture du dossier après 3 ans ou pour le nombre de jours où ils avaient bénéficié de services. Les résultats suggèrent que l'impact des FGC était insuffisant comptant pour 0 à 7% de la variance des variables du résultat.

**Conclusions:** Les résultats ne prouvent pas l'efficacité attendue du modèle FGC comparé aux investigations traditionnelles dans la prévention de cas de mauvais traitements futurs. Si ces résultats étaient confirmés à l'avenir ils serviraient à rappeler qu'il est nécessaire d'évaluer les modèles basés sur des théories non prouvées ou sur des extrapolations issues d'autres cultures ou pays, avant que ces modèles ne soient répandus sous forme de pratiques à l'échelon national.

## Resumen

**Objetivo:** Entre los años 1995 y 1997, la Asociación Sueca de Autoridades Locales implementó Conferencias de Grupos Familiares (FGC) en 10 autoridades locales en toda Suecia. Este estudio presenta los resultados de ésta implementación en los clientes.

**Método:** Se compararon noventa y siete niños, incluidos en 66 FGC entre noviembre 1996 y octubre 1997, con 142 niños de una muestra al azar de 104 investigaciones tradicionales sobre protección infantil realizadas por el Servicio de Protección Infantil (CPS). Se realizó el seguimiento a todos los niños sobre futuros eventos de maltrato infantil reportados al CPS durante exactamente 3 años. Los efectos fueron analizados utilizando regresiones múltiples, controlando la edad del niño, género, contexto familiar, y tipo y severidad de los problemas.

**Resultados:** Después de controlar las diferencias iniciales, los niños de los FGC experimentaron mayores tasas de re-referimientos al CPS que el grupo que había sido procesado en las investigaciones tradicionales; con mayor frecuencia fueron re-referidos por abuso, fueron re-referidos con mayor frecuencia por la familia extendida, estuvieron por mayor tiempo en traslados fuera del hogar, pero con el tiempo, tendían a recibir menos apoyo del CPS. Las FGC no estuvieron relacionadas con re-referimientos por negligencia, por cierre de caso después de 3 años o número de días de servicios recibidos. Los resultados sugieren que el impacto de las FGC fue escaso, siendo responsables del 0–7% de la varianza estadística en los resultados de las variables.

**Conclusiones:** Los resultados no apoyaron la alegada efectividad del modelo de las FGC comparándolas con las investigaciones tradicionales para prevenir futuros casos de maltrato. Si estos resultados se confirman en investigaciones futuras, servirán como un recordatorio de la necesidad de evaluar los modelos basados en teorías no probadas o en extrapolaciones de otros países/culturas, antes de que estos modelos sean diseminados en la práctica en un contexto nacional.