Family Group Conferences and Cultural Competence in Social Work

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Abstract

Family Group Conferences (FGCs) as a method of preventive work came into being over two decades ago. The FGC approach arose from a minority cultural perspective and the rising numbers of Maori children in state care in New Zealand. Two decades after the Family Rights Group first championed FGC in the UK, it is a great concern that we know little or nothing about how such an approach is being utilised with culturally diverse families in the UK. This paper draws upon an empirical study carried out in London to ascertain the views and experiences of social and community work FGC coordinators and managers, located in statutory and non-government organisations, who employed the FGC approach with culturally diverse families. Findings from this study are discussed in the context of extant research literature into the nature and extent of involvement of black and minority ethnic (BME) families with child welfare services across the globe. Moreover, given the inherent emphasis on the foundational ‘cultural framework’ of the FGC approach, the paper makes an important contribution to the literature on cultural competence within social work through the practice of FGC.

Keywords: Family Group Conferences, cultural competence, diversity

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Introduction

Family Group Conferences (FGCs) originated in New Zealand as a preventative measure to tackle the disproportionate representation of Maori children in the public care system (Love, 2000). The positive benefits of the approach
were quickly realised when it became enshrined in their child welfare legislation in 1989. The law stipulated that, in the majority of the child welfare cases, a FGC was a pre-requisite before court proceedings could be initiated. ‘Family’ was broadly defined to include immediate family members and wider kinship systems. Ban (1993) argues that the FGC approach incorporated core principles around a strong belief that families are capable of making decisions for their own members provided they are given appropriate information and resources.

The FGC approach has been discussed extensively in the literature (Burford and Hudson, 2000; Waites et al., 2004; Barnsdale and Walker, 2007; de Jong and Schout, 2013). Crucially, the approach allows for practitioners and families to work together to achieve family-led sustainable solutions to presenting concerns. The FGC model involves professionals meeting with families to identify and indicate key concerns. Families then discuss remedies and resolutions that best suit their context and create a family plan to address the concerns. This plan is then shared by the family and where appropriate or requested, professional support is provided to bolster the family plan.

Since its original inception, the FGC approach has been embraced by the social work profession as an important tool in working with families (Burns and Früchtel, 2012). Barnsdale and Walker (2007) report that the model has now been adopted in almost twenty countries. Moreover, international evidence suggests that the FGC approach is being employed in a variety of settings with a range of service users (Nixon et al., 2005; Malmberg-Heimonen, 2011).

**Family Group Conferences, ethnicity and culture**

FGCs emphasise working in partnership with families and empowering families to make relevant decisions within their familial and cultural context. FGC theories are based on community building, democracy and family, local communities and partnership working (Merkel-Holguin et al., 2003; Pennell, 2004). The model enables the family to function as a site of social discipline while combining high levels of support and control for effective restorative practices (Van Pagée, 2004). It moves away from the Habermasian ‘colonialist’ intervention into family life and presents opportunities for empowerment and active citizenship (Hayes and Houston, 2007). However, for a model that arose from a concern about the disproportionality about Maori children in the New Zealand public care system, it is ironic that its use remains rather limited in relation to minority groups in contemporary Western multi-racial societies (Haresnape, 2009). There is little or no adequate evidence of FGCs with BME families in the UK (O’Shaughnessy et al., 2010). While examples from the USA suggest some use of this model with minority groups, Merkel-Holguin et al. (2003) argue that this is lower in comparison with the rest of the population. In Britain, BME families are not only under-represented in support services; they are possibly
under-represented in the referral and take-up of FGC services (FRG, 2005; Chand, 2008). In a national Family Rights Group survey of fifteen FGC projects carried out for the period 2007–08, Haresnape (2009) ascertained that BME communities were under-represented for FGC referrals when compared with their representation within the care system. The disproportionate representation of BME children in public care has been a long-standing concern and evidence points to the need for appropriate, adequate and timely family support/preventive help to reduce rates of entry into care (Barn, 2007; Chand, 2008; Barn and Kirton, 2012).

Thus, while FGCs are often hailed as a culturally sensitive way of working with families, and almost all of the extant literature in this area pays homage to two key factors, namely the roots of the FGC model as lying within the Maori cultural traditions and the FGC model being historically a preventative measure to obviate the need for Maori children to enter public care, there is little actual discussion or research evidence that focuses on the significance of cultural and racial issues. However, some limited attention has been given to ethnic sensitivity and/or cultural competence. Thus, while FGCs, as argued above, can be posited as a culturally competent method of working with BME families, there remains an urgent need to unpack notions of cultural competence whilst at the same time respecting the complexity and diversity within and across cultures. We now turn our attention to this.

