



## 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-Lunenburger, 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

and other drug problems or high-conflict divorce. The care that is being offered to the families is compulsory, sometimes a supervision order is given. In the period of January 2014 until December 2014, 527 families were informed about the study, and were randomly assigned to an experimental group and a control group (with a 2:1 ratio). Of these families  $N = 346$  (66%) gave informed consent (experimental group  $n = 242$ ; control group  $n = 104$ ). Non-response analyses showed that the non-response group consisted of more non-Western families ( $\chi^2(1, 527) = 16.71, p < 0.001$ ) and more intact families ( $\chi^2(1, 527) = 7.55, p < 0.01$ ) than the response group. No differences between the non-response and the response group were found on mean age of the children ( $t(342,27) = -0.61, p = 0.54$ ).

In the present study, only families in the experimental group were included. Five families were excluded from the study because they did not belong to the target group of the child welfare agency, as determined by the child welfare worker. Furthermore, although all 237 families in the experimental group should have been offered an FGc by their child welfare worker, in 2 families an FGc was not offered because the child welfare worker evaluated the risk of unsafety too high. Furthermore, for 6 families it was unclear whether or not an FGc was offered by the child welfare worker (child welfare worker and family disagreed on this). These 8 families were therefore excluded from the current study, resulting in a total sample consisting of 229 families. A

flow chart of the participants is presented in Fig. A.1.

The final sample of 229 families consisted of 374 children with a mean age of approximately 10 years ( $M = 9.90, SD = 5.02$ ). Of the families, 53% were non-Western, 75% of the biological parents were divorced and 76% of the parents had a low education level. In approximately 13% of the families, at least one of the parents had an intellectual disability, according to the child welfare worker. Finally, based on the referral reasons in the files of the families, about half of the families (52%) was referred to child welfare because of problems related to the parents (for example, substance abuse or mental health problems), 21% because of problems related to the child (for example, delinquency or school related problems) and 28% because of problems related to the family system as a whole (for example, child maltreatment and child neglect). Additional background characteristics of the sample are presented in Table A.1.

The participating families were offered an FGc on average four weeks after the start of child welfare, that is, after a child welfare worker had been assigned to the family. Parent reports (mostly from the primary caretaker) and child welfare worker reports for the baseline assessment were collected directly after parents gave informed consent. Second, parents, child welfare workers and FGc-coordinators completed a self-constructed questionnaire about the FGc process. This was done after the family declined the offer of an FGc, dropped out during

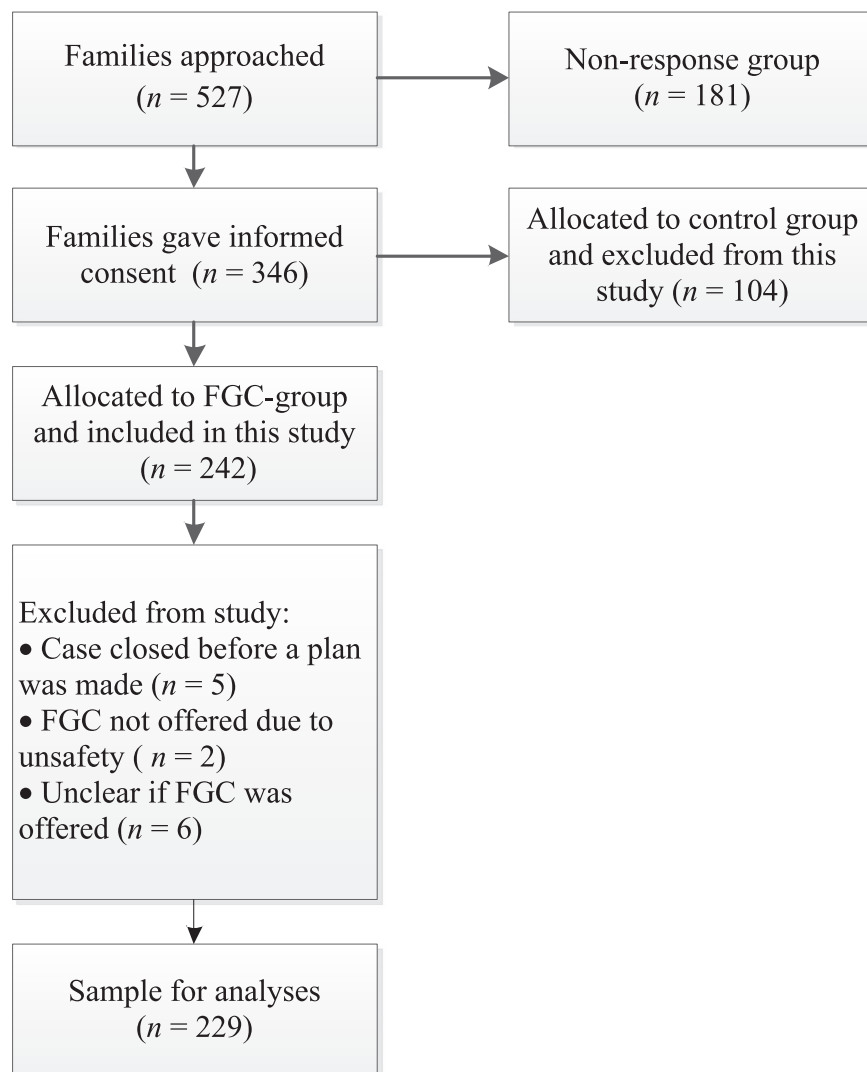


Fig. A.1. Flow chart of the participants.

