



# A UK-wide survey of family group conference provision

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## CASCADE Infrastructure Partnership



Also involved in the Family VOICE project are:

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# Executive summary

## 1. Background

A family group conference (FGC) in child welfare brings immediate and wider family members together to decide on the best way to meet the needs of a child who requires support and/or protection. Unlike professionally-led meetings, including child protection case conferences, FGCs aim to share decision-making with family members.

FGCs have the two primary aims of increasing family participation in important decisions about children and reducing more intrusive state intervention. Evidence about the outcomes of FGCs and more broadly, family group decision-making, is mixed, however (McGinn et al., 2020; Nurmatov et al., 2020), and variation in quality and context might explain the mixed results.

This report is part of a multi-method evaluation of FGCs (see Scourfield et al. 2022 for more details). The main purpose of this report is to map the coverage of FGC services in the UK and identify how practice may vary between authorities and what contextual factors may cause such variation.

## 2. Study Design

An online survey was developed in collaboration with the Family Rights Group and in consultation with FGC service managers.

The survey was sent to all local authorities (LAs) in England (N=152), Scotland (N=32) and Wales (N=22), and Health and Social Care Trusts in Northern Ireland (N=5; Total N=211) in May 2022. For brevity, we use the acronym 'LA' for the local unit of governance across the whole UK. To get a fuller picture of FGC coverage, systematic internet searches and consultation with FGC network leads in each nation supplemented the survey responses to identify if FGC services were available in areas with no response.

## 3. Findings

### 3.1 FGC coverage

In total the survey was completed by 160 respondents from 66% (n= 139/211) of LAs<sup>1</sup> in the UK. Wales had the highest response rate of 86% (n=19/22), followed by Northern Ireland (80%, n=4/5), Scotland (69%, n=22/32), and England (62%, n=94/152).

One hundred and twenty-four (59%) LAs reported having an FGC service via the survey. These responses were supplemented by systematic internet searching and consultation with FGC network leads. From these three sources, we identified 167 (79%) LAs with an FGC service.

### 3.2 Survey responses

The rest of this summary concerns survey responses only.

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<sup>1</sup> In Northern Ireland Health and Social Care Trusts are responsible for the delivery of social services, but for ease of presentation they will be referred to as local authorities.

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### **3.3 When did FGCs start to become more common in the UK?**

The survey responses show that FGC coverage became more common from 2016/17 onwards.

### **3.4 Delivery of the FGC service**

Overall, the most common approach to funding and delivery is LA in-house services (a service provided within the LA), followed by a contracted service (provided by the voluntary or private sector), however, this varied by nation. England has the highest proportion of in-house services, whereas Wales has the highest proportion of spot purchased services (LA buys a number of FGCs from an agency). In Scotland, FGC services are most likely to be contracted. Not-for-profit organisations provide proportionally more services in Wales, Scotland and Northern Ireland than in England and there was no private provision reported in Scotland.

### **3.5 Size of the FGC service**

The number of FGCs held annually by LAs ranges from 5 to 800 FGCs. To understand the size of FGC provision in relation to the child population, the annual rate of FGCs by LA per 10,000 children was calculated. Wales has the highest rate of FGCs per child population, despite having the lowest raw number of FGCs annually.

Nearly two thirds of respondents said that their FGC service has expanded in size in the last three years, another indicator that FGCs are becoming more widespread in the UK.

### **3.6 The number of FGC staff**

The median number of FGC managers an FGC service has is 1 and the median number of FGC coordinators is 3.

### **3.7 When are FGCs offered to families**

FGCs are most likely to be offered at either pre-care proceedings (96%) or when the child is being considered for a child protection plan (96%). Eighty-four percent of LAs offer FGCs for reunification planning. The number of FGCs offering early help services is also high (71%).

### **3.8 Is offering FGCs to families mandatory?**

In nearly a third of LAs, respondents reported having a written policy that all children/families should be offered an FGC prior to a child coming into care. Equally, a third of respondents did not know if there is a written policy in their LA. Many respondents said there is an expectation that FGCs are offered to all families (however it was also reported that this is not consistently applied), but that they are not aware of any written policy mandating it.

### **3.9 Under which circumstances are FGC offered to families?**

Nearly all LAs offer FGCs for child abuse or neglect cases (98%) and domestic abuse (96%). Eighty-six percent offer FGCs for child behaviour and 74% for child exploitation.

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### **3.10 Involvement of children in the meetings**

In 51% of services, children are nearly always invited to the FGC meeting and in 48% they are sometimes invited. The most common reason for a child not being invited to meetings is the age of the child (n=32). If children attend, in nearly half the services they are always offered an advocate to support their involvement in the meeting.

### **3.11 Private family time**

Respondents reported that nearly all families (99%) are offered private family time as part of the FGC. No respondent reported that private family time was not offered in their LA, but one respondent was unsure.

### **3.12 Coordinator independence and training**

The majority of FGC coordinators are independent (94%), in other words, they have no other professional role with the family, including any decision-making role. Over half of FGC coordinators are trained by the Family Rights Group.

### **3.13 Standards, networks and frameworks**

The majority of FGC services (88%) adhere to recognised FGC practice standards. Three quarters of FGC services are part of an FGC regional or national network.

The most commonly reported practice framework or theoretical approach in which the FGC is based include restorative practice (n=14), Signs of Safety (n=9), systemic practice (n=9), strength-based approaches (n=9).

### **3.14 Family experience**

Over three quarters of FGCs do not run a service user forum. Of those that do, half have mixed child and adult forums and the other half have split child and adult forums. The majority of services (92%) do however collect data on family satisfaction with the FGC and in over two thirds of FGCs, these results are written up and are available internally.

### **3.15 FGC Reviews**

The large majority of FGC services (94%) offer families a review FGC to reflect on which aspects of the plan are working well and which aspects not so well.

### **3.16 Evaluation**

A third of FGC services have commissioned or produced an evaluation of their FGC service, and two thirds of FGC services collect outcome data after an FGC.

### **3.17 The impact of the Covid-19 pandemic on FGC service delivery**

The majority of services continued to run online during the pandemic and nearly two thirds held in-person meetings. Sixty-three percent of FGCs ran a hybrid service<sup>2</sup> (n=75).

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<sup>2</sup> A hybrid service could mean that the LA runs a mixture of virtual or in-person FGCs or that some people within the same FGC attend virtually and in-person.

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Respondents were asked about the barriers and facilitators of running FGCs during the pandemic. There was a consensus that barriers were most problematic at the start of the pandemic, but family members and staff adapted as time went on. Responses were grouped into four themes: Practical/logistical factors, Family circumstances/dynamics, Co-ordinator factors, and Children's services factors.

Respondents were also asked about the provision of private family time online. Nearly three quarters of services ensured that private family time was available in virtual meetings.

### **3.18 Plans for FGC delivery in the future**

Most FGCs (76%) have now moved to a hybrid model that tries to use the best of both online and in-person approaches.

### **3.19 LAs without an FGC service**

Fifteen LAs responded to say they do not run an FGC service.

## **4. Study limitations**

The survey's depth was limited by what busy service managers could realistically complete, given time constraints. Inevitably, the coverage is limited by the 66% response rate. Clarity over definitions between LAs and nations, such as early help or what constitutes an FGC review, may have compromised the comparability of some of the findings. Lastly, it is possible that social desirability bias influenced the responses of participants

## **5. Discussion**

The survey provides a snapshot only of FGC use. However, it does suggest some interesting trends in FGC provision. The use of FGCs appears to have become more common over time. This is likely to have been driven by Government policy and available funding.

Nearly a third of respondents did not know if their LA had a written policy that all families should be offered an FGC prior to a child coming into care. This lack of clarity is concerning.

Over 70% of FGC services appear to offer early help services. This seems surprisingly high, given that Government policy and funding has tended to focus on late intervention, e.g., pre-proceedings. This may be due to varying definitions of what constitutes 'early' help.

It is interesting to note that most services plan to continue to offer a hybrid model of FGC delivery post pandemic.

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# 1. Introduction

A family group conference (FGC) in child welfare brings immediate and wider family members together to decide on the best way to meet the needs of a child who requires support and/or protection. Unlike professionally-led meetings, including child protection case conferences, FGCs aim to share decision-making with family members. They originated in Aotearoa New Zealand, informed by Māori decision making and culture and in the context of concerns about the over-representation of Māori children in state child welfare interventions (Ban, 2005).

There is also considerable current concern in the UK about rising levels of child protection intervention, especially the year-on-year rising rates of children being ‘looked after’ nationally (Family Rights Group, 2018). There is concern about a professionally-led child protection system which can be confrontational in style (Forrester et al., 2008) and focused on forensic investigation at the expense of support for families (Featherstone, White and Morris, 2014). This critique first emerged in Government-commissioned research in the mid-1990s (Dartington Social Research Unit, 1995) and has not gone away. In this context, FGCs are often seen as an important element of developing a child welfare system that is based on more positive relationships between the state and vulnerable families (see, for example, Mason et al., 2017).

FGCs have the two primary aims of increasing family participation in important decisions about children and reducing more intrusive state intervention. Evidence about the outcomes of FGCs and more broadly, family group decision-making, is mixed, however (McGinn et al., 2020; Nurmatov et al., 2020), and variation in quality and context might explain the mixed results.

This report is part of a multi-method evaluation of FGCs (see Scourfield et al. 2022 for more details). The main purpose of this report is to map the coverage of FGC services in the UK and identify how practice may vary between authorities and what contextual factors may cause such variation.



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## 2. Methods

An online survey was developed in collaboration with the Family Rights Group and in consultation with some FGC service managers.

