



## Family group conferencing in Dutch child welfare: Which families are most likely to organize a family group conference? ☆



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### ABSTRACT

Aim of the present study was to identify which families involved in child welfare are willing to organize a Family Group conference (FGc; phase 1) and which are most likely to complete a conference (phase 2). Data were used of a Dutch randomized controlled trial ( $N = 229$ ). First, the proportion of families willing to organize an FGc and actually completing a conference was determined. Then, for each of the phases, reasons for dropout according to parents, child welfare workers and FGc-coordinators were assessed and categorized and family characteristics were linked to completion rate. Results showed that 60% of the families (137 families) were willing to organize an FGc and 27% (62 families) eventually completed a conference. Reasons for dropout were lack of motivation, high-conflict divorce situations and need for other professional care. Broken and/or newly formed families were less likely to complete a conference, whereas families with indications for child maltreatment were more likely to complete a conference. Future research is needed to examine other possible explanations for the relatively low success rate, such as attitude of child welfare workers towards FGc and the lack of understanding of the aim of FGc by child welfare workers and families.

### 1. Introduction

Since many years, there has been an increased emphasis on parental empowerment and including the social network in decisions related to the child welfare trajectory (Straub, 2012). The decision-making model of Family Group Conferencing (FGC) has become, therefore, extremely popular. This method aims to bring together the broader social network of the family – i.e., family members, relatives, friends and other individuals who might provide support – to make a family group plan to solve the child-rearing problems (Burford & Hudson, 2000). The principle underlying FGC is that parents, together with their extended social network, have the right to make important decisions about their children. Additionally, the model of FGC assumes that the effective functioning of families is promoted, as the focus is on the strengths and resources of families that can be used to solve their problems (Crampton, 2007; Graber, Keys, & White, 1996; Hudson, Galaway, Morris, & Maxwell, 1996). Another assumption of the model is that, as the extended social network is actively involved, (new) sources of

support will be provided (Merkel-Holguin, 2004). Finally, the model is believed to be culturally sensitive and, therefore, appropriate for families with different cultural backgrounds (Merkel-Holguin, 2005).

FGC is believed to be suitable for all families who receive child welfare, and it has been used for a wide range of problems (Crampton, 2007). However, the small sample sizes of effect studies suggest that not all families are able or willing to organize a Family Group conference (FGc) when offered. Moreover, it is the question whether or not an FGc is offered as intended to families in child welfare. For example, Sundell (2000) reported that only one-third of the families in child welfare were offered an FGc by their child welfare worker. In the process of organizing an FGc, two phases can be distinguished. In the first phase, parents decide whether or not to accept the offer of the child welfare worker to organize an FGc. In the second phase, the family and its network either accomplish or do not accomplish an FGc. Crampton and Jackson (2007) reported that about 60% of the families in which out-of-home placement for their children was planned accepted the offer to organize a conference. Sundell and Haeggman (1999) reported a lower

Abbreviations: FGC, Family Group Conferencing; FGc, Family Group conference; FES, Family Empowerment Scale; ARIJ, Actuarial Risk Assessment Instrument Youth Protection; PSQ, Parental Support Questionnaire

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percentage; only 25% of the families who were offered an FGc accepted the offer. When families accepted the offer of an FGc, Crampton (2003) showed that in only 29% of the families an FGc was concluded. In the Netherlands, Wijnen-Lunenburg, Beek, Bijl, Gramberg, and Slot (2008) reported that in 80% of the families a conference took place. However, a more recent study, performed in the Netherlands, showed that only 41% of the families who were willing to organize an FGc actually concluded a conference (Dijkstra, Creemers, Asscher, & Stams, 2016).

Although these percentages provide some insights in the process of organizing an FGc, it is yet unclear why, in both phases, many families dropout. So far, no theoretical framework exists to explain which families are most likely to accomplish an FGc (Crampton, 2007) and only few studies examined this question. However, it is important to examine this topic since many families are not reached by the model of FGc. Moreover, insight in motives and factors that affect the likelihood of completion of an FGc allows professionals in child welfare to pay more attention to these factors. In addition, characteristics of the selective group of families that accomplish an FGc should be taken into account when interpreting the results of studies focusing on the effectiveness of FGc.

In order to gain more insight in what factors lead to successful FGc referral and completion, the present study was conducted. Reasons for dropout as well as factors that may influence the dropout rate were examined for both aforementioned phases. With regard to the factors, we examined whether demographic, parent and family characteristics affected the willingness to organize an FGc and the likelihood to accomplish an FGc.