**Table A.1**  
Background characteristics of the FGC-group.

	FGC (N = 229)
	%
Ethnicity status	
Western	47.2
Non-western	52.8
Family situation	
Intact families	25.3
Broken and/or newly formed families	74.7
Indication of intellectual disability parent(s)	13.1
Education level of parent(s)	
Lower	75.5
Higher	24.5
Financial problems within family	32.3
Referral reason	
Child related	21.0
Parent related	51.5
Family related	27.5
Out of home placement of at least one child in the family	13.1
	M (SD)
Mean number of children per family	1.63 (0.91)
Mean age children involved in child welfare	9.90 (5.02)
Risk score for child maltreatment	0.45 (0.26)
Number of different types of previous professional care	3.00 (3.09)

the preparation phase or concluded the FGC.

## 2.2. FGC

Families in the experimental group were offered an ‘Eigen Kracht-conferentie’ (Own Power-conference), the Dutch translation of the original model of FGC (Burford & Hudson, 2000) that has its origins in New-Zealand. The possibility to organize an FGC is offered by the child welfare worker of the child welfare agency, which means that the child welfare worker gives the family a short introduction about the aim and process of FGC and the opportunity to follow this route instead of care as usual. When the family accepts the offer of an FGC, a FGC-coordinator is linked to a family. The FGC-process generally consists of three stages. In the first stage, the activation stage, the FGC-coordinator meets the family and explains the aim and the process of FGC. Then, the coordinator contacts stakeholders (family, important people for the family and involved professional care givers) and meets them separately in their homes or, if this is not possible, by telephone or skype. During these meetings, themes and questions for the conference will be made. In the second stage, the actual conference takes place, consisting of 1) an information part in which professionals share information on the needs and care options and provide, if necessary, conditions for the plan; 2) a private part in which the care plan is developed (no professionals or coordinator are present); and 3) the presentation of the plan that has to be approved by the professional. The third and last stage is defined as the implementation stage during which the family group plan is carried out by the family and the social network.

## 2.3. Measures

### 2.3.1. Outcome of the process

Information on the process of organizing a conference was obtained from child welfare workers involved with the families and from FGC-coordinators. Two outcomes were assessed: first, whether parents agreed to organize an FGC when offered by the child welfare worker, and second, whether a conference actually took place after the FGC-coordinator started.

### 2.3.2. Reasons for declining the offer of an FGC or dropping out during the process

When families declined the offer of an FGC or dropped out during the process, parents, child welfare workers and FGC-coordinators were asked for the reason for this. Information was collected by telephone interviews for parents and online questionnaires for child welfare workers and FGC-coordinators.

### 2.3.3. Demographic characteristics

*Ethnicity status* was assessed with self-reports of parents and defined by the birth country of the parents. If one or both of the parents was/were born in a non-Western country, ethnicity status was coded non-Western (0 = *Western status*; 1 = *non-Western status*).

*Family situation* was retrieved from case files of the family at the child welfare agency, and was coded as intact families (biological parents married/together) or broken and/or newly formed families (0 = *intact families*; 1 = *broken and/or newly formed families*).

*Education level of parents* was assessed by self-reports of parents (0 = *low education level (finished primary education or lower levels of secondary or tertiary education)*; 1 = *high education level (finished higher levels of secondary or tertiary education)*).

### 2.3.4. Parent characteristics

*Empowerment* was assessed with the subscale Family of the Family Empowerment Scale (FES), which was completed by parents. Validity and reliability of the FES have been ascertained (Koren et al., 1992). The subscale Family of the FES consists of 12 items rated on a 5-point Likert-type scale (1 = *not true at all* to 5 = *very true*), and assesses parents' perception of empowerment in parenting situations. A mean score was calculated. An example of a question is: “I feel I am a good parent”. Cronbach's alpha was 0.89.

The presence of *parental mental health problems* was assessed with the item ‘parental psychiatric problems’ of the validated Actuarial Risk Assessment Instrument Youth Protection (ARIJ; Van der Put, van der, Assink, & Stams, 2016) filled in by the child welfare worker (0 = *no parental mental health problems*; 1 = *parental mental health problems*).

### 2.3.5. Family characteristics

*Social support* was assessed with the validated Parental Support Questionnaire (PSQ; Deković, Gerrits, Groenendaal, & Noom, 1996), which was completed by parents. From a list of 15 resources of support, parents indicate the sources they feel supported by (yes or no). Only the six sources representing the informal social network i.e., partner, parents, other family members, neighbors, friends and baby sitter were included and a sum score was calculated.