### ***2.1 Setting/context***

Local authorities (LAs) have statutory responsibilities for child welfare. Some provide their own in-house FGC services and others commission FGC services from voluntary or private sector organisations. In Scotland and Wales, there are only unitary authorities, which have child welfare responsibility. In Northern Ireland, the relevant body is health and social care trusts (HSCTs), rather than LAs, although in this report, for brevity, we generally use the acronym 'LA' to refer to the local unit of governance across the whole UK. In England, child welfare responsibility sits with upper-tier authorities, which are either unitary, county councils, metropolitan districts or London boroughs.

### ***2.2 Sampling***

The survey was sent to all LAs in England (N=152), Scotland (N=32) and Wales (N=22), and HSCTs in Northern Ireland (N=5; Total N=211) in May 2022. We also sought information about LAs who have never used FGCs and those who have disinvested in them.

### ***2.3 Survey development***

The questionnaire was designed to be light-touch and it included a mixture of fixed-response quantifiable questions and open questions with free text boxes. The topics contained in the questionnaire were (see Appendix 1 for full survey):

- Whether or not FGCs are used in the LA/HSCT
- The stage of child welfare concern when FGCs are offered
- Criteria for referral
- Which kind of organisation delivers the FGCs
- Whether there is any theoretical model that informs the approach used
- How FGC services are functioning in light of Covid-19
- Number of conferences run each year
- What data are currently recorded for evaluation purposes and how valuable this is
- Staff involved, including contact details (for a forthcoming work package of the multi-method evaluation)

### ***2.4 Data collection***

There were two routes to reaching FGC services. Firstly, we sent the online survey link to all heads of children's services in the UK (or equivalent) and asked them to cascade the

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survey to relevant staff, such as FGC service managers. Secondly, the online survey link was sent to local independent FGC services, identified directly via systematic online searching. There is a list of services on the Family Rights Group website (<https://frg.org.uk/>), which was supplemented by a Google search for ‘family group conference’ (plus ‘family group meeting’ in Scotland) and each LA name.

To get a fuller picture of FGC coverage, systematic internet searches and consultation with FGC network leads in each nation supplemented the survey responses to identify if FGC services were available in areas with no response. This extra information was only used to identify the presence of a service. It was not possible to use the additional information for any other findings.

## ***2.5 Data analysis***

Descriptive statistics on survey responses were produced using Stata software. Free text responses have been synthesised using a content analysis approach. Data are presented by nation where numbers allowed and the findings are relevant for policy and practice.

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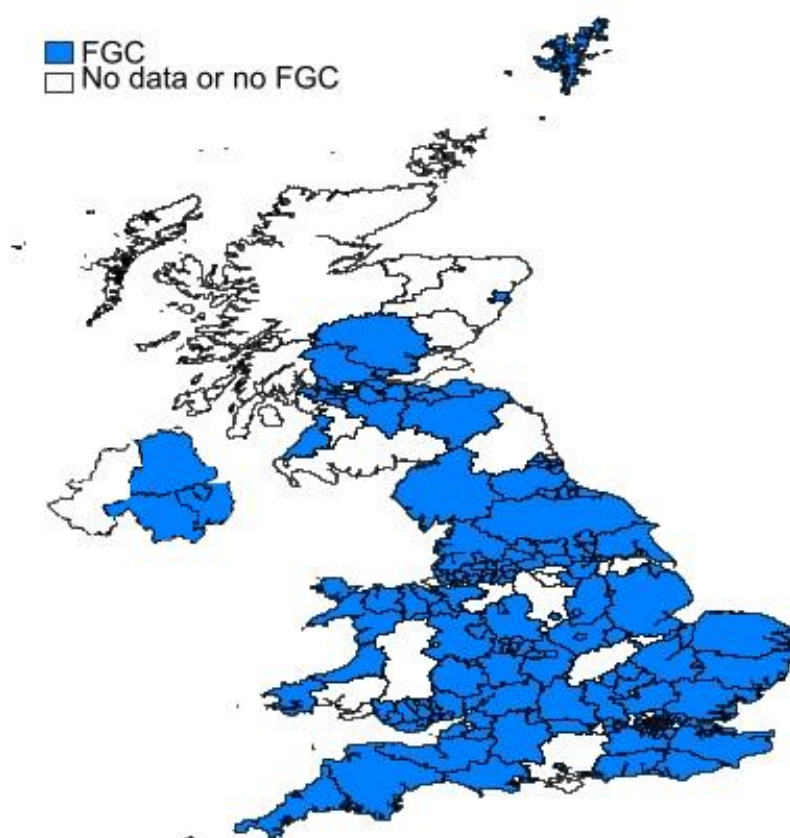
## 3. Findings

In total the survey was completed by 160 respondents from 66% (n= 139/211) of LAs in the UK. Wales had the highest response rate of 86% (n=19/22), followed by Northern Ireland (80%, n=4/5), Scotland (69%, n=22/32), and England (62%, n=94/152).

### 3.1 FGC coverage

Information about FGC coverage (Fig. 1) came from three sources: the survey in addition to internet searches and from consultation of FGC network leads in each nation (Table 1). Please see Appendix 2 for a list of LAs offering FGC services.

Fig. 1 - Map of FGC coverage by LAs in the UK



**Table 1. FGC coverage by nation**

	Survey responses only		Survey responses, consultation with FGC network leads and internet searches <sup>a</sup>	
	N (% of total LAs)		N (% of total LAs)	
	Yes	No	Yes	No <sup>c</sup>
<b>UK</b>	124 (58.8% <sup>b</sup> )	15 (7.1%)	167 (79.1%)	29 (13.7%)
<b>England</b>	83 (54.6%)	*	125 (82.2%)	*
<b>Wales</b>	19 (86.4%)	*	19 (86.4%)	*
<b>Scotland</b>	18 (56.3%)	*	19 (59.4%)	*
<b>Northern Ireland</b>	4 (80%)	*	4 (80%)	*

<sup>a</sup> knowledge of FGC network leads trumps internet searches

<sup>b</sup> % of LAs in total

<sup>c</sup> Informed by survey responses and consultation with FGC network leads only, as absence of information online does not confirm absence of a service.

\*national breakdown not provided to avoid identification of LAs without an FGC service

### 3.2 Survey responses

The rest of this report will now focus on survey responses only.

The survey was filled in mainly by FGC managers (Table 2). Three participants said they were both FGC managers and children’s social services managers. Roles in the ‘other’ category included FGC coordinators and practitioners, heads of services, strategic leads, a care proceedings case manager, commissioning leads and other roles within children’s social services.

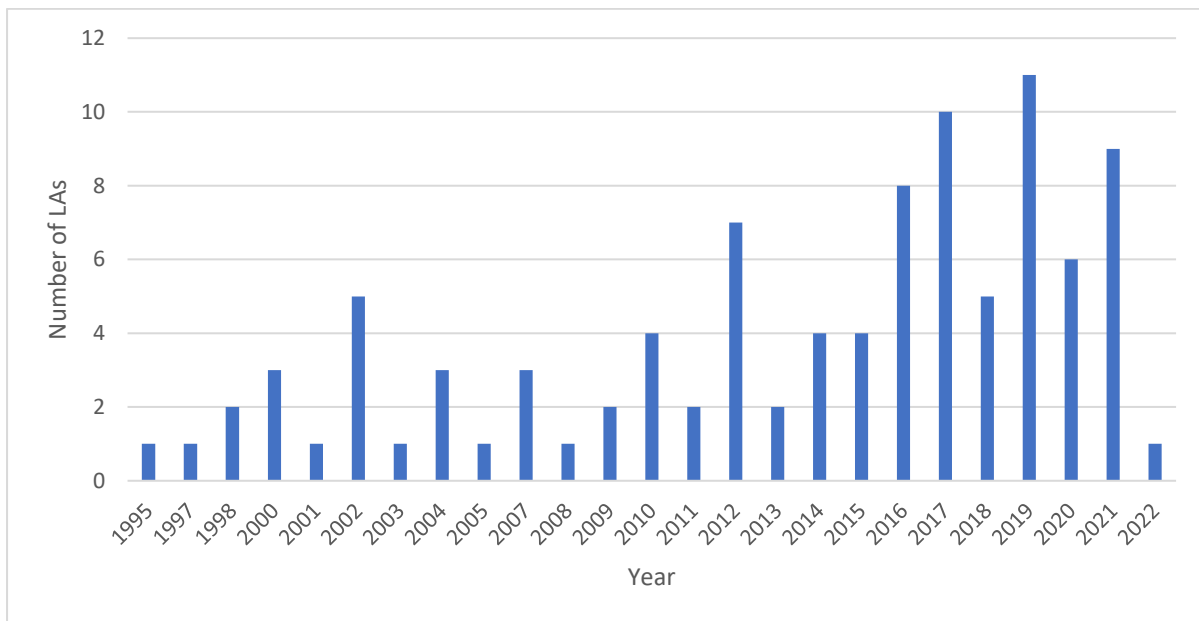
**Table 2. Job role of respondents**

	Frequency of LAs	% of LAs (n=139)
<b>Family group conference service manager</b>	69	49.6
<b>Manager in children's services</b>	51	36.7
<b>Other (please specify)</b>	42	30.2

### 3.3 When did FGCs start to become more common in the UK?

Respondents were asked when FGCs were first introduced in their LA including any gaps in provision. Fig. 2 presents when continuous coverage began in each LA. It shows that FGCs started to become more common from 2016/17 in the UK.

**Fig 2. Count of LAs by year when continuous FGC coverage began**



### 3.4 Delivery of the FGC service

Overall, the large majority of FGCs are provided by the LA, followed by a not-for-profit organisation, however there is considerable variation between nations (Table 3). Not-for-profit organisations provide proportionally more services in Wales, Scotland and Northern Ireland<sup>3</sup>, than England and there was no private provision reported at all in Scotland. Where respondents stated that their FGC is provided by another service, examples included The Department of Health and Social Services and Public Safety, NHS adult mental health, not-for-profit charity, and the Scottish Government.