Cultural competence in social work practice

The concept of cultural competence has been largely popular in the USA (Lum, 1999). In Britain, anti-discriminatory/anti-oppressive approach to working with BME service users has been the dominant framework in social work thinking. However, there is growing literature in the area of health care and cultural competence in the UK (Bhui et al., 2007; Kirmayer, 2012). Given social work’s concern with human rights and social justice, professional codes of ethics for social workers emphasise the value of diversity in our increasingly racially/culturally heterogeneous world (Ben-Ari and Strier, 2010). The British Association of Social Workers, for instance, stipulates that ‘social workers should recognise and respect the diversity of the societies in which they practice, taking into account individual, family, group and community differences’ (BASW, 2012, p. 9). In today’s climate, culturally competent approaches may be of particular value in social work given the de-racialisation focus of the current Coalition government, for example, in relation to ethnicity and adoption (Barn and Kirton, 2012).

This notion of cultural competence or lack thereof, however, can also be employed to understand why BME groups are under-represented in provision of welfare services as well as why minority groups may not necessarily be accessing preventative and supportive services such as FGCs. Merkel-Holguin et al. (2003) surmised that low uptake of FGC services by minority
groups may be due to biased selection of Caucasian families. However, others have suggested that BME groups may also resist engagement with social services organisations that provide access to FGC services, as they may be regarded as a ‘white organisation’ (Marsh and Crow, 1998, p. 79; Van Pagée, 2004). These are consistent with reviews of services to BME groups that have reported on the lack of cultural sensitivity, resources and support within mainstream services (Reid, 2004; Chand and Thoburn, 2005).

Batsleer et al. (2002) have argued that minority status is not something that is inherent to a particular group, but it is the positioning of a group as a minority and the processes that lead to it that are of interest. Cultural competency is aimed at understanding this positioning as well as the processes that accompany it, so as to support groups without pathologising their ways of life. For social work, which is largely in the business of working with minority and/or vulnerable groups (Sheppard, 2006), cultural competence can thus be regarded as critical to work with marginalised groups and communities and is inherently consistent with anti-oppressive practices.

Much of the literature in cultural competence regards the ability to master cultural knowledge and skills for use in professional practice as ethical and good practice (Allen-Mears, 2007). Culture is a central notion within cultural competence. Culture has been variably defined as ‘the sum total of life patterns passed on from generation to generation with a group of people and includes institutions, language, religious ideals, habits of thinking, artistic expressions, and patterns of social and interpersonal relationships’ (Lum, 1999, p. 2).

Weaver (2004) locates cultural competency as residing within the practitioner. She argues that a ‘culturally competent social worker is one who can effectively apply social work skills within a context which is knowledgeable and respectful of a client’s culture’ (Weaver, 1997, p. 2). Specially, Weaver (1997) identifies three key components: knowledge of the client’s cultural context including history, internal group, contemporary issues and world views; appropriate values; and skills.

However, the contested and complex nature of culture and cultural competence raises important conceptual, theoretical and practical challenges (Furlong and Wight, 2011). Conceptually, Harrison and Turner (2011) argue that ‘cultural competence’ relies on articulating the ‘other’ in some way which maintains the privileged discourses and promotes ‘othering’. In this sense, cultural competence can re-entrench the divisions particularly for BME groups who are ‘othered’. The notion of ‘competence’ has also been challenged as to these are a set of skills that professionals can acquire and claim proficiency in.

In terms of teaching and developing a cultural competence framework, there is an overreliance on ethnic, national, and linguistic categories to define culture that inhibits the understanding of culture as dynamic. Minority cultures are presented simplistically as a commodity and without acknowledgment of their diversity (Furlong and Wight, 2011). In practice settings,
cultural competence becomes reduced to a series of dos and don’ts with persons of particular ethnic background (Kleinman and Benson, 2006).

To help counter such simplistic caricatures of culture, Mlcek (2013, p. 1) has written about the importance of embedding a critical cross-cultural competence framework within the social work curriculum—one that addresses key issues of ‘access and equity, discrimination, and the abrogation of human rights for marginalised communities’. Cultural competence can provide a viable framework to challenge Eurocentric ways of being, knowing and doing (Martin, 2003). Thus, in spite of its pitfalls, cultural competence has gained prominence in social work and some writers have attempted to articulate the significance of some cultural aspects within FGCs. Waites et al. (2004), in their proposed cultural guidance in FGC work, identify five key areas: the importance of a culturally appropriate location for the FGC, recognition of cultural traditions, identification with the community including language considerations, the role of family elders in hosting and convening FGC, and community education and awareness. The most dominant theme that emerges from the FGC and ethnicity literature is the idea of a culturally competent practitioner/coordinator who demonstrates an understanding of the family’s cultural context, and is sufficiently reflective and reflexive to work sensitively for the best outcomes. Here, an understanding of the reification of culture and culturalism together with historical and contemporary ways in which groups are disadvantaged is considered crucial (Mlcek, 2013). A critical understanding of cultural competence thus requires acknowledgment of other cultures as dynamic along with a reflection of processes of ‘minoritisa-

tion’ that can then enable practitioners to work with individuals, families and groups.

However, as indicated earlier, cultural competence remains a contested idea. In this paper, by focusing on the views and experiences of FGC managers and coordinators in statutory and non-government organisations (NGOs) that run FGC projects in London, we unpack ‘culturally competent FGC services’ from the perspectives of service providers and highlight issues of difference that urge acceptance of culture as dynamic and where culturally competent services are conceptualised as a combination of flexibility, pragmatism and commitment to working in partnerships.