*Out-of-home placement* (0 = *no out-of-home placement*; 1 = *out-of-home placement*) was retrieved from case files of the family and coded as 1 when at least one child in the family was placed out-of-home at the start of child welfare.

*Child maltreatment* was assessed with three items of the ARIJ, completed by the child welfare worker (Van der Put et al., 2016), assessing physical abuse, emotional abuse and neglect (0 = *no indication of child maltreatment*; 1 = *indication of child maltreatment*).

## 2.4. Analytic strategy

Families with missing data did not differ from the families with complete data in terms of background characteristics or any of the outcome variables. Little (1988) indicated that data were missing completely at random ( $\chi^2(3906) = 2739.24, p = 1.00$ ). Therefore, we were allowed to replace missing values (5% of total) with multiple imputation (Graham, 2009). Multiple imputation was performed in LISREL 8.80.

For the first research question, descriptive statistics were used to determine the proportion of families who: 1) were willing to organize an FGC and 2) actually concluded a conference. For the second research

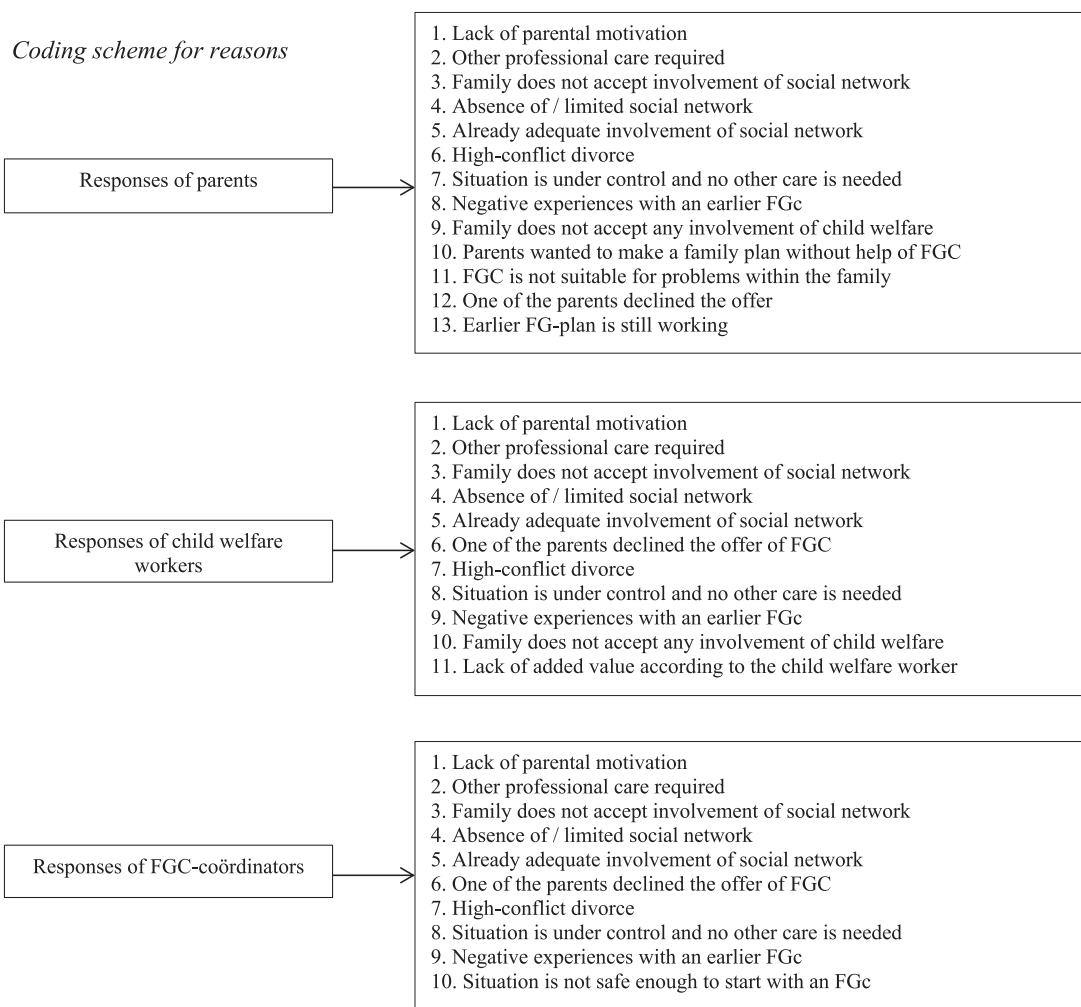


Fig. A.2. Coding scheme for reasons.

question, reasons for declining the offer of an FGc or dropout during the process of organizing a conference were reported in a qualitative way. Reasons were listed in a coding scheme and combined into categories when they overlapped (Hsieh & Shannon, 2005). This resulted in 13 categories for parents, 11 for child welfare workers and 10 for FGC-coordinators. For an overview of the reasons, see Fig. A.2. For the third research question, that is, whether the selected demographic characteristics, parent characteristics and family characteristics affect the willingness to organize an FGc and the likelihood to complete a conference, logistic regression analyses were performed.