**Table 3. Which sector provides FGC services**

	All	England	Wales	Scotland	Northern Ireland
	n (%*)	n (%)	n (%)	n (%)	n (%)
<b>LA</b>	92 (74.2)	71 (85.5)	10 (52.6)	9 (50)	2 (50)
<b>Private sector</b>	10 (8.1)	7 (8.4)	2 (10.5)	0 (0)	1 (25)
<b>Not for profit organisation</b>	31 (25)	7 (8.4)	11 (57.9)	11 (61.1)	2 (50)
<b>Other (please specify)</b>	9 (7.3)	4 (4.8)	2 (10.5)	1 (5.6)	2 (50)

\*% of LAs with an FGC service & who completed the question. LAs could have more than one FGC service provider, hence the columns do not add up to 100%

<sup>3</sup> Please note that throughout this report, statistics for Northern Ireland are based on small numbers meaning that the granularity in percentages is limited, however, these findings cover 4 out of 5 of the HSCTs responsible for children's services.

Overall, the most common approach to funding and delivery is LA in-house services (a service provided within the LA), followed by a contracted service (provided by the voluntary or private sector), however, this varied by nation (Table 4). England has the highest proportion of in-house services, whereas Wales has the highest proportion of spot purchased services (LA buys a number of FGCs from an agency). In Scotland, FGC services are most likely to be contracted. Examples of delivery approaches in the ‘other’ category included NHS adult secondary mental health care, a Scottish Government initiative, family support hubs, LA Managers, independent coordinators, and advocates.

**Table 4. How FGCs are funded and delivered**

	All	England	Wales	Scotland	Northern Ireland
	n (%*)	n (%)	n (%)	n (%)	n (%)
<b>LA in-house service</b>	89 (73)	68 (82.9)	9 (50)	8 (44.4)	4 (100)
<b>Contracted</b>	34 (27.9)	14 (17.1)	9 (50)	11 (61.1)	0 (0)
<b>Spot purchased</b>	12 (9.8)	5 (6.1)	6 (33.3)	0 (0)	1 (25)
<b>Other (please specify)</b>	8 (6.6)	4 (4.9)	2 (11.1)	1 (5.6)	1 (25)

\*% of LAs with an FGC service & who completed the question. FGCs can be delivered in multiple ways within an LA, hence the columns do not add up to 100%

### **3.5 Size of the FGC service**

The number of FGCs held annually by LAs ranges from 5 to 800 FGCs (Table 5). The median number of FGCs held annually is 92.5. The mean number of FGCs held annually is 140.9. The difference between the median and mean is due to skewed data with three out of four LAs holding between 70 and 179.5 FGCs a year. Please see Table 5 for a breakdown by nation.

To understand the size of FGC provision in relation to the child population, the annual rate of FGCs by LA per 10,000 children was calculated. As shown in Table 5, Wales has the highest rate of FGCs per child population, despite having the lowest raw number of FGCs annually.

**Table 5. Number and rate<sup>4</sup> of FGCs annually by LA for each UK nation\***

	UK (n=104)	England (n=72)	Wales (n=18)	Scotland (n=10)	Northern Ireland (n=4)
<i>Raw numbers</i>					
<b>Mean (SD)</b>	140.9 (15.4)	163.1 (168.7)	83.6 (71.5)	105.4 (182.4)	88.3 (75.6)
<b>Median</b>	92.5	113	51	46.5	60
<b>Range</b>	5 - 800	20 - 800	12 - 240	5 - 600	33 - 200
<i>Rate per 10,000 children</i>					
<b>Mean (SD)</b>	21.9 (19.0)	20.4 (18.3)	31.2 (21.7)	20.7 (18.3)	9.2 (6.4)
<b>Median</b>	16.2	14.9	24.5	17.1	7.5
<b>Range</b>	1.5 - 122.0	1.6 - 122.0	5.0 - 83.0	1.5 - 53.8	3.3 - 18.3

\* in a small number of LAs, more than one person had completed the survey and had different responses to this question. In these instances, the higher number was taken.

Nearly two thirds of respondents said that their FGC service has expanded in size in the last three years (Table 6), another indicator that FGCs are becoming more widespread in the UK.

**Table 6. Looking back on the history of the FGC service over the last 3 years, has it:**

	Frequency of LAs	% of LAs with an FGC service & who completed the question* (n=121)
<b>Expanded in size</b>	71	58.7
<b>Kept its current size</b>	40	33.1
<b>Reduced in size</b>	21	17.4

\*in a small number of LAs (n=11), more than one person had completed the survey and had different responses to this question, hence the % do not add up to 100. In 4 cases respondents had contradictory answers. Some LAs may have more than one FGC service and so it is possible that one service expanded, while the other reduced in size.

### **3.5.1 The number of FGC staff**

To get an idea about the size of the LA's FGC service<sup>5</sup>, respondents were asked how many full-time equivalent (FTE) FGC managers and coordinators they have, and the number of individuals<sup>6</sup> in sessional, volunteer or advocate roles. The number of staff/volunteers

<sup>4</sup> Rates calculated using 2020 mid-year population estimates for 0-17 year olds in each nation (ONS, 2021; NISRA, 2021)

<sup>5</sup> Where more than one respondent from each LA completed the survey and the information provided was not consistent (in most cases it was), the most complete response across the 6 categories was chosen.

<sup>6</sup> It may be difficult to estimate FTE for these roles, so the number of individuals was asked instead.

varied significantly (Table 7). Some LAs rely more heavily on sessional coordinators and volunteers, whereas other services have a more established team.

**Table 7. FGC staffing levels**

	Mean	Median	Range
<b>FTE</b>			
FGC managers (n=109)	1.1	1	0-3
FGC coordinators (n=107)	4.8	3	0-27
<b>Individuals</b>			
Sessional FGC coordinators (n=102)	3.7	0	0-35
Advocates -employed (n=82)	0.2	0	0-6
Sessional advocates (n=84)	1	0	0-20
Volunteers (n=81)	0.8	0	0-30

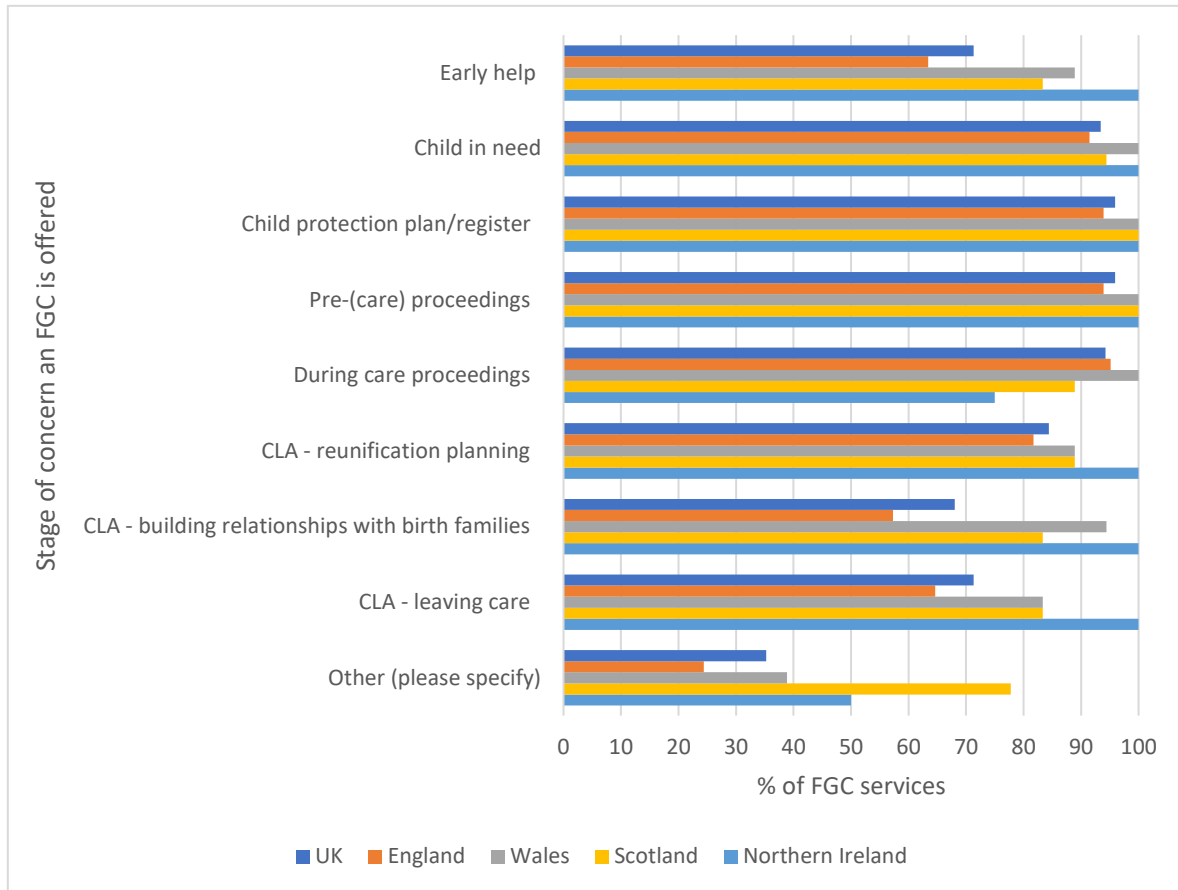
### 3.6 When are FGCs offered to families

FGCs are most likely to be offered at either pre-care proceedings (95.9%, n=117) or when the child is being considered for a child protection plan (95.9%, n=117). Eighty-four percent (n=103) of LAs offer FGCs for reunification planning. The number of FGCs offering early help services is also high (71.3%, n=87), however, this may be due to varying definitions of what constitutes ‘early’ help<sup>7</sup>. Northern Ireland is the most different from the other nations in terms of stage of concern at which an FGC is offered (Fig. 4). They are less likely to offer FGCs during care proceedings, but more likely to offer FGCs for early help and child in need cases or once a child is in care for reunification, building relationships with birth families and preparing to leave care. The “other” category included self-referral, unaccompanied asylum seeking children, children’s disability teams, homelessness, parent returning from prison, youth offending teams, contextual safeguarding, missing children, Safeguarding and Reviewing Service team, cusp of care, pre-birth, special guardianship carers, and adoption support. One provider offers adult services only. It is worth noting that although FGCs may offer services at a wide range of stages, there may be circumstances where scale of demand for the FGC service, compared to its size, means it prioritises later stages of concern e.g. pre-proceedings. Although we asked about adult social care services, the survey was sent out to heads of *children’s* services and not adults’ services, so there may be other adult social care FGC projects our survey did not reach.

