

Developing an evaluation of family group conferencing across Wales.

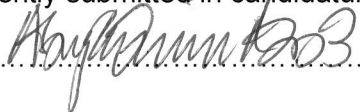
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School of Social Sciences
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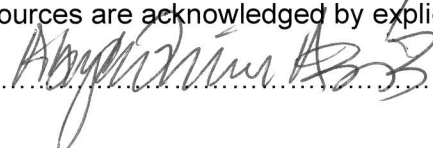
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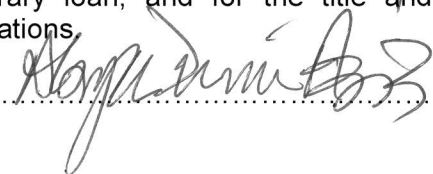
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Abstract

Family group conferences (FGCs) were developed in New Zealand in the 1980s and from there began to be used across the world. The model puts decision making in the hands of families with professionals as resources in cases where the welfare of children was concerned. As a relatively new intervention, the model has undergone a range of scrutiny and discussion. This research project was set up to develop an evaluation tool that was then used in number of projects across Wales.

In line with FGC philosophy, the views of users of FGC services (families, referrers and FGC workers) were sought in developing the tool. An audit of evaluation carried out by FGC services in Wales and England was undertaken to inform semi-structured interviews with a range of participants involved in FGCs. The All Wales Family Group Meeting Network (AWFGMN) was consulted throughout the development of the tool, which was then used by projects across the country for two 18 month periods of data gathering.

Data are presented from 486 FGCs, showing the amount of work FGC projects carried out, who was prepared, who attended and their demographic details. The views of participants in FGCs on whether they felt their FGCs met the aims identified for it are reported. On the whole, referrers, young people and their carers felt that their FGCs met their aims, but there are gaps in the data.

The usefulness or otherwise of the tool developed with stakeholders is explored in light of the data gathered and the findings presented. Consideration is given to the strengths and weaknesses of using this model of development of evaluation in comparison to that which might be developed by a researcher looking at FGC.

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'Iqal ' is the looped rope used to secure in place the head covering used by Arab men...implying to contain and tether oneself by subjugating the self to the faculty of reasoning and intellect (Haeri, 1989:52).

Acknowledgments

I'd like to thank families, the ones I have worked with for showing how they can display strengths and come up with solutions given the right resources, the ones who helped with this research and mine for encouraging me through this process. As well as the families, members of the Wales, UK and European Family Group Conference networks offered valuable advice, support and encouragement.

Dr Sally Holland made me think that I could undertake this piece of research and Dr Sara Delamont gave me patient advice and help through the times I had difficulty writing. They both offered helpful supervision and helped me develop the use of intellect and reasoning.

I'd also like to thank Dr Amanda Robinson for developing the evaluation form and setting up the SPSS database and mathematical formulae to assist with the analysis.

Chapter 1 Introduction

'perhaps the most intriguing child welfare innovation to arise in the last quarter century' (Whittaker, 2000: xi)

This welfare innovation, the Family Group Conference (FGC), has been described by Merkel-Holguin (2003: 1) as a 'promising new practice that can reverse...' methods used in traditional child welfare work, that tend to disempower and disenfranchise children and their families from making decision making regarding their welfare. The FGC model aims to work with children and their families, together with their communities, to help build healthy and strong families.

The FGC model was developed in New Zealand in the 1980s and was piloted in England and Wales from 1993. These pilot projects and developments in England and Wales were evaluated (Marsh and Crow, 1998) and the number of projects has steadily increased since then (Brown, 2003, FRG, 2008). This process is variously called family group conferencing, family group decision making (FGDM) in the USA and family group meeting (FGM) in Wales and generally follow similar processes, described in the next chapter.

