



Title: An evidence review of the impact Family Group Conferencing (FGC) and Restorative Practices (RP) have on positive outcomes for children and families.

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1.0 Introduction and summary

This review was a Rapid Evidence Assessment (REA), designed to establish the current state of evidence concerning the impact of restorative practices, including Family Group Conferencing (FGC), on outcomes for children and families. It was commissioned as part of the evaluation of Leeds City Council's Family Valued programme, led by ICF. Family Valued was funded by the Department for Education's (DfE) Social Care Innovation Programme.

The review set out to establish the current state of evidence concerning the impact of restorative practices (RP), including (FGC), on outcomes for children and families. When using the term 'evidence' throughout this review we are referring to the body of empirical studies and not to speculative discussions or opinion pieces. Specifically, the review set out to:

- Explore the quality, quantity, consistency and context of current empirical evidence linking restorative practices with positive outcomes for children and families;
- Establish the extent to which more recent research has developed the evidence base;
- Look at what more recent work can tell us about the impact of RP and FGC on outcomes;
- Examine empirical evidence concerning the key components of good practice;
- Establish the current state of evidence on the relative costs and benefits of these approaches; and
- Identify the lessons from existing research concerning the essential elements of effective evaluation of restorative practices, including FGC.

In summary, we have drawn together evidence from a range of published literature; we have included eight existing evidence reviews, and 33 primary research studies that test – to a publishable standard of evidence – the impact of restorative practices on outcomes for children and families.

Each of the key points we have highlighted in the report is supported by the evidence we have reviewed.

The review found the available research evidence to support the following conclusions:

- Good evidence exists to support the view that families, professionals and other stakeholders are more positive about interventions labelled "restorative" relative to "business as usual";
- Evidence suggests that FGC may deliver short-term gains for families because it enables them to access a wider range of services often more quickly than they do so under "business as usual" conditions;
- While more is known as a result of more recent, robust evaluations, there are still too few of them to constitute a consistent, robust body of evidence regarding the long-term impact of FGC;

- Critical elements of good practice in the provision of FGC include good preparation, regular follow-up, developing community representation and mobilising supports;
- A significant proportion of families that have participated in FGC research have highlighted their main concerns as economic and financial. By contrast, professionals focus on child-protection issues. Addressing financial needs, especially in a climate of austerity, may be a necessary precursor to dealing effectively with other family issues;
- Every pound spent on of face-to-face restorative justice conferences (RJC) saves between £3.70 and £8.10 when measured against the costs of crime. The impact of RJC on reoffending are modest, but highly cost-effective, given the high costs of crime;
- Inconsistent evidence of impact has so far made it difficult to establish credible business cases for FGC based on cost-benefit analyses; and
- Evaluation of FGC and restorative practices more generally needs to be firmly grounded on robust programme theory that specifies the critical elements of interventions and the necessary participant responses that lead to effective outcomes.

The evidence reviewed suggests that FGC may have a positive impact on short-term outcomes for children and families. Because FGC is delivered in the context of a wider system of services for families, a more robust approach to evaluation that includes the testing of explicit programme theory is required to establish the extent to which FGC contributes to positive long-term outcomes. Going forwards, evaluation should monitor how service providers select families for inclusion in programmes, how they deliver key programme processes and procedures, and the impact services to which families are referred following FGC have in both the short and long terms.

2.0 Restorative Practice and Family Group Conferencing: theory and practice

2.1 Restorative Practice: a definition

The International Institute for Restorative Practices (IIRP) defines restorative practices as a group of participatory learning and decision-making processes. It is based on the general premise that *“human beings are happier, more cooperative and productive, and more likely to make positive changes in their behaviour when those in positions of authority do things with them rather than to them or for them”*¹.

Several fields have adopted the approach, including education, counselling, criminal justice, social work, and organisational management. It has its roots in restorative justice, an approach developed in the 1970s that substitutes traditional punitive disposals with mediation between perpetrators and their victims².

In social work, Family Group Conferencing has become one of the most widely adopted restorative practices³.