### 3. Results

#### 3.1. Phase 1: willingness to organize an FGc

Of the 229 families who were offered to organize an FGc, 60% (137 families) accepted the offer and started with the preparation phase. The remaining 92 families declined the offer and continued with regular child welfare (i.e., a regular child welfare plan was developed by the child welfare worker and the parents).

The reasons for declining the offer, according to parents and child welfare workers, are listed in Table A.2. An analysis of the reasons for declining the offer to organize an FGc showed that 22% of the parents mentioned a lack of motivation. Other common reasons, reported by parents, were reluctance to involve the social network (15.3%), the need for other professional care (13%), a high-conflict divorce (10.9%) and that FGc was not considered suitable for the presented problems

within the family (10.9%).

Child welfare workers mentioned the lack of parental motivation as the most common reason why parents declined the offer to organize an FGc (51.7%). Furthermore, negative experience(s) with an earlier FGc (10.3%) and the need for other professional care (9.2%) were commonly mentioned reasons. Instead of explaining why parents declined the offer to organize an FGc, some child welfare workers (9.2%) reported that they did not see an added value in FGc themselves.

Findings from the univariate logistic regression analyses indicated that ethnicity status (OR = 1.40, 95% CI = 0.82–2.38,  $p = 0.21$ ), family situation (OR = 1.18, 95% CI = 0.64–2.15,  $p = 0.60$ ) and education level of parents (OR = 0.95, 95% CI = 0.52–1.76,  $p = 0.88$ ) did not affect the willingness to organize an FGc. Similarly, empowerment (OR = 0.75, 95% CI = 0.48–1.16,  $p = 0.20$ ), parental mental health problems (OR = 1.61, 95% CI = 0.93–2.78,  $p = 0.10$ ), social support (OR = 1.01, 95% CI = 0.84–1.21,  $p = 0.92$ ), out-of-home placement (OR = 1.67, 95% CI = 0.73–3.83,  $p = 0.27$ ) and child maltreatment (OR = 1.38, 95% CI = 0.78–2.38,  $p = 0.25$ ) did not affect the willingness to organize an FGc (Table A.3).

#### 3.2. Phase 2: completion of an FGc

Of the families who started organizing a FGc, 45% (62 families) actually concluded a conference, which was 27% of the total group of families that were offered an FGc. The remaining 75 families dropped out during the process and continued with regular child welfare.

Most common reasons for dropout (see Table A.2), according to

**Table A.2**  
Reasons for declining the offer of FGC or dropout during the process by parents, child welfare workers and FGC-coordinators.

Reasons	Declined the offer (n = 92)		Dropped out during FGC-process (n = 75)		
	Parents	Child welfare worker	Parents	Child welfare worker	FGC-coordinator
	n/%		n/%		
Lack of parental motivation	20/21.7	48/51.7	3/3.8	28/37.7	26/35.2
Other professional care required	12/13	8/9.2	9/11.5	13/17.6	17/23.1
Family does not accept involvement of social network	14/15.3	6/6.9	14/19.2	4/5.4	6/7.7
Absence of/limited social network	8/8.7	3/3.4	7/9.6	5/6.8	6/7.7
Already adequate involvement of social network	6/6.5	3/3.4	9/11.5	4/5.4	3/4.6
High-conflict divorce	10/10.9	0/0	12/15.4	6/8.1	7/9.1
Situation is under control and no other care is needed	0/0	2/1.3	3/3.8	2/2.7	3/4.6
Negative experiences with an earlier FGC	0/0	10/10.3	1/1.9	2/2.7	3/4.6
Family does not accept any involvement of child welfare	4/4.3	2/2.3	0/0	1/1.4	0/0
Parents wanted to make a family plan without help of FGC	6/6.5	0/0	3/3.8	0/0	0/0
FGC is not suitable for problems within the family	10/10.9	0/0	7/9.6	0/0	0/0
One of the parents declined the offer	2/2.2	2/2.3	4/5.8	4/5.4	1/1.7
Earlier FG-plan is still working	0/0	0/0	3/3.8	0/0	0/0
Situation is not safe enough to start with an FGC	0/0	0/0	0/0	0/0	1/1.7
Lack of added value according to the child welfare worker	–	8/9.2	–	5/6.8	–

parents, were reluctance to involve the social network (19.2%), a high-conflict divorce (15.4%), the need for other professional care (11.5%) and already adequate involvement of the social network (11.5%). Most common reasons for dropout, reported by child welfare workers, were lack of parental motivation (37.7%), the need for other professional care (17.6%) and a high-conflict divorce (8.1%). Finally, most common reasons for dropout, according to the FGC-coordinator, were lack of parental motivation (35.2%), the need for other professional care (23.1%) and a high-conflict divorce (9.1%). As in the first phase, some of the child welfare workers (6.8%) reported that they did not see an added value in FGC themselves.