**Study aims and methods**

Our study concerned itself with the overarching question of how and in what circumstances FGCs are delivered to culturally diverse families and how FGC workers negotiated cultural competence.

Participation was voluntary and twelve FGC managers and eight coordinators from five London FGC projects participated in the qualitative data generated in focus group discussions and project profile questionnaires (Krueger and Morgan, 1998). The methodological framework of focus groups and
profile questionnaires was selected for two purposes. First, a focus group approach was chosen to ascertain a range of views and experiences but also to facilitate stimulating discussion among the participants. This enabled the production of rich and important insights as the participants shared experiences from their respective FGC projects from across London (Cronin, 2008), which entailed a flow of communication and knowledge that was useful not only for the researchers, but also for the participants. Second, a profile questionnaire helped to elicit general data about the projects and the ways in which they dealt with diversity and difference. Two researchers (including the lead author) facilitated the focus group discussions and oversee the dissemination, collation and analysis of profile questionnaires and focus group data.

In our study, the participants were predominantly female. However, there was a rich mix of ethnicity among the FGC coordinators including those from a South-Asian, African/African-Caribbean and white British/European background. The discussions focused upon a range of key areas associated with FGC and diversity including allocation of a worker to a family, community and cultural participation in the FGC process, and language and communication. The study adhered to the ethical guidelines of the British Sociological Association and ethical permission was obtained to carry out the work. Respondents were reassured of confidentiality and anonymity. Written informed consent was obtained and the respondent’s right to withdraw from the research process was emphasised. A thematic analysis resulted in the emergence of themes discussed below (Berg, 2007). Cultural competence as a theoretical framework informed the analysis and helped to contextualise the findings in a broader context.

Findings

In the interests of this paper and its focus on promoting FGC and cultural competence in social work practice, we concentrate on the key emerging themes from our data. These are presented below.

Matching between coordinator and family

In a desire to provide what was believed to be an adequate and appropriate service, project managers highlighted the need for cultural knowledge to enable working with BME families. One of the ways of achieving this cultural knowledge was to match coordinators with the family, such that the coordinator is able to bring with them skills and an understanding of issues of ethnicity in their work with the family. It was generally believed that providing families with the option for matching certain characteristics between the coordinator and the family leads to positive outcomes as the coordinator can
demonstrate a more nuanced understanding of the cultural context of the family within a socio-economic and political framework. The underlying principles of empowerment, inclusivity and sensitivity were described as important in working within a culturalist approach.

**Ethnic matching**

As discussed earlier, ethnicity is regarded as a key feature of culture. The focus group discussions indicated that ethnicity was important and one of the ways organisations aimed to provide culturally sensitive FGCs was to match the ethnicity of the coordinators with the family. To achieve appropriate ethnic matching, some projects reported that their coordinator group comprised individuals who were predominantly from a BME background. Almost all London FGC projects reported an ethnically diverse coordinator group. This diversity was achieved by actively linking with BME community groups and/or ‘leaders’, ‘word of mouth’ and via independent providers:

(We have a) … pool of diverse group of freelance workers. We increase the pool as needed. We will also ask other organisations if they can provide a matched co-ordinator (FGC Manager).

Whilst providing families with the option of ethnic matching was considered to be key, there were other additional considerations put forward. The need to actively engage with the family to ascertain their needs/wishes for an ethnically matched coordinator was deemed to be crucial.

**Matching by gender, religion, race and nationality**

Factors other than ‘ethnicity’ were also considered to be significant in the matching process, such as religion, race, nationality and gender—thereby highlighting the salience of intersectionality and a de-emphasis upon the primacy of ethnicity:

… I think ‘matching’ should include gender, religion, culture not just race or nationality. I think London is so diverse it may be impossible to always match, but if widened out to include lots of other things we may be more successful in meeting the needs of a family (FGC Manager).

**Language and communication**

Adequate and appropriate language efficiency is considered to be vital in ensuring good communication with families. It is believed that there are over 300 languages/dialects spoken in the London area. This presents significant challenges in deciding which languages are given precedence over others in relation to translation of services, to enable communication with families
who may not have fluency in English (as the majority language). If translations are only done on an ad hoc basis or on the basis of expressed need, there are concerns about how families from some BME background, particularly newly arrived minority communities, can be reached.

To meet these challenges, our study shows that there was a diversity of approach in the provision of information about services in relation to language to increase accessibility. Some projects reported that they routinely provided leaflets in different languages whilst others reported that they were in the process of doing this but had not as yet achieved this goal. The challenge of a wide array of languages and the cost of translation was raised as an important issue. A few projects operated on a needs-based approach and responded to need as and when necessary. It was reported that such an approach was relatively efficient and effective, as it was possible to be responsive within ten working days.

FGC coordinators also added that, for FGC cases where interpreters are used, the process always involved a pre-discussion ‘with the interpreter about the FGC model’ to raise their understanding and awareness and prepare them for their role and responsibility.