2.2 Family Group Conferencing: the theory

Family Group Conferencing, or Family Group Decision Making (FGDM) as US child-protection agencies tend to refer to it, originated in New Zealand in the 1980s⁴. By 1989, children’s services in the US were introducing pilot FGC programmes. The practice spread to other countries in the 1990s, including Australia, Canada, Denmark, the UK and Israel. By 2005, more than 30 countries and 150 communities worldwide were using some form of FGC in the context of youth justice, child protection and mental health^{5, 6}.

Several different but complementary theoretical models underpinning FGC have been developed as its use has spread⁷:

- problem-solving approach⁸ – FGC helps professionals to work with families by breaking down problems into smaller and thus more manageable elements;
- task-centred approach⁹ – FGC provides families with support that encourages them to develop their own solutions that promote self-esteem and self-efficacy;

¹ Wachtel, 2013

² Zehr, 1990

³ Barnsdale & Walker, 2007

⁴ Burford & Pennell, 2000

⁵ Nixon et al, 2005

⁶ Merkel-Holguin, 2003

⁷ Frost et al, 2014

⁸ Perlman, 1970

- theory of solution-focused therapy¹⁰ – professionals work with families to help them identify their strengths and find solutions that build on those strengths;
- strengths-based perspective¹¹ – professionals work with families to develop resilience by focusing on their strengths; and
- restorative approaches¹² – professionals work with families to provide support and improve control.

2.3 Family Group Conferencing: the process

There is no one model of delivery for FGC; local variation tends to be the rule rather than the exception. That said, the literature has established some degree of consensus when it comes to common elements in the FGC process, and its US equivalent, FGDM.

Most agree that local variants of the FGC process include four discrete stages^{13, 14}:

Stage 1 – independent FGC coordinators spend time talking to the child and their carers to establish who is in their immediate family, in their extended network, and the identities of other significant people they might want included in the process. The coordinator explains the process to those involved, prepares them for the meeting and finally sends out invitations;

Stage 2 – the first part of the FGC meeting: chaired by the independent coordinator, it starts with an exchange of information between the family and the professionals. Professionals share their concerns and make sure everybody understands their own role, responsibilities and available resources. All participants are given the opportunity to seek clarification as to the process;

Stage 3 – the second part of the FGC meeting, “private family time”: the coordinator and professionals leave the room to give the family an opportunity to discuss a plan of action, develop contingency plans, and review arrangements and requests for resources; and

Stage 4 – the final part of the FGC meeting: the coordinator and professionals rejoin the meeting to establish consensus around the proposed plan. Where possible, the availability of required resources is negotiated, and the plan is agreed as a workable strategy that fulfils the need of the child to be safe from harm. Any arrangements for monitoring and reviewing implementation of the plan are agreed.

⁹ Howe, 2009

¹⁰ De Shazer, 1985

¹¹ Saleebey, 1997

¹² McCold & Wachtel, 2003

¹³ Hayden, 2009

¹⁴ Lawrence & Wiffin, 2002

3.0 Family Group Conferencing and Restorative Practice: The evidence

This section of the report draws together the findings from 41 papers our review identified.

3.1 Introduction

The review was conducted according to the principles of a Rapid Evidence Assessment (REA). It was commissioned as part of the evaluation of Leeds City Council's Family Valued programme, led by ICF. Family Valued was funded by the Department for Education's (DfE) Social Care Innovation Programme.

The review set out to establish the current state of empirical evidence¹⁵ concerning the impact of restorative practices (RP), including (FGC), on outcomes for children and families. When using the term 'evidence' throughout this review we are referring to the body of empirical studies and not to speculative discussions or opinion pieces. Specifically, the review set out to:

- Explore the quality, quantity, consistency and context of current empirical evidence linking restorative practices with positive outcomes for children and families;
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- Identify the lessons from existing research concerning the essential elements of effective evaluation of restorative practices, including FGC.

REAs are an established review method of finding and synthesising evidence for informing public policy. Their strength lies in the rigorous, systematic methods they use to establish both the quantity and quality of evidence that exists in a given topic area. Because reviewers carefully record each step of the process, REAs can be audited to establish just how well any conclusions they offer are supported by the available evidence.

In summary, we have drawn together evidence from a range of published literature; we have included eight existing evidence reviews, and 33 primary research studies that test – to a publishable standard of evidence – the impact of restorative practices on outcomes for children and families.