Findings from the univariate logistic regression analyses indicated that ethnicity status (OR = 1.65, 95% CI = 0.83–3.28,  $p = 0.15$ ) and education level of parents (OR = 1.93, 95% CI = 0.87–4.23,  $p = 0.11$ ) did not affect the completion rate of FGC. Similarly, empowerment (OR = 0.84, 95% CI = 0.46–1.52,  $p = 0.57$ ), parental mental health problems (OR = 1.41, 95% CI = 0.71–2.77,  $p = 0.33$ ), social support (OR = 1.08, 95% CI = 0.86–1.35,  $p = 0.51$ ) and out-of-home placement (OR = 1.12, 95% CI = 0.44–2.84,  $p = 0.81$ ) did not affect the completion rate of FGC. However, family situation and child maltreatment did affect the completion rate. Broken and/or newly formed families were less likely to complete a conference than intact families

(OR = 0.31, 95% CI = 0.14–0.71,  $p < 0.01$ ). In contrast, families where indications for child maltreatment were present were more likely to complete a conference than families without indications of child maltreatment (OR = 2.28, 95% CI = 1.14–4.55,  $p < 0.05$ ) (Table A.4).

#### 4. Discussion

The aim of the present study was to identify which families are willing to organize an FGC and which families are most likely to actually accomplish a conference once they expressed their willingness to organize one. This is relevant for three reasons. First, the FGC-model assumes that all families could benefit from an FGC, whereas several studies show that only a minority of families referred to an FGC were actually maintained in the FGC-process (Crampton, 2003; Sundell & Hægman, 1999). Secondly, recent law in the Netherlands prescribes that all families in child welfare should be offered the opportunity to come up with a care plan, for instance, by means of an FGC. The process of organizing an FGC takes time and, therefore, it is crucial to determine if the benefits of stimulating families to come up with their own plan weighs up against the costs of the postponed help if only a small percentage of families are willing or able to make their own family group

**Table A.3**  
Results of the univariate logistic regression analyses for phase 1 – willingness to organize an FGC (N = 229).

	Accepted the offer n = 137	Declined the offer n = 92	Logistic regression		
	%/M (SD)		OR	95% CI	R <sup>2</sup>
<b>Demographic characteristics</b>					
Ethnicity status			1.40	0.82–2.38	0.009
Western (= 0)	43.8	52.2			
Non-western (= 1)	56.2	47.8			
Family situation			1.18	0.64–2.15	0.002
Intact families (= 0)	24.1	27.2			
Broken and/or newly formed families (= 1)	75.9	72.8			
Education level of parents			0.95	0.52–1.76	0.000
Low education level (= 0)	75.9	75.0			
High education level (= 1)	24.1	25.0			
<b>Parent characteristics</b>					
Empowerment (1–5)	4.05 (0.57)	4.16 (0.67)	0.75	0.48–1.16	0.010
Parental mental health problems (yes = 1/no = 0)	43.8	32.6	1.61	0.93–2.78	0.017
<b>Family characteristics</b>					
Social support (0–6)	3.12 (1.52)	3.10 (1.39)	1.01	0.84–1.21	0.000
Out-of-home placement of at least one child (yes = 1/no = 0)	15.3	9.8	1.67	0.73–3.83	0.007
Indication of child maltreatment (yes = 1/no = 0)	42.3	34.8	1.38	0.78–2.38	0.008

Notes: OR = Odds Ratio; CI = confidence interval; R<sup>2</sup> = Nagelkerke.

Table A.4

Results of the univariate logistic regression analyses for phase 2 – likelihood to complete with a conference ( $N = 137$ ).

	Completed $n = 62$	Dropped out $n = 75$	Logistic regression		
	%/M (SD)		OR	95% CI	R <sup>2</sup>
Demographic characteristics					
Ethnicity status			1.65	0.83–3.28	0.020
Western (= 0)	37.1	49.3			
Non-western (= 1)	62.9	50.7			
Family situation			0.31**	0.14–0.71	0.077
Intact families (= 0)	35.5	14.7			
Broken and/or newly formed families (= 1)	64.5	86.3			
Education level of parents			1.93	0.87–4.23	0.026
High education level (= 0)	51.6	81.3			
Low education level (= 1)	48.4	18.7			
Parent characteristics					
Empowerment (1–5)	4.02 (0.61)	4.07 (0.54)	0.84	0.46–1.52	0.003
Parental mental health problems (yes = 1/no = 0)	48.4	40.0	1.41	0.71–2.77	0.009
Family characteristics					
Social support (0–6)	3.21 (1.37)	3.04 (1.64)	1.08	0.86–1.35	0.004
Out-of-home placement of at least one child (yes = 1/no = 0)	16.1	14.7	1.12	0.44–2.84	0.001
Indication of child maltreatment (yes = 1/no = 0)	53.2	33.3	2.28*	1.14–4.55	0.053

Notes: OR = Odds Ratio; CI = confidence interval; R<sup>2</sup> = Nagelkerke.\*  $p < 0.05$ .\*\*  $p < 0.01$ .

plan. Thirdly, it would help the interpretation of results of effectiveness studies if we would have more insight into which families dropout in different phases of the FCC-process. Therefore, we established how large the group of FGC-decliners was and how large the group was that succeeds in completing an FGc. Subsequently, reasons for declining the offer to organize an FGc and for dropping out during the FGC-process were examined. Finally, we examined whether family characteristics were associated with these decisions.