The use of interpreters was an important theme. Generally, projects attempted to achieve good interpretation services via community organisations, ‘community leaders’, coordinators’ networks and independent provider agencies. It was argued that some families may not want an interpreter from the same community for fear of a breach of confidentiality. It was considered important to be respectful of the family’s request without undermining ‘minority coordinator sensibilities’ — that is, where a coordinator may feel that their professionalism (skill, expertise, objectivity) is being questioned or devalued.

In other situations, bi-lingual coordinators were used who could directly interact with the family and other professionals. It was conveyed that a shared language between coordinator and the family helped to build rapport, and prepare and plan the FGC. The linguistic and cultural competence of the coordinator led to a mixed approach whereby coordinators ‘may use Bengali with the families’, but ‘produce reports’ in English. The complexities involved in doing cross-cultural work where there are linguistic barriers were well recognised by FGC managers and coordinators.

Culturally relevant services

To achieve appropriate culturally competent knowledge of families and communities, participants reported engaging with other cultural brokers and organisations to obtain a diverse and complex understanding of the minority context which we analyse here as cultural consultancy. In addition, participants also highlighted how this knowledge had practical implications in terms of organising FGCs which reflected the family’s ethos and their cultural expectations.
Cultural consultancy

The enormous racial and cultural diversity in London invariably leads to situations where FGC managers and practitioners believe that, in order to intensify their knowledge of a family’s cultural context, they must consult ‘experts’ in the locality. Generally, these are independent individuals, often located in community and faith organisations, who can provide cultural/religious/linguistic guidance and help to mobilise resources to achieve effective outcomes.

Ways in which FGC projects developed and mobilised community support, in the interests of providing better services to families, included consultation with specific groups regarding advice on cultural needs of families. Examples of groups involved in this way included:

- Asian women’s groups;
- Islamic groups;
- domestic violence groups;
- church elders’ groups.

I have investigated and found information about how to work with or just introduce the service to travellers. I have located an expert from the community that I may be able to take advantage of (FGC Project Manager).

While the need and desire to involve BME community organisations in the process of referral, consultation and/or advice were recognised, many London FGC projects reported limitations to such involvement due to lack of time and opportunity to undertake any outreach and collaborative work with this sector.

A few projects reported that they had been or were in the process of establishing steering groups which would involve BME community organisation representatives. A key factor which led to disenchantment was identified as poor attendance. It was believed that focused and engaging forums would help achieve benefit for collaborative arrangements.

Arguably, resorting to so-called cultural experts suggests a reification of identity and a simplification of the complexity of family life and culture. However, in a context of limited understanding of the situation of families from a different background, it is understandable that FGC workers find such options useful. The dangers of essentialism and the fossilisation of cultural identity are real however and do require serious consideration in working with diversity and difference. To overcome such concerns and problems, some coordinators emphasised taking a ‘lead from family and not generalising’, and de-emphasised an ‘assumption’ perspective. It was argued that ‘families from the same culture can want different things’.
Culturally appropriate settings

FGC coordinators added that apart from adequate matching of coordinator with the family receiving the FGC services, gaining appropriate insights into knowledge of the community and family, and meeting language needs; significant attention is paid to issues of practical planning such as the ‘FGC venue’, ‘delivering food choices’, music, religious observance—and appropriate cultural greetings.

Giving the family choice about the geographical and cultural space in which the FGC should take place, this was perceived to be an important facet of the process. It was believed that a statutory social services department office as a venue for an FGC may be perceived as threatening and that a neutral space could minimise feelings of mistrust and help to promote better engagement. Often, a community organisation location was deemed to be more acceptable and less threatening. In addition, the salience of food and drink as constituent elements for the creation and the reproduction of local, regional, national and global cultures and identities was deemed to be important. The role of the FGC Coordinator in ‘asking the right questions as an informed and trained coordinator’ was considered to be critical in ensuring adequate and appropriate consultation with the family.

Pairing coordinators

‘Pairing’ coordinators to identify cultural needs—that is, enabling coordinators to work in collaboration with referral agencies and other professionals to discuss and identify family history and its cultural context was identified as an important strategy. Such an approach enabled a dedicated focus to understand the family dynamics and the family ‘problem’ in an effort to progress in an empathic and sensitive fashion. An early meeting with the referrer was emphasised in the practice protocol:

I will ask about cultural issues when I meet with the referrer, and this is recorded on the referral form when it goes to the co-ordinator (FGC Project Manager).

The role of supportive managers in providing adequate information and advice as well as finding appropriate interpreters and coordinators was strongly emphasised by coordinators to avoid situations which could lead to misapprehensions and misunderstandings.

Consultation with the family was identified as a key priority in enhancing knowledge and understanding cultural issues and concerns:

Families are encouraged to state what will be the best way to proceed to with the FGC, ie, who to talk to first, who family sees as a patriarch/matriarch . . . how to manage gender issues (FGC Coordinator).
Ethnic monitoring

Our findings show that the majority of the participants in our study collated some information on the ethnic background of families referred to their service. The use of such data at an individual level was very much in evidence, particularly in relation to ‘ethnic matching’ of coordinator and family. However, respondents believed that there was limited use of these data to inform policy, practice and provision:

… information is kept but not analysed and evaluated in the way it should be (FGC Project Manager).