Each of the key points we have highlighted in the report is supported by the evidence we have reviewed.

¹⁵ Empirical evidence is defined as that which is observed or experienced; capable of being verified or disproved by observation or experiment. <http://www.merriam-webster.com/dictionary/empirical>

3.2 Evidence from existing reviews

The best place to start when searching for evidence on any topic is to look for existing reviews. Depending on the quality of the review method used, they provide an overview of knowledge current when they were conducted. For that reason, we begin the section with evidence from existing reviews, before moving to look at research published subsequently.

We found eight evidence reviews in total, five published before 2008. Of those eight, three were rated as best quality. A US review¹⁶ looked at the impact FGC had on recidivism and satisfaction in juvenile offences. Results showed no FGC treatment effect on recidivism, and no differences in process satisfaction between those involved in FGC and control groups who experienced other restorative practices. However, the review did find that when compared with people who experienced more mainstream practices characterised as “business as usual”, those involved with FGC reported higher satisfaction with the criminal justice process.

In 2007, the Scottish Executive published a review of evidence concerning the use and impact of family group conferencing conducted by the Social Work Research Centre at the University of Stirling¹⁷. It concluded that while family members, children and social workers are generally positive about the process, there is very little robust research evidence to link FGDM or FGC with positive outcomes for children in either the social care, youth justice or education fields.

A review of restorative justice conferences published in 2015 looked at the results of 10 studies that included 1,800 accused or convicted offenders¹⁸. The results showed RJC's caused a modest reduction in the frequency of repeat offending:

“The effects of RJC's on the frequency of repeat offending are especially clear as a supplement to conventional justice, with less certainty about its effects when used as a substitute.” [p.20]

In separate analyses of eight of the 10 RCT's conducted in the UK, the authors produced a range of cost-benefit ratios for RJC's. Their results suggested that every pound spent on RJC's saved between £3.70 and £8.10 when measured against the costs of crime. They concluded that while the impact of RJC's on reoffending may be modest, they are nevertheless highly cost-effective, given the high costs of crime.

The authors of the other five evidence reviews we identified^{19,20,21,22,23}, selected studies they considered relevant without explicitly stating how they searched for them, why they were included, or how they assessed and analysed their results. Those reviews have a common

¹⁶ Bradshaw & Roseborough, 2005

¹⁷ Barnsdale & Walker, 2007

¹⁸ Sherman et al, 2015

¹⁹ Chand & Thoburn, 2005

²⁰ Crampton, 2007

²¹ Crea & Berzin, 2010

²² Frost, Abram, & Burgess, 2014

²³ Levine, 2000

theme: the lack of robust empirical research evidence concerning the effectiveness of FGC specifically, and restorative practices more generally.

The reviews broadly agree on three conclusions:

- (1) There is very little in the way of robust empirical research into the impact of FGC, FGDM and RP on outcomes whether they be in the realms of social care, education or criminal justice;
- (2) The low volume of empirical evidence available to date does not show conclusively that FGC, FGDM and RP are any more effective than traditional practices in producing positive outcomes for children and families; and
- (3) Little or no research has been conducted into the relative costs and benefits of FGC, FGDM and RP.

3.3 Evidence of impact from empirical studies

We found 33 original research studies that looked at the effectiveness of FGC (22 studies), FGDM (seven) and RP (four). Of the 33 studies we found, 11 used robust experimental research designs.

The oldest paper, published in 2004, described a Swedish outcomes study that followed up children and families three years after they had been involved in FGC²⁴. The authors concluded that the impact of FGC was only small, accounting for between zero and seven per cent of the statistical variance of outcome variables.

More recent, good-quality impact evaluations have come to similar conclusions. A 2008 US study evaluated two FGDM programmes, one involving 60 families, the other a further 50²⁵. Results showed children receiving the intervention did not experience any better outcomes than those that did not. Outcomes related to child safety, placement stability, and permanence. An earlier study by the same author that looked at child welfare outcomes for children of families randomly assigned to receive FGDM also reported no differences²⁶.