Results showed that, of all the families who were offered an FGc, 60% were willing to proceed with organizing an FGc. Of this selection of families, in only 45% of the cases, a conference actually took place. Although these percentages are not as low as the percentages in the studies of Sundell (2000) and Crampton (2003), it is still remarkable that of the 229 families who were offered an FGc, in only 27% of the cases an FGc was eventually completed. When asked for the reasons for declining an FGc, parents indicated that they declined the offer of an FGc mostly because of 1) lack of motivation, 2) a high-conflict divorce, 3) the need for other professional care, 4) reluctance to involve the social network and 5) the belief that FGc was not suitable for the problems within the family. This is fairly consistent with findings by Sundell (2000) and Onrust et al. (2015), who also demonstrated that reluctance to involve the social network and the need for other professional care were main reasons for declining an FGc. Once the families started to organize an FGc, we found that their reasons for dropout were rather similar: 1) a high-conflict divorce, 2) already adequate involvement of the social network and 3) the need for other professional care. Reasons given by child welfare workers and FGC-coordinators corresponded mostly with reasons given by parents. Overall, our findings indicate that a substantial part of the families does not pursue an FGc, and that various reasons underlie the unwillingness of families to (further) pursue an FGc.

Besides examining reasons for the low success rate in both phases of the model, we examined whether family characteristics were related to the completion of an FGc. Our results pertaining to phase 1 showed that none of the examined family characteristics were related to the decision to decline the offer to organize an FGc, suggesting that families who accepted the offer to organize an FGc did not differ from families who declined the offer in terms of ethnicity status, family situation, education level of parents, empowerment, parental mental health problems, social support, out-of-home placement and child maltreatment. However, results pertaining to phase 2 indicated that broken and/or

newly formed families were less likely to complete a conference than intact families, which is in line with earlier findings (Armbruster & Kazdin, 1994; de Haan et al., 2013; Reyno & McGrath, 2006). Families in which there were indications of child maltreatment were more likely to complete a conference. This result is inconsistent with the result of Crampton (2003), who found no evidence for a relation between child maltreatment and FGc-completion. However, Sundell (2000) found that families who had more serious problems were more willing to organize an FGc. Probably, when FGc is started and the problems are noted, the urgency for solving these problems and motivation to actually complete a conference is higher. Moreover, when the extended network becomes aware of the risk of child maltreatment during the preparation phase, they may feel more urgency to be involved and contribute to a successful care plan by attending an FGc.

We, therefore, conclude that families with divorced parents were less likely to complete a conference, whereas families in which there were indications of child maltreatment were more likely to complete an FGc. It seems that FGc in its current form may be more challenging for parents in a divorce situation, which is not in line with the assumption of Chandler and Giovanucci (2004), who suggested that FGc seems to be an appropriate method for helping divorced parents to focus on their children rather than on their conflict. Possibly, when an FGc is completed, divorced parents may benefit from the clear rules about communication and other important decisions about the care for the children in the family, which are made in agreement. However, in the preparation phase, more persistence and skills of the FGC-coordinator may be needed to organize a conference and involve all parties. Especially when a divorce is characterized by high conflict between the ex-partners, it may be challenging to convince both parents as well as their networks to participate in a conference. With regard to child maltreatment, it may be assumed that in families with more severe problems the motivation to organize an FGc is stronger than in families with less severe problems (Sundell, 2000). It is the challenge for FGC-coordinators to also motivate the families with less severe problems.

Although family characteristics explain part of the dropout in families who started the process of FGc, for the 92 families who declined the offer, we can reject the hypothesis that the selected demographic-, parent- and family characteristics affect the willingness to organize an FGc. For these families, features other than measured in the current study may be important, including the social workers attitude towards FGc. First, although all child welfare workers offered an FGc to the

family, 9% of the child welfare workers reported that they did not see an added value in using FGC. Sundell (2000) found that the attitude of the child welfare worker towards FGC determines whether or not an FGC is offered to the family. In this study, more than half of the child welfare workers who were interviewed about their attitude towards the use of FGC expressed doubt about FGC because of distrust in the extended family or the fear of losing control. As such, the low proportion of families accepting the offer to organize an FGC in the current study may be explained by a negative attitude of child welfare workers towards the model of FGC and the way they presented FGC to the family. Future research is needed to further examine this hypothesis.