I attended a talk by a group of Maori at a family therapy conference in London in 1992, while managing a Family Centre and was struck by the simplicity of the idea and attracted by the cultural sensitivity this model seemed to offer. At this time, I had begun to chair child protection case conferences. Following the *Children Act 1989* and the move towards working in partnership with parents, parents started to be invited to these case conferences and I was involved in a pilot of parental attendance in a London local authority. Though parents were allowed into the meetings, the

process was far from empowering and while parents were allowed to comment on the decisions made they had no decision making powers.

In relation to parental involvement, when surveyed, social workers tended to be more supportive of parental attendance than other professionals but the focus of the debate remained on difficulties and problems around the parents' attendance at the meetings (Macaskill and Ashworth, 1995). Bell (1999) studied 22 local authority social workers who believed their practice was participative and concluded that the systems in operation led to barriers to participative practice. She suggested new models of working in child protection would be useful. Later on, a review of the child care proceedings system in England and Wales (DfES, 2006) suggested that FGCs would enable families to better understand concerns and encourage processes that led to better informed resolutions.

In 1999, I had the opportunity to set up the first FGC project in South Wales which allowed me to develop my interest in working with families and enabling their empowerment. I developed partnerships with a number of authorities in South Wales to provide a FGC service, initially where children were on the brink of care (children who were or likely to become subject of public proceedings to protect their welfare) and then in child welfare more broadly.

Training for potential referrers (local authority social workers), had been arranged by the project management committee. The training was carried out by Jane Wiffin who wrote the initial UK training pack for FGC (2000) and I was able to run the training jointly with her. Being involved in this training helped me develop materials for the project. I was able to offer a service to one local authority for a year before expanding partnerships with other authorities and then employing and training staff as co-ordinators. I worked with people involved in FGCs in Wales to develop the All Wales Family

Group Meeting Network (AWFGMN) and carried out presentations at a number of conferences.

In my next employment, the opportunity arose to look at developing an evaluation tool that might be used by all the FGC projects across Wales and I became involved in this development. The initial idea for carrying out research that would gather data across the nation came from discussions with FGC projects whose workers were aware of the small scale qualitative evaluations that tended to be carried out soon after the setting up of an FGC project. The meetings of the AWFGMN had created a more joined up approach to project development and sharing of materials.

AWFGMN members expressed a desire to be involved in creating a tool that would gather comparable data across FGC projects in Wales to look at the amount of work carried out in terms of numbers of meetings and people involved, but also to measure the outcomes from this work. My role in developing the AWFGMN and employment at Cardiff University, teaching on the MA in Social Work meant that I was well placed to obtain access to FGC project staff and service users and to develop the methodology and carry out the development of the tool and then collect and analyse the data.

The aims identified for the project were to develop an evaluation tool that could be used by projects in Wales, involving a range of stakeholders in developing this tool and then to pilot this tool.

I worked as part of a research team at the university and was primary researcher throughout the process. I carried out the audit of material, consulted with the network, carried out interviews, developed the instrument and carried out all the data gathering and analysis.

Through my involvement in the AWFGMN and interest and enthusiasm for the model, I felt it important to consider myself as an insider researcher. To be able to research an area that was this familiar required me to think about what I took for granted and to make the familiar strange (Delamont, 1991). It was also important to carry out critical reflection (Taylor and White, 2000, Fook and Gardner, 2007) to produce ethically and methodologically sound research. This meant understanding my own subjective views in relation to social issues and difficulties and recognising that other people have their own positions from which they see the world. Thinking through and being clear about my assumptions and interests in research with the understanding that methodology is not neutral was a crucial step in thinking through appropriate design and strategies for access to respondents and data and how I chose to analyse these (D’Cruz and Jones, 2004).

Overview of dissertation contents

Following the introduction, the study continues with a review of relevant literature that traces the development of the FGC model from its origins in Maori culture in New Zealand to developments and projects within Wales. Legislative and policy changes are referred to when they relate to FGCs. The FGC process is described before exploring the changes in society and child welfare policy and legislation that led to the development of this way of working with children and families. Following a discussion of evaluation methods used in child welfare and particularly of FGC, the findings from empirical studies on FGC are reviewed critically.