Another US study, published in 2012, looked at the impact of FGDM on the time it took for young people to exit the foster care system through family reunification, permanent placement with relatives, or adoption. Results showed that FGC after removal improved the odds of achieving the desired outcome of placement with family (reunification with immediate family or placement with relatives) compared with adoption. Results also indicated that, although FGC after removal did not decrease the time to permanency, neither did it significantly increase it²⁷.

Of studies that were not of the highest quality, two reported positive impacts arising from FGC. A paper published in 2000 tested the capacity of FGDM to eliminate or reduce family violence and

²⁴ Sundell & Vinnerjung, 2004

²⁵ Berzin et al, 2008

²⁶ Berzin, 2006

²⁷ Wang et al, 2012

to promote wellbeing²⁸. The authors concluded that conferencing protected children and adults while unifying the family group. Children in project families suffered less abuse and neglect and perceived their parents as providing better care. Administrative file data suggested fewer separations among families involved in FGC.

The same authors reported findings from a US study²⁹ that compared the permanency outcomes for children who had a family meetings with those who did not. The results showed meetings significantly increased the likelihood that children would be placed in kin foster homes, have family-group-type permanency goals, exit care faster, and be discharged to family or relatives.

Recent impact evaluations have used more robust experimental designs than previously, enabling researchers to distinguish between long-term and short-term impacts of FGC. The results seem to show that FGC may have a greater impact in the short term.

A study published in 2009 sampled 3,220 children referred because of maltreatment who were living at home during an initial study interview, including 325 who experienced FGDM meetings during the initial placement or planning assessment. Immediately following initial case assessment a higher proportion of children who had experienced FGDM meetings were connected with some services, specifically parenting services, children's counselling services, and mental health treatment for parents. After 36 months, those differences had disappeared. Families involved in FGDM meetings, were better able to access appropriate services in the short term.

A Norwegian study reported similar findings³⁰. Although after one-year no positive effects of FGC were evident, significant short-term differences were. Similarly, a Canadian study of FGDM suggested that the process helped people access support by promoting greater family unity³¹.

Studies that found evidence of positive short-term impacts suggest that positive impact may, at least in part, be due to FGC families doing better than their counterparts in terms of both the speed with which they can access services³² and the range of services available to them³³.

The evidence on restorative practices is also inconsistent. A US study published in 2012 examined the long-term effect of FGC on recidivism prevalence and time to first reoffence for more than 700 first-time youth offenders³⁴. Results showed that when extended to a 12-year follow-up period, there were no significant differences between the FGC and control groups in reoffending prevalence or time to reoffence. However, the authors did also report an earlier study that suggested FGC reduced the risk of young people reoffending in the short term.

²⁸ Pennell & Burford, 2000

²⁹ Pennell, Edwards & Burford, 2010

³⁰ Malmberg-Heimonen & Johansen, 2014

³¹ Pennell & Burford, 2000

³² Weigensberg, Barth & Guo, 2009

³³ Pountney, 2005

³⁴ Jeong, McGarrell & Hipple, 2012

A UK study in schools looked at the impact of FGC on levels of attendance and pupil behaviour compared with other Education Welfare Service (EWS) interventions³⁵. Attendance and exclusion did not improve in the FGC group. Despite that, responses to a survey of referral agents and interviews with Educational Welfare Officers and FGC coordinators suggested that they considered FGC a viable approach in schools that might be effective in individual cases. People thought FGC had a more positive impact on issues of attendance and bullying than on exclusion and behavioural problems.

The distinction between short and long-term impact found in FGC studies was evident in one of the better quality impact studies of RP in criminal justice settings³⁶. Comparisons of reoffending patterns among the treatment and control groups showed that differences were most pronounced during the period of three to eight months following the initial arrest. The authors noted that as a limited intervention, FGC might be unlikely to produce major life-course-altering effects. They concluded that repeat conferencing for individuals might be an effective means of reducing reoffending.

Some proponents of restorative practices, including FGC, have suggested that they help families feel more empowered in dealing with the problems they face. However, a review conducted for the Scottish Executive³⁷, suggested that RP does not change perceptions of empowerment, but rather enable families to mobilise social support among the extended family and communities. As an example, they cited Pennell and Burford (2000) who contended that FGC produces positive outcomes through enhancing family ties. They also cited evidence suggesting that FGC improves relationships between families and social workers^{38,39,40}.