<sup>7</sup> In this survey we defined early help as providing support as soon as a problem emerges, at any point in a child's life, to prevent further problems arising.



**Fig. 4 The stage of concern that FGCs are offered by percentage of FGC services**



CLA = child looked after; UK n=122; England n=82; Wales n=18; Scotland n=18; Northern Ireland n=4

### 3.7 Is offering FGCs to families mandatory?

In nearly a third of LAs, respondents reported having a written policy that all children/families should be offered an FGC prior to a child coming into care (Table 8). Equally, a third of respondents did not know if there is a written policy in their LA. Responses varied by nation. Respondents in Wales were the most likely to report having a written policy and Scotland the least. Scottish respondents were also more likely to be unsure if a policy exists and respondents in Northern Ireland were the most unlikely to report having a written policy. Respondents were given the option to add more information. If FGCs are offered as standard, it tends to be at child protection or Public Law Outline stage, however some respondents said they offer them as early as possible. Many respondents also said there is an expectation that FGCs are offered to all families (however it was also reported that this is not consistently applied), but that they are not aware of any written policy mandating it. Some respondents said that their LA is working to develop policy around this. Capacity issues were stated as a barrier to the mandatory offering of FGCs prior to a child coming into care.

**Table 8. LA has a written policy that all children/families should be offered an FGC prior to a child coming into care**

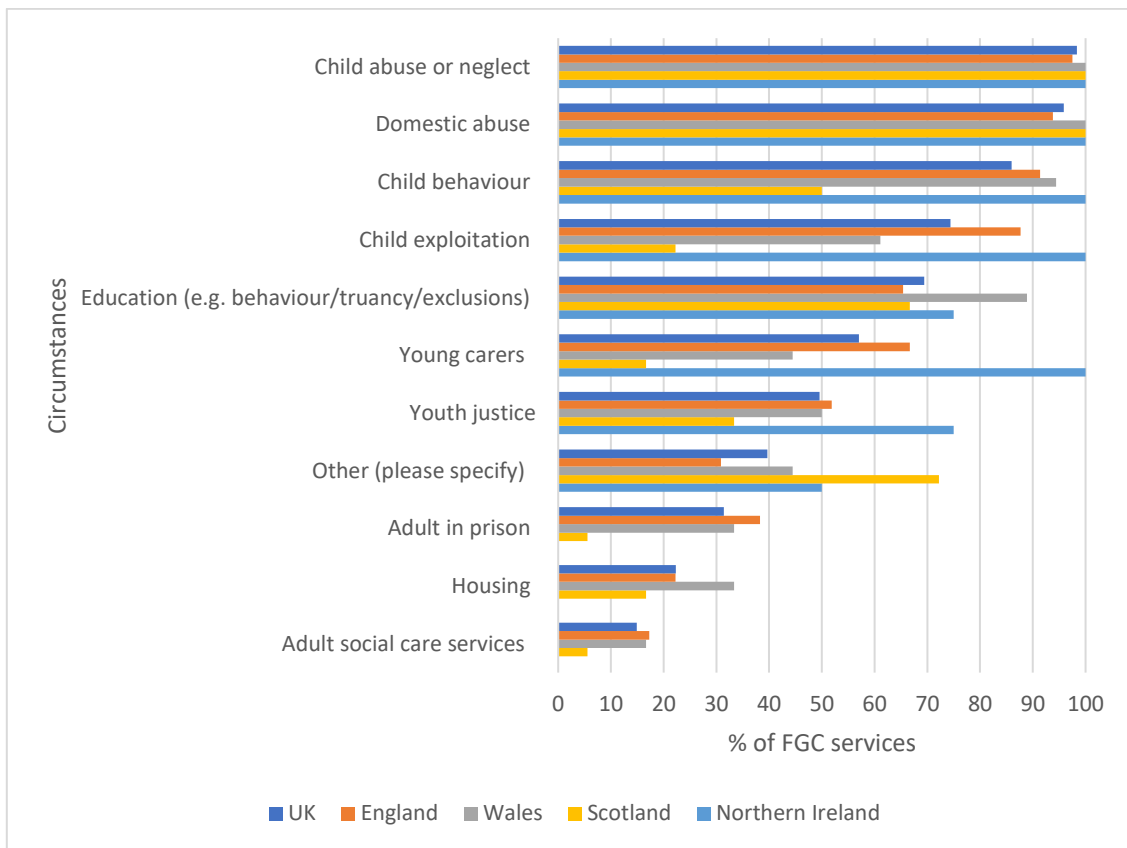
	All	England	Wales	Scotland	Northern Ireland
	n (%*)	n (%)	n (%)	n (%)	n (%)
<b>Yes</b>	37(30.3)	25(30.1)	8(44.4)	3(16.7)	1(33.3)
<b>No</b>	55(45.1)	38(45.8)	7(38.9)	8(44.4)	2(66.7)
<b>Not sure</b>	38(31.1)	23(27.7)	5(27.8)	9(50.0)	1(33.3)

\*% of LAs with an FGC service & who completed the question. In a small number of LAs, more than one person had completed the survey and had different responses to this question, hence the % do not add up to 100.

### **3.8 Under which circumstances are FGC offered to families**

Nearly all LAs offer FGCs for child abuse or neglect cases (98.4%, n=119) and domestic abuse (95.9%, n=116). There is some variation between nations regarding the circumstances under which FGCs are offered (Fig. 5), for instance in Scotland they are less likely to be offered for child behaviour or exploitation, whereas Northern Ireland focuses more on these issues and other issues involving older children, such as young carers or youth justice. Wales offer more FGCs for housing circumstances than other nations. FGCs are used for a wide variety of issues, and this was reflected in free text responses to the 'other' category, with one respondent commenting that "circumstances where an FGC might be offered are infinite" and others stating that they would accept referrals irrespective of presenting issue, if a child is deemed to be at risk. Themes mentioned under "other" were mental health, parental ill health, disability, vulnerable or unborn baby, restorative conference, homelessness, bereavement, emotional support and parenting (co-parenting and separation), contact arrangements including sibling contact (if in care), missing children, children seeking asylum, and court ordered conferences. It is worth noting that although services may cover certain issues, this may not be reflected in the volume of FGCs that cover this issue.

**Fig. 5 The circumstances under which FGCs are offered by % of FGC services**



UK n=121, England n=81; Wales n=18; Scotland n=18; Northern Ireland n=4

### 3.9 Involvement of children in the meetings

In 51% of services, children are nearly always invited to the FGC meeting and in 48% they are sometimes invited (Table 9). The most common reason for a child not being invited to meetings is the age of the child (n=32; LAs have different age-related restrictions to children attending meetings, the most common being over 5), however, many reported no age restrictions (n=13). The second most common reason is safety concerns (n=19). Sixteen respondents said it is dependent on the child’s wishes/consent (n=16) and/or parental consent (n=9). Twenty-one respondents said it is decided on a case basis or “where appropriate”. Appropriateness was often undefined, but sometimes included issues such as being not suitable/too sensitive for children to hear about (n=8; e.g. domestic abuse or substance misuse) or the child’s level of understanding/emotional capacity (n=17). Other reasons for not inviting a child to the meetings include information a child does not know about (n=1; e.g. they are adopted); adult tension (n=2); if the LA has parental rights and refuses to allow the child to attend (n=1) or the social worker deciding not to invite (n=1); and not enough FGC coordinators to facilitate child participation (n=1). One respondent said that some children are only invited to the end of the meeting to feedback the family’s plan.

Many respondents stated that if a child could not attend for the above reasons, then attempts are made to get the views of the child through an advocate. Respondents frequently mentioned trying to remind families that the child is the central reason for the meeting and one FGC service shows a picture of the child throughout the meeting to keep this focus.

**Table 9. Are children invited to FGC meetings**

	Frequency of LAs	% of LAs with an FGC service & who completed the question (n=138)
Yes – always	70	50.7
Yes - sometimes	66	47.8
No - never	1	0.7
Not sure	1	0.7

If children attend, nearly half are always offered an advocate to support their involvement in the meeting (Table 10).

**Table 10. Are children offered an advocate to support their involvement in the meeting?**

	Frequency of LAs	% of LAs with an FGC service & who completed the question (n=136)
Yes - always	65	47.8
Sometimes	62	45.6
No	6	4.4
Not sure	3	2.2

### **3.10 Private family time**

Respondents reported that nearly all families (99.3%, n=137) are offered private family time as part of the FGC. No respondent reported that private family time wasn't offered in their LA, but one respondent was unsure. It was noted by some respondents that although private family time is offered, some families request for the coordinator to be present due to family conflict (n=8). One respondent stated that sometimes a coordinator has to be present as part of a safety risk assessment or court order, but they will not contribute to this part of the meeting. Others state that it would not be an FGC if there was no private family time (n=4). Some mentioned the difficulties of offering private family time virtually during the pandemic (n=2).