It became clear that FGC managers regarded the collection of ethnicity data gathering as a crucial pre-requisite in future planning of services.

Discussion

Our findings show that, although the term may not be employed in and of itself, the concept of cultural competence was not alien to the participants in this study. It was evident that the concept of culture as a unit of analysis in understanding family and community dynamics was perceived to be a significant force. Culture was not conceptualised as a static notion but recognised for its dynamic nature where religion, gender, language, ethnicity, race and nationality interact in complex ways. Such an approach is clearly a challenge to the ethnocentricism where uniform services are provided and points to the importance of a framework that addresses diversity and acknowledges the existence of a plurality of cultures. Chahal (2004, p. 2) argues that ‘religious and cultural identity is very important to many people from minority communities but it is rarely responded to by mainstream service providers’.

A crucial element embedded in the philosophy of ethnic matching was the belief that FGC coordinators who are from the same cultural, religious and linguistic background as the family would have a relationship ‘with the community and identify with them in some way’ (Waites et al., 2004, p. 297). However, our findings show that FGC coordinators were not dogmatic in interpreting the features of cultural competence but were willing to engage with families to find out what was desirable for them. Much emphasis was placed upon the importance of culture, religion and language as well as considerations of gender. This would suggest that an intersectional and nuanced approach was considered to be crucial and accorded precedence over a crude and simplistic approach of ethnic matching along lines of colour. The process of ‘matching’ coordinators and families thus involved the complexity of race, racism and migration but also the nuances of language/dialect, culture and faith. Managers and practitioners wished to offer choice of worker wherever possible and acknowledged that some families may not wish to be ethnically
matched for a variety of reasons, including fear of privacy within the community. Other, although not mutually exclusive, cultural considerations included co-working between coordinators to develop skill and enhance knowledge and understanding, liaison and consultation with community networks to seek cultural/religious/linguistic advice and guidance, and use of well-trained and appropriate interpreters to ensure good communication in preparing families for the FGC process.

Research evidence in the field of health and social care suggests that language is a significant barrier to positive outcomes and signals the negative impact of systematic and individual discrimination on the part of organisations and professionals on service users (Chand, 2005; Divi et al., 2007). Craig (2007, p. 38) suggests that, for families for whom English is not a first language, ‘use of translation and interpretation services was an important first step in helping potential users access services’. Our study shows that FGC managers and coordinators were aware of the increasing linguistic heterogeneity and sought to engage bi-lingual coordinators and/or appropriate interpreters in the FGC process wherever possible.

Language issues do present difficulties and the use of interpreters can also often create complex dynamics especially when the interpreter becomes directive and does not maintain a neutral stand (Connolly, 2006). Since it is common to not receive verbatim interpretations, there are concerns about gaps in the understanding of coordinators and other professionals involved in the FGC process (Chand, 2005). Moreover, there are certain words and phrases that may not lend themselves to an adequate interpretation and translation, thereby creating difficulties in understanding. Thus, the use of language and interpreters is a sensitive and highly challenging issue and presents important policy and practice considerations for interpreters, coordinators and FGC managers. Moreover, a diverse workforce to meet the challenges of increasing diversity is crucial. Our findings also suggest that meeting language and communication needs can be complex and the approach that participants highlighted was one of pragmatism in which communication needs were met through partnerships with other organisations and by using the diversity already available.

The findings also highlighted the ways in which FGC providers coordinated not only with other professionals and families, but also other relevant representatives of the community (Merkel-Holguin et al., 2003). Such practices can enable practitioners to understand the community in a broader context and incorporate understanding of contemporary issues, worldviews within communities as highlighted by Weaver (2004) and lead to a better understanding of families within this environment. Thus, the issues of providing culturally sensitive FGC was not simply associated with an ethnically matched coordinator but also included partnerships with other professionals and cultural organisations to help understand both the culture of the family as well as the community context. This triangulation may be an important strategy to incorporate diversity within minority communities and understand
complex dynamics within the community to analyse behaviours and preferences of BME families.

Thus, FGC providers aimed to provide services to BME families through multiple partnerships through a coordinated and conjoined effort across a range of services. However, in a discussion about FGC and youth justice, Jackson (1998, p. 44) warns that there is a danger that we may repackage traditional decision-making processes as innovative practice and thereby ‘reinforce experiences of colonial superiority and widen the gap in trust and understanding which has dogged many children’s services’. Participants in our study acknowledged obstacles in terms of lack of time and opportunity to undertake such outreach and collaborative work with community organisations. Others have also suggested that community-based organisations may be particularly suited for BME families to provide culturally competent services but have found it difficult to engage with statutory organisations (Chand and Thoburn, 2005; Barn, 2007). Policy guidance documents have urged for BME groups’ involvement and participation in developing plans for service provision and work in partnership with service providers (DfES, 2005; Chand, 2008). However, these calls may become purely tokenistic if the ideas of cultural competence are not acknowledged across all levels of service and opportunities are not created to enable involvement of minority groups in meaningful ways.