3.4 Evidence on good practice

More recent studies have looked in detail at the processes associated with positive outcomes for children and families. Three issues stand out:

1. the critical role of good preparation for FGC;
2. the importance of regular, effective follow-up; and
3. ensuring FGC and RP are delivered according to their key principles (programme fidelity).

3.4.1 Preparation

Several studies have emphasised the importance of good preparation⁴¹. The author of one evidence review concluded that while some have suggested adequate preparation time to be in the region of 20-25 hours⁴², the available evidence does not support the view that it should be set at a specific level.

³⁵ Hayden, 2009

³⁶ McGarrell & Hipple, 2007

³⁷ Barnsdale and Walker, 2007

³⁸ Marsh and Crow, 1998

³⁹ Nixon et al, 2005

⁴⁰ Routhier, 2006

⁴¹ Jones & Finnegan, 2004; Levine, 2000; Pennell, 2006; Walton et al., 2003.

⁴² Mirsky, 2003

3.4.2 Follow-up

A Norwegian study with longer-term social assistance recipients concluded that lack of follow-up was one of the main reasons that initially positive FGC effects seemed to disappear over longer periods⁴³. Similarly, the review of evidence concerning the impact of FGC on youth re-offending laid particular emphasis on the vital role follow-up meetings can play in the effective delivery of plans developed in FGC meetings⁴⁴.

3.4.3 Programme fidelity

The research literature has consistently raised programme fidelity as a major issue. Although service providers deliver the basic elements of FGCs, they often do not implement key characteristics consistently, including community representation and mobilisation of supports. Professionals need focus on those aspects of the process that help families access and maintain reciprocal relationships with local community and familial networks.

3.5 Cost benefit analysis

Little or no research has reported details of the relative costs and benefits of RP, FGC and FGDM. The one exception is a systematic review of RJSs that found them to be highly cost-effective despite modest impact on reoffending, largely because of the high costs of crime. We found only one small pilot study conducted in Wales that looked at FGC in terms of cost⁴⁵. The study found that conferences did not involve any additional direct expenditure beyond the cost of mounting the conferences.

Cost-benefit analysis remains a priority if service providers are to make robust business cases for implementing RP, FGC and FGDM programmes. Of course, to do that requires good evidence of impact that we can directly attribute to these interventions; as our review has demonstrated, work remains to be done in that regard.

⁴³ Malmberg-Heimonen & Johansen, 2014

⁴⁴ Levine, 2000

⁴⁵ Pugh, 2002

4.0 Concluding comments

The review has established that FGC and RP have been adopted widely over the past few years. The evidence shows that both professionals and families are more positive about these approaches compared with more traditional approaches.

However, there are not as yet enough high-quality empirical evaluation studies to allow us to conclude that the evidence for the efficacy of FGC and RP is robust. But, to quote an often used phrase, *absence of evidence is not evidence of absence*. It is not that the findings of the review lead to a conclusion that FGC and RP are ineffective. On the contrary, the lack of evidence makes it difficult to reach any definitive conclusion with confidence. Nonetheless, we have found that the quality of evaluations in the field is improving; studies published since 2006 are generally better than work published earlier.

The strongest evidence currently suggests FGC and RP can have a positive impact on both the speed with which families access services, and the range of services they get access to.

Many of the good-quality empirical studies the review identified have been conducted in the US and Scandinavia. As a consequence, care has to be taken when drawing conclusions from the evidence we have reviewed and applying them directly to programmes in the UK. As we have noted, FGC and RP are delivered in the context of complex systems of social services provided for families and children. That delivery happens in social, political and economic circumstances that can differ both locally and nationally.

Finally, a common problem across most of the papers we looked at was the absence of testable programme theory. As a consequence, several failed to provide sufficient detail concerning either the design or implementation of the evaluations they described; many did not provide evidence of the extent to which the wider landscape of provision may have had an impact on maintaining early positive outcomes. This lack of good programme theory makes it difficult to establish definitively how results might have been influenced by factors specific to the context in which they were conducted. Fortunately, more recent evaluations of FGC have started to address this gap.

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