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### 3.11 Coordinator independence and training

The majority of FGC coordinators are independent (93.5%, n=129), in other words, they have no other professional role with the family, including any decision-making role. Little extra information was given about coordinators that were not independent.

Over half of FGC coordinators are trained by the Family Rights Group (Table 11). Other training providers include Children 1st, Daybreak, various universities, Interface, London Coordinators Accreditation Program (LCAP), and Change Maker.

**Table 11. How are FGC coordinators trained? (Please select all that apply)**

	Frequency of LAs	%* of LAs with an FGC service & who completed the question (n=120)
By the Family Rights Group	63	52.5
In-house	38	31.7
By other training provider	72	60.0
By another FGC service	25	20.8

\*% don't add up to 100 because respondents could select multiple answers.

### 3.12 Standards, networks and frameworks

The majority of FGC services (88.2%, n=119) adhere to recognised FGC practice standards. An optional free text box asked respondents which practice standards they used. Standards listed include the seven standards under the Family Rights Group accreditation (n=54; some are not accredited but reported they still followed the standards or are working towards accreditation), Scottish national FGDM standards (n=17), FGC standards in Northern Ireland (n=4), Daybreak accreditation (n=3), Practice Standards for Family Group Conferences 2009<sup>8</sup> (n=3), their own standards set by their LA (n=2) or the Eastern and East Midlands Regional Network of FGC services practice standards revised in 2018 (n=1). Fourteen respondents gave unclear responses, and it was therefore not possible to identify which standards they used.

Three quarters (74.5%, n=102) of FGC services are part of an FGC regional network. An optional free text box asked respondents which FGC networks they are part of. The regional and national networks mentioned include local regional FGC networks (n=31, e.g. North West, South West etc.), Family Rights Group's National Lifelong Links and Family Group Conference Network (n=15), the Scottish national steering group (n=15), All Wales

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<sup>8</sup> The Practice Standards were agreed by the following service providers: Coventry FGC Service; Suffolk FGC Service; Cambs FGC Service; Bedfordshire FGC Service; Northants FGC Service; Hertfordshire FGC Service; Buckinghamshire FGC Service; Oxfordshire FGC Service; Peterborough FGC Service; Norfolk FGC Service; Warwickshire FGC Service; Milton Keynes FGC Service; Leicestershire FGC Service; Leicester City FGC Service.

Network (n=11), the London Consortium Accreditation Programme (n=6, LCAP), National UK managers network (n=2), the Regional and European FGC network (n=2), The Northern Ireland FGC Forum (n=1), and Barnardo's FGC service (n=1).

### 3.12.1 Wider practice framework or theoretical approaches in which the FGC is based

The most commonly reported framework/approach stated include restorative practice (n=14), Signs of Safety (n=9), systemic practice (n=9), strength-based approaches (n=9), relationship-based approaches (n=5), family led/partnership/collaborative approaches (n=5), outcome focused (n=2), and trauma informed approaches (n=1). Four respondents from Scottish LAs mentioned "The Promise" (<https://thepromise.scot/>). Thirty-three respondents gave unclear responses, and it was therefore not possible to identify which frameworks/approaches they used.

### 3.13 Family experience

Over three quarters of FGCs do not run a service user forum (Table 12). Of those that do, half have mixed child and adult forums and the other half have split child and adult forums.

**Table 12. Do you run a service user forum for (please select all that apply):**

	Frequency of LAs	%* of LAs with an FGC service & who completed the question (n=119)
No- we don't run a service user forum	95	79.8
Children and adult family members	15	12.6
Children and young people only	8	6.7
Adult family members only	7	5.9

\*% don't add up to 100 because respondents could select multiple answers.

The majority of services (91.9%, n=125) do however collect data on family satisfaction with the FGC and in over two thirds of FGCs, these results are written up and are available internally (Table 13).

**Table 13. If data are collected on family satisfaction, are they analysed and written up?**

	Frequency	Percent of LAs that collect FGC satisfaction data (n=125)
Yes, and published	14	11.2
Yes, but only available internally	86	68.8
No	20	16.0
Not sure	5	4.0

### 3.14 FGC Reviews

The majority of FGC services (94.1%, n=128) offer families a review FGC to reflect on which aspects of the plan are working well and which aspects not so well. The free text data suggested diversity in when and how reviews take place. Some respondents stated that in their LA reviews are always offered and encouraged (n=28), as a way to celebrate success. For these LAs, the number of reviews offered to a family range from 1 to 4 and take place between 6 to 12 weeks after the initial conference. Some respondents said that their LA offer reviews routinely, but family uptake is low (n=5). Other respondents stated that reviews are not standard practice (n=13) and only take place if families request them, if there is a need for them, or if the family's situation has changed. Two respondents mentioned a lack of funding to undertake reviews. One respondent said that their LA offered reviews until recently, but demand for referrals has meant they no longer have the capacity. Another said that reviews have decreased due to FGCs being held virtually.

### 3.15 Evaluation

A third of FGC services (33.1%, n=45) have commissioned or produced an evaluation of their FGC service, and two thirds of FGC services (63.7%, n=86) collect outcome data after an FGC.

If FGC services collect outcome data, respondents stated they collect outcomes at 3 months (n=7), 6 months (n=11) and 12 (n=7) months. See Table 14 for a breakdown of outcomes respondents said their FGC service records.

**Table 14. Content analysis of open question asking respondents which outcomes their FGC service records**

<i>Theme</i> Subtheme	Number of times mentioned
<b><i>Social care service or placement outcomes</i></b>	
Prevention of out-of-home care	22
Reunification	9
(De)escalation of social services involvement (e.g. early help, child in need, child protection, public law outline, initiation of proceedings)	21
Legal status change	14
Kinship care	8
Remained with birth parents	7
<b><i>Family functioning and well-being</i></b>	
Improved family relationships, network and support	12
Improved child safety	3
Family and individual resilience	4

Initial reason for the FGC achieved	5
Family goals achieved	1
Developed strengths and skills in family	1
Emotional/mental wellbeing	2
Lifestyle/behaviours	1
Reduce domestic abuse	1
Increased contact	1
<b><i>Experience of the FGC itself</i></b>	
Empowerment	2
Experience of the FGC process (e.g. feeling heard, everyone able to contribute)	10
How the service could be improved	2
Attendance at FGCs - numbers and relationships	2
Family understands the FGC process	1
FGC coordinator supported them in the preparation of family plan	1

### 3.16 The impact of the Covid-19 pandemic on FGC service delivery

The majority of services continued to run online during the pandemic and nearly two thirds held in person meetings (Table 15). Sixty-three percent of FGCs ran a hybrid service<sup>9</sup> (n=75).

**Table 15. Has your FGC service continued to run during the Covid-19 pandemic? (please select all that apply)**

	Frequency of LAs	%* of LAs with an FGC service & who completed the question (n=120)
Yes – online	114	95.0
Yes- telephone calls	83	69.2
Yes - in person	77	64.2
No	5	4.2

\*% don't add up to 100 because respondents could select multiple answers.

Respondents were asked about the barriers and facilitators of running FGCs during the pandemic. There was a consensus that barriers were most problematic at the start of the pandemic, but family members and staff adapted as time went on. Responses were grouped into the following four themes:

<sup>9</sup> A hybrid service could mean that the LA runs a mixture of virtual or in-person FGCs or that some people within the same FGC attend virtually and in-person.



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### *Theme 1: Practical/logistical factors*

The main practical barriers to FGC participation during the pandemic were access to technology/devices (n=37), technical skills of families and coordinators (n=25), no/poor internet connection or running out of data on their mobile phones (n=16), issues with families accessing Microsoft Teams (n=14), access to appropriate venues for face-to-face meetings (n=15), illness due to Covid causing the postponement of meetings/ preventing attendance/ staff shortages (n=9) and a lack of progress during self-isolation (n=2), accessibility to transport/ travel restrictions (n=4), and food arrangements (n=3).

To overcome some of these barriers, FGCs reported arranging outdoor/door stop visits (n=17), IT training (n=8), and the provision of data for the internet and devices for families (n=9).

Respondents said that some families preferred online meetings and given the option were choosing them over face-to-face meetings (n=8). Reasons given included the ability for meetings to be held at more flexible times, particularly for working families (n=5), and families feeling less stress and pressure online (n=2). They also stated virtual meetings allowed more people, including social workers to access FGCs (n=19; particularly if they live far away), and that many families engaged positively with the online service (n=3).

### *Theme 2: Family circumstances/dynamics*

Barriers to FGC participation during the pandemic, concerning family dynamics or circumstances, were: safety concerns (n= 6; e.g. who is in the room/listening, confidentiality, emotional safety, domestic abuse), difficulty managing complex family dynamics (n=5), anxiety over clinically vulnerable family members meeting in person (n=4), and some family members (e.g. older or with learning disability) having more difficulty navigating virtual meetings (n=3). These factors made it difficult to engage with some families during the pandemic (n=14).

### *Theme 3: Co-ordinator factors*

The main barriers encountered by co-ordinators when trying to run an FGC included making personal connections (n=21; e.g. relational dynamics, body language cues, lack of relationship building) and getting the views of young people and children, particularly due to school closures (n=21). Other barriers included offering adequate emotional support to individuals during online meetings (n= 5), difficulty giving quality family time online (n=4), social worker availability (n=3; as some social workers had to take on extra duties during the pandemic), and online meeting fatigue for professionals and families (n=2).