Additionally, reasons mentioned by both parents and child welfare workers indicate that the aim of the FGC model is unclear for some parents and child welfare workers. For instance, one of the mentioned reasons was that there is need for other professional care instead of an FGC, indicating that parents and child welfare workers do not truly understand the aim of an FGC to make a care plan that allows for additional professional help. It may be helpful for child welfare workers to be aware of the unfamiliarity of families with the model and aims of FGC. When families are not familiar with the model, they may be more likely to decline the offer.

There are some limitations to this study that should be taken into account. First, non-response analyses showed that families with a non-Western background and intact families were less represented in the research sample. Therefore, caution with generalization is recommended. A second limitation is the lack of structured information on other characteristics that might influence the completion of FGC. For example, we had no information about the attitude of the child welfare worker towards the model of FGC. As a result, the influence of the attitude of the child welfare worker on the likelihood of completing an FGC could not be taken into account. It seems interesting to examine this further, since in the present study, in both phases of FGC, some child welfare workers did not see added value of FGC. In addition, characteristics of (gathering) the social network, including the size of the social network and how stakeholders were contacted, may have an impact on FGC completion. Unfortunately, we were not able to examine this, because information about the social network was only measured in families who completed FGC. Finally, parental mental health problems were assessed with one item of a risk assessment instrument, completed by the child welfare worker. A more comprehensive standardized instrument would have been preferred.

Despite these limitations, results of the present study yield some important implications for practice. First, child welfare agencies have to be aware that there is still much work to be done in order to effectively implement FGC. It is important to identify and understand potential barriers to use FGC among child welfare workers, families and the social network. Providing child welfare workers with more tools to inform families and the social network about the possibilities of FGC may result in better informed decisions based on realistic expectations to either use or not use FGC. In addition, some families and their social network may benefit from more guidance, while families' autonomy remains respected, and a clear framework for preparing a conference, which may reduce the number of families that drop out during the preparation phase.

## 5. Conclusion

The present study aimed to shed light on which families are willing to organize an FGC and which families actually complete the process with a conference. To our knowledge, this is one of the first studies in the field of FGC that specifically focused on dropout in the different phases of FGC and reasons for this dropout. It is important to examine whether the FGC-model is as widely applicable, i.e., suitable for the large variety of families to whom it is currently offered. Given the investments in the model of FGC, the large proportion of families who refuses the offer to organize an FGC (40%) or dropped out during the

FGC-process (55%) is remarkable. Reported reasons and the influence of family characteristics provide some explanations for this low response. When families accepted the offer to organize an FGC and started with the model, families with divorced parents had a higher chance to dropout, whereas families with indications for child maltreatment were more likely to complete a conference. None of the family characteristics influenced the decision of families to accept the offer of an FGC. Further research is needed to find out which factors influence the decision to decline the offer and which investments are needed to increase the completion rate of FGC.