Thus, for critical cultural competent services, FGC services not only have to provide competent services to families on the ground, but also do sufficient ground work in terms of creating meaningful relations with community-based organisations and groups that represent minority issues and groups. Key issues around engagement, relationship building to achieve positive outcomes, addressing the complexity of immigration and discrimination, language, faith and culture within the context of migrant families all require a concerted effort.

It is also pertinent to note that, within the context of race relations in Britain, many BME families continue to be mistrustful and hesitant to engage with support services and often feel unsupported and misunderstood (Barn, 2007; Barn and Kirton, 2015). In addition, BME communities in the UK and in other Western societies may face multiple disadvantages and structural oppression in a range of areas, reflected in the disproportionality of minority children in public care systems. Minority families impacted by poverty, poor housing, unemployment, ill-health and the challenges of living in a new and culturally different environment ‘need to feel that they can seek and receive help from service organizations that are responsive to their lifestyles and coping patterns’ (Asamoah, 1996, p. 2). Moreover, the profession of social work can play an important role in tackling wider systemic difficulties through approaches which focus on partnerships with families such as the FGCs which enable statutory family and child welfare practices to yield positive influence and power to alleviate family and personal problems.
FGCs are not a panacea but require constant investigation of cultural competence and balancing the fidelity of the FGC method with pragmatic and practical issues. This necessarily requires flexibility in using the FGC approach which should be acceptable as long as the fundamental principles of FGCs are maintained and suitably applied to contexts (Pennell, 2004; Van Pagée, 2004).

Taking into account the structural and organisational context, participants in our study identified the importance of accurate record keeping in the context of ethnic monitoring and provision of FGC services. Given our understanding of the socio-economic disadvantage experienced by minority groups (Modood et al., 1997; Platt, 2011) and their disproportionate involvement with the child welfare system (Chand, 2008; Barn et al., 2015), it would be reasonable to assume that vulnerability would make them prime candidates for health and social care support. Notwithstanding the sociological literature on the fluidity of identity, and culture and the dangers of essentialism (Hall and Du Gay, 1996), data on ethnicity and the use and access to services are considered crucial in understanding local need and in the planning and delivery of services (Fulton, 2010). Craig (2007) reported that lack of systematic data on ethnicity and service provision prevented an understanding of outcomes for varying BME groups. In the process of ethnic monitoring and the use of such data in service planning and provision, it is important to remain cognisant of the dangers of essentialism and to conceptualise ethnic and religious identity as a negotiated process rather than a fixed entity with ascribed characteristics (Waites et al., 2004).

Conclusion

In understanding and addressing cultural competence within FGCs, our study demonstrates that the key issue for FGC managers and coordinators was not whether cultural competence was important, but how best to ensure that the FGC model was effectively implemented to ensure maximum family involvement in crucial decision making. Significantly, a nuanced approach focused on intersectionality involving a number of key components related to ethnicity, religion and gender were considered to be vital.

Our findings suggest that FGC managers and coordinators acknowledge culture as dynamic and recognise the need to provide culturally competent services. In practice, this entailed matching coordinators appropriately with families and considering a variety of issues and not merely ethnicity. Participants also highlighted the importance of working in partnerships not only with referral agencies to gain a better insight into the family and their needs, but also with other relevant grass-roots and community organisations to gain a deeper and more nuanced understanding of the community. Finally, particular attention was paid to language needs which were often met flexibly using opportunities that are accessible in a diverse city like London. The
crucial need to record accurate information related to ethnicity, language and religion was deemed to be a pre-requisite in ensuring adequate planning and preparation within policy and practice. The importance of improving data-recording practices to ensure effective planning and implementation of culturally competent approaches was also emphasised.

It is evident that cultural competence is not only about culture, religion and language; it is also about power, inequalities and discrimination. An understanding of the context of minority families including access to resources and opportunities including individuals, families and organisations is critical. Cultural competence within FGCs requires constant reflection, engagement and preparation. Moreover, it requires a flexible approach and a one-size-fits-all strategy may in fact be counter-productive and in contradiction with core anti-oppressive practices. We have proposed that critical cultural competence can indeed be a tool to address marginalisation of minority groups and enable a shift from Eurocentric/ethnocentric practice. However, for critical cultural competence to be realised, it becomes necessary to secure meaningful engagement across different levels of policy and practice. Our study highlights that, in London, FGC practitioners indeed sought to employ a critical understanding of culture. However, there are acknowledged gaps in their ability to form partnerships as well as use of collated data for appropriate policy planning. Addressing these gaps through partnerships with community groups as well as a policy-level commitment may significantly improve the provision and uptake of FGC services within BME groups.

References

Allen-Mears, P. (2007) ‘Cultural competence: An ethical requirement’, Journal of Ethnic & Cultural Diversity in Social Work, 16(3/4), pp. 83–92.

Asamoah, Y. (1996) Innovations in Delivering Culturally Sensitive Social Work Services, New York, Haworth Press.