FGC preparation was also reported to be harder and more time consuming for FGC coordinators (n=10), with respondents having to conduct more split FGCs where domestic abuse was a concern (n=2; as appropriate planning not possible and due to issues mentioned above), and an element of choice being taken from families by having to have virtual meeting rather than a choice of venue (n=1), thus jeopardising the ethos of the FGC.

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#### *Theme 4: Children's services factors*

Respondents also mentioned barriers related to the running of wider children's services. These included staff anxiety over risk of infection (n=7) and adapting to ever changing government restrictions (n=5).

One respondent said that in their LA they have developed practice guidance around online meetings. It includes management of distress, communication, privacy, and risk competency of professionals to manage online technical demands.

##### **3.16.1 Private family time online**

Respondents were also asked about the provision of private family time online. Nearly three quarters of services ensured that private family time was available in virtual meetings (Table 16). Where private family time was only sometimes provided, this was usually the family's choice (n=5). Some families either did not want it (n=2) or requested the coordinator to be there as a scribe or to help with the technology (n=3).

**Table 16. If you conducted virtual FGCs did you always ensure private family time?**

	Frequency	% of LAs with an FGC service & who completed the question (n=86)
Yes	63	73.3
Sometimes (please provide details)	17	19.8
No	3	3.5
Not sure	3	3.5

##### **3.16.2 Plans for FGC delivery in the future**

Most FGCs (76%, n=95) have now moved to a hybrid model that tries to use the best of both online and in-person approaches, as described by this respondent, "face to face is our default position currently with a hybrid approach to include some family members remotely; occasionally we continue to conduct FGC's online". Another respondent said, "FGCs are offered in person and virtually to all families and families are deciding to have them virtually rather than in person in the vast majority of cases."

##### **3.17 LAs without an FGC service**

Fifteen LAs said they do not run an FGC service. Of those that did not respond to the survey, there was an absence of information online about an FGC service for 30.6% (n=22) and partial information online for 15.3% (n=11) and therefore it was unclear if the LA has an FGC service or not. However, for 52.8% (n=38) of non-respondents there is online information suggesting a service does exist, although we cannot be sure this is up to date.

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These findings are also supplemented with knowledge of FGC network leads in each nation (see Table 2).

Out of the 15 survey responses, two ran a service between 2017-19. One said they stopped offering FGCs due to difficulty securing funding, the other did not comment.

Respondents from LAs that did not previously run a service (between 2017-19), stated they decided not to because they do not have a specific team/worker to carry out FGCs, funding pressures, a belief that the FGC model is ineffective, and that allocated social workers are better connected to day to day planning and practice and therefore, are better positioned to make realistic plans that are more focussed on the day to day safety of children.

However, two fifths of LAs without a service (42.9%, n=6) have plans to offer them in the future. Plans include securing funding for pilot projects and training internal staff to deliver FGCs.

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## 4. Study limitations

The survey's depth was limited by what busy service managers could realistically complete, given time constraints. Inevitably, the coverage is limited by the 66% response rate. This was lower than the response rate of 91% for a similar survey about FGCs sent to all LAs in 1999 (Brown, 2003). To mitigate this slightly, we added other reliable information from FGC network leads and internet searches, about whether a LA had an FGC service or not. However, this information is also partial and dependent on the FGC network leads and websites having up-to-date information. To clarify what we noted earlier, this extra information was only used to identify the presence of a service, it was not possible to use additional information for any other findings. Furthermore, the statistics for Northern Ireland are based on small numbers meaning that the granularity in percentages is limited, however, these findings cover 4 out of 5 of the HSCTs responsible for children's services.

Clarity over definitions between LAs and nations, such as early help or what constitutes an FGC review, may have compromised the comparability of some of the findings. In addition, some of the information requested, such as when the FGC service started, may be based upon some respondents not knowing/or having the historic information available, particularly if the service (its commissioning, size etc.) has ebbed and flowed depending upon the LA leadership.

Lastly, it is possible that social desirability bias influenced the responses of participants. This is particularly since the survey was designed in collaboration with the Family Rights Group, despite making it clear that the data provided would not be used, and it is not connected in any way, to the Family Rights Group service accreditation.

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## 5. Discussion

The survey provides a snapshot only of FGC use. However, it does suggest some interesting trends in FGC provision.

The use of FGCs appears to have become more common over time. This is likely to have been driven by Government policy and available funding. However, the rate of FGC provision per head of child population is very variable. This is a dimension which has not to our knowledge been considered by previous research. Working out the rate of provision allows for a more nuanced assessment in future of the possible impact of the *scale* of FGC provision in an area, and nationally. Nearly a third of respondents did not know if their LA had a written policy that all families should be offered an FGC prior to a child coming into care. This lack of clarity is concerning.

The vast majority (96%) of services say they offer FGCs for domestic abuse. This is notably high, given that there has historically been debate about whether FGCs are suitable for domestic abuse. It might suggest an emerging consensus that FGCs do in fact have a place as part of the service response to domestic abuse. It will be important for services to learn from each other about good practice in relation to risk assessments (including controlling behaviours by a perpetrator) and support systems for adult and child victims. The high percentage offering FGCs for domestic abuse probably also reflects the extent to which domestic abuse currently dominates children's services caseloads.

Over 70% of FGC services appear to offer early help services. This seems surprisingly high, given that Government policy and funding has tended to focus on late intervention, e.g., pre-proceedings. This may be due to varying definitions of what constitutes 'early' help. More exploration is needed to understand when, how and how often early help services are offered. It may be that many of the services responding positively on this item are in theory open to early help FGCs but in practice this is a small part of their work.

Only just under half of the services reported always offering children and young people an advocate. A similar proportion said they did so 'sometimes'. Good practice (Family Rights Group, 2020) would be to offer an advocate to support the meaningful involvement of children and young people, even though not all will take up the offer and some will attend themselves and not feel the need for advocacy. A large majority (80%) of services do not run a service user forum, but 92% collect data on family satisfaction. Whether this data is used in a meaningful way to inform service delivery needs exploration. There could be very useful learning from those services that have successfully set up service user forums, as these allow for more in-depth feedback from a small number of people than can be gained from routine satisfaction data.

It is interesting to note that most services plan to continue to offer a hybrid model of FGC delivery post pandemic. This is another example of where some of the innovation that was required by health protection measures has been transferable and found to be more

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generally useful. It would seem to be good practice to offer families the choice of how to participate, and to use online participation for family members who live abroad or cannot travel to attend in person for other reasons. Despite 76% of services saying they will follow a hybrid model, due to the nature of FGCs, they are likely to be primarily in person, but augmented by virtual participation for people who would otherwise find it difficult to attend. It is also interesting that in the last three years (2019-2022) 58% of services say they have been expanding, despite living through the pandemic.

## 6. Acknowledgements

We would like to thank the Family Rights Group for their promotion of the survey, and advice on questionnaire content and interpretation of findings. We would also like to thank the FGC managers who gave advice on the questionnaire content and for all the respondents who took the time to complete the survey.

The Family VOICE study is funded by the National Institute for Health and Care Research. Three of the research centres involved in the study, CASCADE, DECIPHER and the Centre for Trials Research, receive infrastructure funding from Health and Care Research Wales. Jonathan Scourfield is a Health and Care Research Wales Senior Research Leader.

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# Appendices

## Appendix 1: Copy of the questionnaire

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### Start of Block: Default Question Block

Q1

#### A Survey of Family Group Conference Services in the UK

Please click the arrow to begin

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### Q2 What is the purpose of this study?

We are conducting a study to increase understanding about the quality and effectiveness of family group conferences (FGCs) – or family group meetings if you are in Scotland. As part of the study, we are either inviting FGC service managers, or children’s services managers where there is no FGC service, to take part in this UK-wide survey, which will help us to identify where FGCs are taking place and understand local variations. We are also interested in where FGCs are not taking place, and the circumstances around this.

Before you decide whether or not to take part, please take time to read the following information carefully.

#### What will taking part involve?

Taking part will involve completing a survey, which takes about 15 minutes. You will be asked a mixture of fixed-response questions and open questions with free text boxes. You can skip any questions you do not wish to answer.



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You will also be asked to provide your contact details. This will allow us to clarify any information you provide, and to ask if you would like to be involved in the second stage of our study. It is entirely your decision if you wish to provide these details and the survey can be completed without filling in these fields.

### **Do I have to take part?**

No, your participation in this research project is voluntary. If you decide not to take part, you do not have to explain your reasons and it will not have any negative consequences for you. If you do decide to take part, you will be asked to provide consent on the next page. You can change your mind and stop the survey at any time by closing your browser window, without having to give a reason. Any data you provide via the survey (whether you complete it in full or only some of it) will be included in the study, unless you ask us within two weeks to remove it.

### **What are the possible benefits or risks of taking part?**

There will be no direct advantages or benefits to you from taking part, but your contribution will help us understand the extent and nature of FGCs in the UK. We do not envisage any potential harm from completing this survey.

### **How will my data be used/stored?**

All information collected from you during the survey will be kept confidential and will be managed in accordance with data protection legislation. All personal data, for example your contact details, will be destroyed at the end of the study (September 2025). After that, we will only keep anonymised data, which can only be accessed by staff working on this survey. We will publish results of the overall study in an online report and in academic journals. Findings may also be presented at academic conferences, seminars and in blogs. Individuals will not be identified in any report, publication or presentation. A list of local authorities (LAs) that provide FGC services will be published, but no further information identifying LAs will be presented. LAs that do not provide FGC services or who do not respond to this survey will not be identified.

Some information about your LA or FGC service may be used as contextual data in future analyses.