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## References

- Armbruster, P., & Kazdin, A. E. (1994). Attribution in child therapy. In T. H. Ollendick, & T. J. Prinz (Vol. Eds.), *Advances in Clinical Child Psychology*. 16. *Advances in Clinical Child Psychology* (pp. 81–108). New York: Plenum.
- Asscher, J. J., Dijkstra, S., Stams, G. J. J. M., Deković, M., & Creemers, H. E. (2014). Family group conferencing in youth care: Characteristics of the decision making model, implementation and effectiveness of the Family Group (FG) plans. *BMC Public Health*, 14(1), 154.
- Dijkstra, S., Creemers, H. E., Asscher, J. J., & Stams, G. J. J. M. (2016). Family group conferencing in child welfare: A summary. Retrieved from [http://wodc.nl/onderzoeksdatabase/2384a-evaluatie-van-de-inzet-van-familie\)netwerkberaad-eigen-kracht-conferenties-\(ekc\)-injeugdbescherming.aspx?cp=44&cs=6796](http://wodc.nl/onderzoeksdatabase/2384a-evaluatie-van-de-inzet-van-familie)netwerkberaad-eigen-kracht-conferenties-(ekc)-injeugdbescherming.aspx?cp=44&cs=6796).
- Dijkstra, S., Creemers, H. E., Asscher, J. J., Deković, M., & Stams, G. J. J. M. (2016). The effectiveness of family group conferencing in youth care: a meta-analysis. *Child Abuse & Neglect*, 62, 100–110.
- Burford, G., & Hudson, J. (2000). General introduction: Family group conference programming. *Family Group Conferencing: New Directions in Community-Centered Child & Family Practice*, xix–xxvii New York: Aldine de Gruyter.
- Chandler, S. M., & Giovanucci, M. (2004). Family group conferences: Transforming traditional child welfare policy and practice. *Family Court Review*, 42(2), 216–231.
- Crampton, D. (2003). Family group decision making in Kent County, Michigan: The family and community compact. *Protecting Children*, 18, 81–83.
- Crampton, D. (2007). Research review: Family group decision-making: A promising practice in need of more programme theory and research. *Child & Family Social Work*, 12(2), 202–209.
- Crampton, D., & Jackson, W. L. (2007). Family group decision making and disproportionality in foster care: A case study. *Child Welfare*, 86(3), 51–69.
- Crampton, D., & Williams, A. D. (2000). *Does the type of child maltreatment matter in family group decision making? Paper presented at the 2000 FGDM roundtable proceedings*. Englewood, CO: American Humane Association.
- De Haan, A. M., Boon, A. E., de Jong, J. T. V. M., Hoeve, M., & Vermeiren, R. R. J. M. (2013). A meta-analytic review on treatment dropout in child and adolescent outpatient mental health care. *Clinical Psychology Review*, 33, 698–711.
- Deković, M., Asscher, J. J., Hermanns, J., Reitz, E., Prinzie, P., & Van Den Akker, A. L. (2010). Tracing changes in families who participated in the home-start parenting program: Parental sense of competence as mechanism of change. *Prevention Science*, 11(3), 263–274.
- Deković, M., Asscher, J. J., Manders, W. A., Prins, P. J., & van der Laan, P. (2012). Within-intervention change: Mediators of intervention effects during multisystemic therapy. *Journal of Consulting and Clinical Psychology*, 80(4), 574.
- Deković, M., Gerrits, L., Groenendaal, J., & Noom, M. (1996). *Bronnen van opvoedingsondersteuning, inventarisatie (BOO) [questionnaire for the measurement of support with respect to child-rearing practices]*. Utrecht: Universiteit van Utrecht.
- Graber, L., Keys, T., & White, J. (1996). Family group decision-making in the United States: The case of Oregon. *Family Group Conferences: Perspectives on Policy and Practice*, 180–194.
- Graham, J. W. (2009). Missing data analysis: Making it work in the real world. *Annual Review of Psychology*, 60, 549–576.
- Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, 15(9), 1277–1288.
- Hudson, J., Galaway, B., Morris, A., & Maxwell, G. (1996). Research on family group conferencing in child welfare in New Zealand. *Family Group Conferences: Perspectives on Policy and Practice*, 533–552.
- Koren, P. E., DeChillo, N., & Friesen, B. J. (1992). Measuring empowerment in families



- whose children have emotional disabilities: A brief questionnaire. *Rehabilitation Psychology*, 37(4), 305.
- Little, R. J. (1988). A test of missing completely at random for multivariate data with missing values. *Journal of the American Statistical Association*, 83(404), 1198–1202.
- Merkel-Holguin, L. (2004). Sharing power with the people: Family group conferencing as a democratic experiment. *Journal of Society & Social Welfare*, 31, 155.
- Merkel-Holguin, L. (2005). *The intersection between family group decision making and systems of care*. Retrieved from American Humane Association Website [http://www.americanhumane.org/site/DocServer/FGDM\\_Brief\\_8.pdf?docID=32212005](http://www.americanhumane.org/site/DocServer/FGDM_Brief_8.pdf?docID=32212005).
- Onrust, S. A., Romijn, G., & de Beer, Y. (2015). Family group conferences within the integrated care system for young people with ID: A controlled study of effects and costs. *BMC Health Services Research*, 15(1), 392.
- Reyno, S. M., & McGrath, P. J. (2006). Predictors of parent training efficacy for child externalizing behavior problems- a meta analytic review. *Journal of Child Psychology and Psychiatry*, 47, 11–99.
- Straub, U. (2012). Family group conference in Europe: From margin to mainstream. ERIS 1/2012. Retrieved from: <http://www.familygroupconference2011.eu/en/organization>.
- Sundell, K. (2000). Family group conferences in Sweden. *Family Group Conferencing: New Directions in Community-centered Child and Family Practice*, 198–205.
- Sundell, K., & Haeggman, U. (1999). Familjerådslag i Sverige. En utvärdering av Svenska Kommunförbundets försöksverksamhet. *Stockholms Stad: FoU-rapport 1999:1*.
- Taub, J., Tighe, T. A., & Burchard, J. (2001). The effects of parent empowerment on adjustment for children receiving comprehensive mental health services. *Children's Services: Social policy, Research, and Practice*, 4(3), 103–122.
- Van Beek, F., & Muntendam, M. (2011). *De kleine gids. Eigen Kracht-Conferentie 2011 [The little guide book: Family group conferencing 2011]*. Alphen aan den Rijn: Kluwer.
- Van der Put, van der, C. E., Assink, M., & Stams, G. J. J. M. (2016). Predicting relapse of problematic child-rearing situations. *Children and Youth Services Review*, 61, 288–295.
- Wijnen-Lunenburg, P., van Beek, F., Bijl, B., Gramberg, P., & Slot, W. (2008). *De familie aan zet. De uitkomsten van Eigen Kracht-conferenties in de jeugdbescherming met betrekking tot veiligheid, sociale cohesie en regie*. Duivendrecht/Voorhout: PI Research/WESP.