Ban, P. (1993) ‘Family decision making the model as practiced in New Zealand and its relevance in Australia’, Australian Social Work, 46(3), pp. 23–30.

Barn, R. (2007) ‘Race, ethnicity and child welfare: A fine balancing act’, British Journal of Social Work, 37(8), pp. 1425–34.

Barn, R. and Kirton, D. (2012) ‘Transracial adoption in Britain: Politics, ideology and reality’, Adoption and Fostering, 36(3), pp. 25–37.

Barn, R. and Kirton, D. (2015) ‘Child welfare and migrant families and children: A case study of England’, in M. Skivenes et al. (eds), Child Welfare Systems and Migrant Groups: International Perspectives, New York, Oxford University Press.

Barn, R., Križ, K., Pösö, T. and Skivenes, M. (2015) ‘Child welfare systems and migrant families: An introduction’, in M. Skivenes, R. Barn, K. Križ, T. Pösö (eds) (2015), Child Welfare Systems and Migrant Groups: International Perspectives, New York, Oxford University Press.
Barnsdale, L. and Walker, M. (2007) *Examining the Use and Impact of Family Group Conferencing*, Edinburgh, Scottish Executive.

BASW (2012) *The Code of Ethics for Social Work*, Birmingham, British Association of Social Workers.

Batsleer, J., Burman, E., Chantler, K., Pantling, K., McIntosh, H. S., Smailes, S. and Warner, S. (2002) *Domestic Violence and Minoritisation: Supporting Women to Independence*, Manchester, Women’s Studies Research Centre of Manchester Metropolitan University.

Ben-Ari, A. and Strier, R. (2010) ‘Rethinking cultural competence: What can we learn from Levinas’, *British Journal of Social Work*, 40(7), pp. 2155–67.

Berg, B. L. (2007) *Qualitative Research Methods for the Social Sciences*, Pearson, Harlow.

Bhui, K., Warfa, N., Edonya, P., McKenzie, K. and Bhugra, D. (2007) ‘Cultural competence in mental health care: A review of model evaluations’, *BMC Health Services Research*, 7, p. 15.

Burford, G. and Hudson, J. (eds) (2000) *Family Group Conferencing: New Directions in Community-Centred Child and Family Practice*, New York, Aldine De Gruyter.

Burns, G. and Fruchtel, F. (2012) ‘Family group conference: A bridge between lifeworld and system’, *British Journal of Social Work*, pp. 1–15.

Chahal, K. (2004) *Experiencing Ethnicity: Discrimination and Service Provision*, York, Joseph Rowntree Foundation.

Chand, A. (2005) ‘Do you speak English? Language barriers in child protection social work with minority ethnic families’, *British Journal of Social Work*, 35, pp. 807–21.

Chand, A. (2008) ‘Every child matters? A critical review of child welfare reforms in the context of minority ethnic children and families’, *Child Abuse Review*, 17, pp. 6–22.

Chand, A. and Thoburn, J. (2005) ‘Research review: Child and family support services with minority ethnic families: What can we learn from research?’, *Child and Family Social Work*, 10, pp. 169–78.

Connolly, M. (2006) ‘Fifteen years of Family Group Conferencing: Coordinators talk about their experiences in Aotearoa New Zealand’, *British Journal of Social Work*, 36(4), pp. 523–40.

Craig, G. (2007) *Sure Start and Black and Minority Ethnic Populations*, London, Department for Education and Skills.

Cronin, A. (2008) ‘Focus groups’, in N. Fielding (ed.), *Researching Social Life*, London, Sage.

Divi, C., Koss, R., Schmaltz, S. and Loeb, J. (2007) ‘Language proficiency and adverse events in US hospitals: A pilot study’, *International Journal for Quality in Health Care*, 19(2), pp. 60–7.

de Jong, G. and Schout, G. (2013) ‘Researching the applicability of Family Group Conferencing in public mental health care’, *British Journal of Social Work*, 43(4), pp. 796–802.

Department of Education and Skills (DfES) (2005) *Guidance on the Children and Young People’s Plan*, Department for Children, Schools and Families year ending 31 March 2007, available online at [http://publications.everychildmatters.gov.uk/eOrderingDownload/1678-2005PDF-EN-01.pdf](http://publications.everychildmatters.gov.uk/eOrderingDownload/1678-2005PDF-EN-01.pdf).

Family Rights Group (FRG) (2005) *Survey of FGC Network Projects*, London, Family Rights Group, available online at [www.frg.org.uk](http://www.frg.org.uk).

Fulton, R. (2010) *Ethnic Monitoring: Is Health Equality Possible Without It?*, Race Equality Foundation Briefing Paper, London, Race Equality Foundation.
Furlong, M. and Wight, J. (2011) ‘Promoting “critical awareness” and “critiquing cultural”: Towards disrupting received professional knowledges’, *Australian Social Work*, 64(1), pp. 38–54.

Hall, S. and Du Gay, P. (eds) (1996) *Questions of Cultural Identity*, London, Sage.