The CASCADE research centre at Cardiff University have partnered with the Family Rights Group to create and distribute this survey. The Family Rights Group promote FGCs and FGC quality standards (for more information, [see here](#)). Please note that we want to know a range of experiences of FGCs and the data you provide will not be used, and it is not connected in any way, to the Family Rights Group service accreditation.

For the purposes of this research project Cardiff University and Family Rights Group are joint controllers, with Cardiff University being the primary contact with you. This means that both organisations will have access to the information you provide. This notice applies in addition to Cardiff University's data protection notice for research participants, which includes our legal basis for processing your personal data, details of Cardiff University's Data Protection Officer and information on your individual rights, which can be found [here](#), and for the Family Rights Group [here](#).

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### Who is organising and funding this research project?

The research is funded by the National Institute for Health and Care Research. For more information about the study, follow [this link](#).

### What if there is a problem or if I have questions about the study/taking part?

If you have any questions or concerns relating to this research project, or wish to provide us with updated information, please contact Professor Jonathan Scourfield at [family-voice@cardiff.ac.uk](mailto:family-voice@cardiff.ac.uk).



### Q3 Please read each point below before consenting to take part.

1. I have read and understood the study information on the previous page.
2. I know that taking part is voluntary. I know that I may decide at any time to withdraw and that any information collected up to that point will still be used, unless you ask us within two weeks from completing the survey to remove it.
3. I give permission for the collection and use of my information for this study.
4. After the study ends (September, 2025) I agree to Cardiff University and the Family Rights Group keeping an anonymized version of the information I provide, which only staff working on this survey will be able to access. All personal data (i.e. names and contact details will be destroyed at the end of the study.

**By consenting, you are saying that you understand the information presented so far and that you**

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agree to take part in the study.

- Yes, I consent to take part (1)
- No, I do not consent to take part (2)

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*Display This Question:*

*If Please read each point below before consenting to take part. 1. I have read and understood the s...  
= No, I do not consent to take part*



Q4 You have decided not to take part. Please choose "exit study" to confirm or "return to study" if you selected this option by mistake.

- Exit study (1)
- Return to study, I consent to take part (2)

*Skip To: End of Survey If You have decided not to take part. Please choose "exit study" to confirm or "return to study" if... = Exit study*

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Q5 In which UK nation are you based?

- England (1)
- Wales (2)
- Scotland (3)
- Northern Ireland (4)

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*Display This Question:*

*If In which UK nation are you based? = Wales*

Q6 In which LA are your based?

If you are an FGC service that extends to more than one LA, please select this option and enter the LAs you cover on the next page.

LA (1)

▼ More than one LA (1) ... Wrexham (23)

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*Display This Question:*

*If In which LA are your based? If you are an FGC service that extends to more than one LA, please... = More than one LA*

Q7 Please list the LAs your FGC service is responsible for

Unless stated, please answer the remaining questions for your FGC service as a whole

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*Display This Question:*

*If In which UK nation are you based? = Northern Ireland*

Q8 In which health and social care trust (HSCT) are you based?

If you are an FGC service that extends to more than one HSCT, please select this option and enter the HSCTs you cover on the next page.

HSCT (1)

▼ More than one HSCT (1) ... Belfast HSCT (6)

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*Display This Question:*

*If In which health and social care trust (HSCT) are you based? If you are an FGC service that ext... = More than one HSCT*

Q9 Please list the HSCTs your FGC service is responsible for

Unless stated, please answer the remaining questions for your FGC service as a whole

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*Display This Question:*

*If In which UK nation are you based? = Scotland*

Q10 In which LA are you based?

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If you are an FGC service that extends to more than one LA, please select this option and enter the LAs you cover on the next page.

LA (1)

▼ More than one LA (1) ... West Lothian Council (33)

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*Display This Question:*

*If In which LA are you based? If you are an FGC service that extends to more than one LA, please... = More than one LA*

Q11 Please list the LAs your FGC service is responsible for

Unless stated, please answer the remaining questions for your FGC service as a whole

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*Display This Question:*

*If In which UK nation are you based? = England*

Q12 In which LA are you based?

If you are an FGC service that extends to more than one LA, please select this option and enter the LAs you cover on the next page.

LA (1)

▼ More than one LA (1) ... York ~ ~ (459)

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**Display This Question:**

*If In which LA are you based? If you are an FGC service that extends to more than one local autho...  
= More than one LA*

Q13 Please list the LAs your FGC service is responsible for

Unless stated, please answer the remaining questions for your FGC service as a whole

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Q14 In case we need to contact you for further clarification about your answers. Could you please provide your name and preferred contact method below:

Full name (1) \_\_\_\_\_

Name of FGC service (if applicable) (4)  
\_\_\_\_\_

Phone number (2) \_\_\_\_\_

Email address (3) \_\_\_\_\_

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Page Break



Q15 Which best describes your primary role? (please select all that apply)

- Family group conference service manager (1)
  - Manager in children's services (2)
  - Other (please specify) (3) \_\_\_\_\_
- 
- 



Q16 Are family group conferences (or family group meetings in Scotland) available to families in your area(s)?

We will be asking you more questions about this throughout the survey.

- Yes (1)
  - No (2)
-



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Display This Question:

If Are family group conferences (or family group meetings in Scotland) available to families in your... = No

X→

Q17 Did your area offer FGCs between 2017-2019?

- Yes (1)
- Not sure (2)
- No (3)

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Display This Question:

If Did your area offer FGCs between 2017-2019? = Yes

X→

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Q18 If yes, why did your area stop offering them? (please select all that apply)

- Difficulty securing funding (1)
- Lack of buy in from LA leaders (2)
- Lack of buy in from LA social workers (3)
- Staff time (4)
- Lack of take up from families (5)
- LA concluded it didn't help improve outcomes for families (6)
- Other (please specify) (7) \_\_\_\_\_

---

*Display This Question:*

*If Did your area offer FGCs between 2017-2019? = No*

*Or Did your area offer FGCs between 2017-2019? = Not sure*

Q19 If no or not sure, did your area previously consider making FGCs available to families and decided against it? If so, why?

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Display This Question:

If Are family group conferences (or family group meetings in Scotland) available to families in your... =  
No



Q20 Are there are plans to offer FGCs in your area in the future?

Yes - if so, what are these plans? (please enter below) (1)

\_\_\_\_\_

Not sure (2)

No (3)

-----

\_\_\_\_\_

Display This Question:

If Are family group conferences (or family group meetings in Scotland) available to families in your... =  
No



Q21 Thank you for taking the time to complete this survey. If you would like to join our mailing list to receive updates about the study progress and findings, please tick the box below.

Yes please - sign me up to the Family VOICE study mailing list (1)

No - I do not wish to be signed up to the Family VOICE study mailing list (2)

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*Display This Question:*

*If Are family group conferences (or family group meetings in Scotland) available to families in your... = No*



Q22 If you would like to know more about the Family Rights Group and would like them to contact you, please tick the box below.

- Yes please - I would like to be contacted by the Family Rights Group (1)
- No - I do not want to be contacted by the Family Rights Group (2)

---

*Display This Question:*

*If Are family group conferences (or family group meetings in Scotland) available to families in your... = No*

Q23 If you haven't provided your contact details already, please do so here. We will only contact you about the things you have agreed to.

- Full name (1) \_\_\_\_\_
- Phone number (2) \_\_\_\_\_
- Email address (3) \_\_\_\_\_

*Skip To: End of Survey If Condition: Full name Is Not Empty. Skip To: End of Survey.*

*Skip To: End of Survey If Condition: Full name Is Empty. Skip To: End of Survey.*

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Q24 In which year were FGCs first introduced in your LA or HSCT?

If your FGC service covers more than one area, please provide more detail.

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Similarly, If FGCs were introduced but then stopped and re-introduced, please provide more details.

If you don't know please state this.

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Q25 Who provides these services? (please select all that apply)

- LA (1)
- Private sector (2)
- Not for profit organisation (3)
- Other (please specify) (4) \_\_\_\_\_

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Q26 To get an idea about the size of your FGC service, we would like to know how many full time equivalent (FTE) staff you have:

FGC managers (1) \_\_\_\_\_

FGC coordinators (2) \_\_\_\_\_

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Q27 We would also like to know the number of individuals appointed for the following roles, as we understand that calculating FTE could be complicated:

Sessional FGC coordinators (1) \_\_\_\_\_

Advocates (employed) (2) \_\_\_\_\_

Sessional advocates (3) \_\_\_\_\_

Volunteers (4) \_\_\_\_\_

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Q28 How are FGCs delivered in your area(s)? (Please select all that apply)

- LA in-house service (1)
  - Contracted (2)
  - Spot purchased (3)
  - Other (please specify) (4) \_\_\_\_\_
- 
- 



Q29 Looking back on the history of the FGC service over the last 3 years, has it:

If your service covers multiple areas please answer for the service as a whole

	Reduced in size (1)	Kept its current size (2)	Expanded in size (3)
My FGC service has: (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Q30 For child welfare cases, at which point are FGCs offered? (please select all that apply)

- Early help (i.e., providing support as soon as a problem emerges, at any point in a child's life, to prevent further problems arising.) (1)
- Child in need (or equivalent) (2)
- Child protection plan/register (3)
- Pre proceedings (4)
- During care proceedings (5)
- Looked after children - reunification planning (6)
- Looked after children - building relationships with birth families (9)
- Looked after children - leaving care (10)
- Other (please specify) (7) \_\_\_\_\_
- Not applicable - adult service only (8)

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Q31 If families are offered an FGC, are there circumstances in which the FGC does not go ahead? If so, please specify.

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Q32 Does your LA have a written policy that all children/families should be offered an FGC prior to a child coming into care?