Sundell (2000) is one of the few who asked family members for their reasons for declining the offer to organize FGc. Family members reported lack of a social network or no confidence in the social network as well as reluctance to openly discuss problems with the social network as main reasons for declining an FGc. Moreover, when families already decided upon what kind of care they wanted, they generally were not interested in organizing an FGc. Although Sundell's (2000) study has provided valuable insights, no information was reported about reasons for dropout after having started the model. Onrust, Romijn, and de Beer (2015) provided in their FGc study some information about dropout reasons in this second phase, for example, no need for FGc anymore, no willingness to further involve the social network and a lack of motivation of the social network. However, since Onrust and colleagues had information from only four family members, it is important to examine dropout reasons for this phase as well.

As far as we know, only two studies examined factors that influence dropout rate, both focusing on the first phase of the FGc-process. Sundell (2000) found that families who had more contact with social services, who had more children that were placed out-of-home and who had more serious problems, according to child welfare workers, were more often willing to organize an FGc. Crampton (2003) examined 40 family characteristics to determine which of these affected the willingness of families to try an FGc. Results showed that in families characterized by children with special needs, parental substance abuse, improper supervision, kinship care already identified, parental mental health problems and previous involvement of child welfare, parents were more often willing to organize an FGc.

In the present study, we selected eight demographic-, parent- and family characteristics which, based on previous literature, may be relevant for distinguishing between families who do and do not dropout of the model of FGc. The demographic characteristics were minority status, family situation and education level of parents. Although Crampton (2003) did not find that minority status affects the willingness of families to try an FGc, research on dropout in child welfare treatment in general showed that minority status, as well as divorce and low socioeconomic status, are common characteristics of families who dropout of treatment (Armbruster & Kazdin, 1994; De Haan, Boon, de Jong, Hoeve, & Vermeiren, 2013; Reyno & McGrath, 2006). Since Merkel-Holguin (2005) reported that the model of FGc is assumed to be

culturally sensitive and therefore appropriate irrespective of minority status, and Chandler and Giovanucci (2004) suggested FGc to be an appropriate method for helping divorced parents to focus on their children rather than on their conflict, it seems interesting to examine this further.

Second, the importance of two parental characteristics was examined in the present study: empowerment and parental mental health problems in terms of psychiatric problems. Previous research has shown that empowerment at the family level, which is the parents' sense of competence to manage day-to-day situations with their child(ren) at home (Koren, DeChillo, & Friesen, 1992), increases the effectiveness of several parenting programs (Deković et al., 2010; Deković, Asscher, Manders, Prins, & van der Laan, 2012). Because it has been hypothesized that parents' knowledge and improvement in competence are translated into greater action and involvement (Taub, Tighe, & Burchard, 2001), this is thought to result in more FGc completion. With regard to parental mental health problems, Crampton (2003) reported that families where parents had mental-health problems were more likely to complete an FGc than parents without these problems. However, studies on dropout in general found that this characteristic was a factor that causes dropout (Armbruster & Kazdin, 1994; de Haan et al., 2013; Reyno & McGrath, 2006).

Thirdly, social support of the extended family, out-of-home placement and child maltreatment were included as family characteristics that may affect the completion rate of FGc. FGc claims that a lack of social support is not an exclusion criterion (Van Beek & Muntendam, 2011). However, previous research of both Crampton (2003) and Sundell (2000) showed that when families did not have extended networks that were willing to participate, FGc is less likely to be completed. Furthermore, the studies of Crampton (2003) and Sundell (2000) showed that when children were placed out-of-home at the start of the FGc-process, an FGc was more likely to succeed. Crampton and Williams (2000) found no evidence that child maltreatment affected the likelihood of FGc completion.

In sum, the aim of the present study was to identify which families are willing to organize an FGc and which families are most likely to accomplish a conference once they expressed their willingness to organize one. To obtain this goal, we first examined the proportion of families willing to organize an FGc and actually accomplishing a conference. Second, we examined reasons for declining the offer of an FGc and reasons for dropout during the process. Third, we examined whether 1) demographic characteristics, including minority status, family situation and education level of parents, 2) parent characteristics, including empowerment and parental mental health problems and 3) family characteristics, including social support from the extended family, out-of-home placement and child maltreatment, affect the willingness to organize an FGc and the likelihood to actually accomplish a conference. The answers to these questions would help gain better insights in the process of FGc. Moreover, as dropout can be considered a measure of effectiveness, this study adds to growing knowledge on the effectiveness of FGc in child welfare (Dijkstra, Creemers, Asscher, Deković, & Stams, 2016).

## 2. Method

### 2.1. Sample and procedure

The present study reports data of a randomized controlled trial to examine the effectiveness of FGc in a child welfare agency in Amsterdam, The Netherlands (Asscher, Dijkstra, Stams, Deković, & Creemers, 2014). The design of the study is approved by the independent Ethical Committee of the Faculty of Social and Behavioral Sciences of the University of Amsterdam (approval number: 2013-POWL-3308). The target group of child welfare agencies in the Netherlands are families with problems in different domains such as delinquency, school problems, child maltreatment, mental health, alcohol

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