Haresnape, S. (2009) *The Use of Family Group Conferences by Black Minority Ethnic Communities*, London, Family Rights Group, available online at www.frg.org.uk/pdfs/Literature%20review%20BEM%20families%20Final.pdf.

Harrison, G. and Turner, R. (2011) ‘Being a “culturally competent” social worker: Making sense of a murky concept in practice’, *British Journal of Social Work*, 41(2), pp. 333–50.

Hayes, D. and Houston, S. (2007) “‘Lifeworld”, “system” and Family Group Conferences: Habermas’s contribution to discourse in child protection’, *British Journal of Social Work*, 37(6), pp. 987–1006.

Jackson, S. E. (1998) ‘Family group conferences in youth justice: The issues for implementation in England and Wales’, *Howard Journal of Criminal Justice*, 37(1), pp. 34–51.

Kirmayer, L. J. (2012) ‘Cultural competence and evidence-based practice in mental health: epistemic communities and the politics of pluralism’, *Social Science & Medicine*, 75(2), pp. 249–56.

Kleinman, A. and Benson, P. (2006) ‘Anthropology in the clinic: The problem of cultural competency and how to fix it’, *PLoS Med*, 3(10), p. e294.

Krueger, R. and Morgan, D. (1998) *Focus Group Kit 1–6*, Thousand Oaks, CA, Sage Publications.

Love, C. (2000) ‘Family group conferencing: Cultural origins, sharing, and appropriation—a Maori reflection’, in G. Burford and J. Hudson (eds), *Family Group Conferencing: New Directions in Community-Centered Child and Family Practice*, New York, Aldine De Gruyter.

Lum, D. (1999) * Culturally Competent Practice: A Framework for Growth and Action*, Pacific Grove, CA, Brooks/Cole.

Malmberg-Heimonen, I. (2011) ‘The effects of Family Group Conferences on social support and mental health for longer-term social assistance recipients in Norway’, *British Journal of Social Work*, 41(5), pp. 949–67.

Marsh, P. and Crow, G. (1998) *Family Group Conferences in Child Welfare*, Oxford, Oxford Blackwell Science.

Martin, K. L. (2003) ‘Ways of knowing, ways of being and ways of doing: A theoretical framework and methods for Indigenous re-search and Indigenist research’, *Journal of Australian Studies*, 76, pp. 203–14.

Merkel-Holguin, L., Nixon, P. and Burford, G. (2003) ‘Learning with families: A synopsis of FGDM research and evaluation in child welfare’, *Protecting Children*, 18(1/2), pp. 2–11.

Mlcek, S. (2013) ‘Are we doing enough to develop cross-cultural competencies for social work?’, *British Journal of Social Work*, 44(7), 1984–2003.

Modood, T., Berthoud, R., Lakey, J., Nazroo, J., Smith, P., Virdee, S. and Beishon, S. (1997) *Diversity and Disadvantage: Fourth National Survey of Ethnic Minorities*, London, Policy Studies Institute.

Nixon, P., Burford, G., Quinn, A. and Edelbaum, J. (2005) ‘A survey of international practices’, *Policy & Research on Family Group Conferencing and Related Practices*, American Humane Association, available online at www.americanhumane.org/site/DocServer/FGDM_www_survey.pdf?docID=2841.
O’Shaughnessy, R., Collins, C. and Fatimilehin, I. (2010) ‘Building bridges in Liverpool: Exploring the use of Family Group Conferences for black and minority ethnic children and their families’, British Journal of Social Work, 40(7), pp. 2034–49.
Pennell, J. (2004) ‘Family group conferencing in child welfare: Responsive and regulatory interfaces’, Journal of Sociology and Social Welfare, 31(1), pp. 117–35.
Platt, L. (2011) Understanding Inequalities: Stratification and Difference, Cambridge, Polity Press.
Reid, M. (2004) The Black and Minority Ethnic Voluntary and Community Sector: A Literature Review, London, Ethnic Minority Foundation.
Skivenes, M., Barn, R., Križ, K. and Pösö, T. (eds) (2015) Child Welfare Systems and Migrant Groups: International Perspectives, New York, Oxford University Press.
Sheppard, M. (2006) Social Work and Social Exclusion: The Idea of Practice, Aldershot, Ashgate.
Van Pagée, R. (2004) ‘Family group conferencing as a first choice: Empowerment versus intervention’, plenary paper presented at the 5th International Conference On Conferencing, Circles and other Restorative Practices, 5–7 August 2004, Vancouver, Canada.
Waites, C., Maegowan, M. J., Pennell, J., Carlton-LaNey, I. and Weil, M. (2004) ‘Increasing the cultural responsiveness of Family Group Conferencing’, Social Work, 49(2), pp. 291–300.
Weaver, H. N. (1997) ‘The challenges of research in Native American communities: Incorporating principles of cultural competence’, Journal of Social Service Research, 23(2), pp. 1–15.
Weaver, H. N. (2004) ‘The elements of cultural competence’, Journal of Ethnic and Cultural Diversity in Social Work, 13(1), pp. 19–35.