- Yes (1)
  - Not sure (2)
  - No (3)
- 

Q33 If you would like to add more information, please do so here

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Page Break

Q34 On average, how many FGCs are held in your LA (or HSCT) annually - initial conferences, not reviews?

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If your FGC covers more than one area, please provide more detail if possible.

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Q35 Under which circumstances are FGCs used? (please select all that apply)

- Child abuse or neglect (1)
  - Domestic abuse (2)
  - Youth justice (3)
  - Education (e.g. behaviour/truancy/exclusions) (4)
  - Young carers (5)
  - Child exploitation (6)
  - Child behaviour (7)
  - Adult in prison (8)
  - Adult social care services (9)
  - Housing (10)
  - Other (please specify) (11) \_\_\_\_\_
- 

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Q36 Are children invited to the meetings?

- Yes - always (1)
  - Yes- sometimes (2)
  - No - never (3)
  - Not sure (4)
- 

Q37 If you would like to add more information, please do so here (e.g. do you have any age restrictions).

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Display This Question:

If Are children invited to the meetings? = Yes - always

Or Are children invited to the meetings? = Yes- sometimes



Q38 Are children offered an advocate to support their involvement in the meeting?

- Yes - always (1)
  - Sometimes (2)
  - Not sure (3)
  - No (4)
- 
- 



Q39 Are families always offered private family time as part of the FGC?

- Yes (1)
  - Not sure (2)
  - No (3)
- 
-

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Q40 If you would like to add some clarification, please do so here

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Q41 Are the FGC coordinators independent?

An independent coordinator has no other professional role with the family, including any decision making role.

- Yes (1)
- Not sure (2)
- No (if no, who coordinates the meeting?) (3)

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Q42 How are FGC coordinators trained? (Please select all that apply)

- In-house (1)
  - By the Family Rights Group (2)
  - By another FGC service (3)
  - By other training provider (please specify) (4)
- 

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Q43 Does your FGC service adhere to any recognised FGC practice standards?

- Yes (please provide details) (1) \_\_\_\_\_
- Not sure (2)
- No (3)

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Q44 Is your service part of a regional FGC Network?

Yes (please provide details) (1) \_\_\_\_\_

Not sure (2)

No (3)

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Q45 If your FGC service forms part of a wider practice framework or theoretical approach in your area, please tell us here.

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Q46 Do you run a service user forum for (please select all that apply):

- Children and adult family members (1)
  - Children and young people only (2)
  - Adult family members only (3)
  - No- we don't run a service user forum (4)
- 
- 

X→

Q47 Do you collect any data on satisfaction of families with their FGC?

- Yes (1)
  - Not sure (2)
  - No (3)
- 

**Display This Question:**

*If Do you collect any data on satisfaction of families with their FGC? = Yes*

X→



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Q48 Is it analysed and written up?

- Yes but only available internally (1)
  - Yes, and published or available on request (2)
  - Not sure (3)
  - No (4)
- 
- 



Q49 Does your FGC service offer families a review to reflect on which aspects of the plan are working well and which aspects not so well?

- Yes (1)
  - Not sure (2)
  - No (3)
- 

Q50 If you would like to add more information, please do so here

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Q51 Have you commissioned or produced an evaluation of the FGC service?

- Yes (1)
- Not sure (2)
- No (3)

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**Display This Question:**

*If Have you commissioned or produced an evaluation of the FGC service? = Yes*



Q52 Would you be willing to share an evaluation report with the us?

*You will be given an opportunity to add your contact details at the end of the survey if you haven't already.*

- Yes (1)
  - No (2)
-



Q53 Do you collect data on family outcomes after an FGC (e.g. individual wellbeing, social connectedness, resilience within families, prevent statutory social work involvement)?

Yes (if yes, which outcomes do you record)? (1)

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Not sure (2)

No (3)

---

**Display This Question:**

*If Do you collect data on family outcomes after an FGC (e.g. individual wellbeing, social connectedn...  
= Yes (if yes, which outcomes do you record)?*



Q54 Would you be willing to share the results with us?

*You will be given an opportunity to add your contact details at the end of the survey if you haven't already.*

Yes (1)

No (2)

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Q55 Has your FGC service continued to run during the Covid-19 pandemic? (please select all that apply)

- Yes - online (1)
- Yes- telephone calls (2)
- Yes - in person (3)
- No (4)

*Display This Question:*

*If Has your FGC service continued to run during the Covid-19 pandemic? (please select all that apply)  
!= No*

Q56 What were the barriers to and facilitators of participation in FGCs during the pandemic?

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Display This Question:

If Has your FGC service continued to run during the Covid-19 pandemic? (please select all that apply)  
= Yes - online

And Has your FGC service continued to run during the Covid-19 pandemic? (please select all that apply) = Yes- telephone calls



Q57 If you conducted virtual FGCs did you always ensure private family time?

- Yes (1)
  - No (2)
  - Not sure (3)
  - Sometimes (please provide details) (4)
- 

Display This Question:

If Has your FGC service continued to run during the Covid-19 pandemic? (please select all that apply)  
= Yes - online



Q58 Do you plan to continue to run parts of your FGC service online post pandemic?

- Yes (1)
  - Not sure (2)
  - No (3)
-



Q59 Would you like to be involved in the next stage of our study?

It will involve adopting an evaluation questionnaire developed in collaboration with families who have lived experience of FGCs and with practitioners, to assess outcomes over a 12 month time period. If you would like to know more, please tick the box below. At this stage, this is solely an expression of interest and not a commitment to be involved.

*You will be given an opportunity to add your contact details at the end of the survey if you haven't already.*

- Yes- please get in touch about the next stage of the study (1)
  - No - please do not get in touch about the next stage of the study (2)
- 
- 



Q60 Thank you for taking the time to complete this survey. If you would like to join our mailing list to receive updates about the study progress and findings, please tick the box below.

- Yes please- sign me up to the Family VOICE study mailing list (1)
  - No - I do not wish to be signed up to the Family VOICE study mailing list (2)
-



Q61 If you are not already part of the Family Rights Group network and would like them to contact you to provide some further information, please tick the box below.

- Yes please - I would like to be contacted by the Family Rights Group (1)
  - No - I do not want the Family Rights Group to contact me (2)
- 

Q62 If you haven't provided your contact details already, please do so here. We will only contact you about the things you have agreed to.

- Full name (1) \_\_\_\_\_
- Phone number (2) \_\_\_\_\_
- Email address (3) \_\_\_\_\_

End of Block: Default Question Block

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**Appendix 2: Table 1A. List of LAs or Health and Social Care Trusts (HSCTs) offering FGC services\***

<b>England</b>
Barking and Dagenham
Bath and North East Somerset
Bedford Borough
Birmingham
Blackburn with Darwen
Blackpool
Bolton
Bournemouth
Bracknell Forest
Bradford
Brighton and Hove
Bromley
Buckinghamshire
Bury



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Calderdale
Cambridgeshire
Camden
Central Bedfordshire
Cheshire West and Chester
Cornwall
Coventry
Croydon
Cumbria
Darlington
Derby
Devon
Doncaster
Dorset
Dudley
Durham
Ealing

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East Riding of Yorkshire
East Sussex
Enfield
Essex (Mental health trust)
Gateshead
Gloucestershire
Greenwich
Hammersmith and Fulham
Haringey
Harrow
Hartlepool
Havering
Herefordshire
Hertfordshire
Hounslow
Hull
Isles of Scilly

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Islington
Kensington and Chelsea
Kent
Kingston upon Thames
Kirklees
Knowsley
Lambeth
Lancashire
Leeds
Leicester
Leicestershire
Lincolnshire
Liverpool
Manchester
Medway
Merton
Middlesbrough

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Milton Keynes
Newcastle-upon-Tyne
Newham
Norfolk
North East Lincolnshire
North Somerset
North Yorkshire
Nottingham City
Nottinghamshire
Oldham
Oxfordshire
Plymouth
Portsmouth
Redbridge
Redcar and Cleveland
Rochdale
Rotherham

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Rutland
Salford
Sandwell
Sefton
Shropshire
Solihull
Somerset
South Gloucestershire
South Tyneside
Southampton
Southend-on-Sea
Southwark
St. Helens
Staffordshire
Stockport
Stockton
Stoke-On-Trent

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Suffolk
Sunderland
Surrey
Sutton
Swindon
Tameside
Telford and Wrekin
Thurrock
Torbay
Tower Hamlets
Trafford
Wakefield
Walsall
Waltham Forrest
Wandsworth
Warrington
Warwickshire

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West Berkshire
West Sussex
Westminster
Wigan
Wiltshire
Windsor and Maidenhead
Wolverhampton
Worcestershire
York
<b>Wales</b>
Blaenau Gwent
Bridgend
Caerphilly
Cardiff
Ceredigion
Conwy
Denbighshire

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Flintshire
Gwynedd
Isle of Anglesey
Merthyr Tydfil
Monmouthshire
Neath Port Talbot
Newport
Pembrokeshire
Rhondda Cynon Taff
Torfaen
Vale of Glamorgan
Wrexham
<b>Scotland</b>
Aberdeen City
City of Edinburgh
Clackmannanshire
East Lothian



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East Renfrewshire
Falkirk
Glasgow City
Inverclyde
Midlothian
North Lanarkshire
Perth and Kinross
Renfrewshire
Scottish Borders
Shetland Islands
South Ayrshire
South Lanarkshire
Stirling
West Dunbartonshire
West Lothian
<b>Northern Ireland</b>
Belfast HSCT

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Northern HSCT
Southern Eastern HSCT
Southern HSCT

\*identified through the survey in addition to internet searches and from consultation of FGC network leads in each nation



**CASCADE**

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