The methods chapter describes the research design for the development of the evaluation tool. This involved an audit of evaluation tools used throughout Wales and England before semi-structured interviews were carried out with stakeholders in the FGC process. These informed the development of the evaluation tool and the use of a computer aided

programme to collate data and assist with their analysis. The second part of the chapter discusses the process of data gathering using the evaluation tool within the FGC projects in Wales. The chapter concludes with a reflection on the methods and processes undertaken in considering what was effective and what might have been done differently.

The first findings chapter presents the results from the audit of evaluation material and the semi-structured interviews with stakeholders that led to the development of the evaluation tool. This followed an iterative process with consultation with the AWFGMN throughout its development.

The second empirical chapter presents and discusses the findings from the data gathered using the evaluation tool. The evaluation shows that FGCs are perceived as effective in meeting the aims agreed for them by participants. The data gathering period was originally planned for a year and was extended into two phases of 18 months by request of the AWFGMN.

In concluding the study, the effectiveness of the tool is discussed and comments are made on the usefulness of evaluations designed by the 'users'¹ of a service. Further research ideas are identified and discussed in line with the development of FGCs in England and Wales and with changing policy and resource priorities within social welfare and local authority work.

¹ When using the term user in this research, I refer to people who use the FGC service, so FGC staff, referrers to FGCs and the recipients of social work services as opposed to the general use of the term 'service user' which refers to someone who uses or has used health or social care services because of illness, health or social problems.

Chapter 2 Literature Review

The word 'mother' has a wide range of meaning in the Maori culture, quite unlike the narrow biological sense of most Western/European cultures.

(Pere, 2006: 143)

Family Group Conferencing

This chapter reviews the literature in relation to FGCs by outlining the model and tracing its development before discussing evaluation in welfare interventions. The methods used in evaluating FGCs are then reviewed before looking at the findings from empirical studies.

Conferences are a meeting of extended family and relevant professionals to consider the welfare of a child, and to decide if possible on a suitable course of action (Marsh and Crow, 1998: 14).

FGC is a relatively new approach in child welfare and while there is national and international interest in the process, there has been a growing but modest body of literature over the years. Nationally, Morris and Tunnard (1996) and Marsh and Crow (1998) and internationally, Hudson, Galaway, Morris and Maxwell (1996) and Wilcox, Smith, Moore, Hewitt, Allan, Walker, Ropata, Monu, and Featherstone, (1991) describe the experiences of early pilot projects. More recently, the development of the model has been outlined in the UK by Brown (2003) and internationally by Nixon, Burford, Quinn and Edelbaum (2005). In the UK, principles and guidance (Lawrence and Wiffin, 2002) have been developed and a toolkit (Ashley, Holton and Wiffin, 2006) and accompanying reader published (Ashley and Nixon, 2007). This chapter explores FGCs as a model of intervention and how it developed, then the methods used to carry out empirical research on it are reviewed before summarising the findings.

FGCs are decision making process that focuses on *who* makes plans and *how* these are made. In an FGC the family and their network of friends and relations form the decision making group. These meetings are known by a variety of names, such as Family Group Meetings, Family Group Conferences and Family Decision-Making Meetings. Within this study I refer to them as FGCs.

FGCs are based on principles enshrined in the *New Zealand Children, Young People and their Families Act 1989* which is reflected in the England and Wales *Children Act 1989* (Her Majesty's Stationary Office, 1989) that called for a new relationship between the state and families. A key theme within this legislation was of working in partnership, which though not mentioned in *the Children Act 1989* is referred to in accompanying guidance such as *Working Together* (Department of Health, 1999), and asks agencies to work in partnership with each other as well as with families. FGCs aim to develop *real* partnership with families, at the 'higher' end of the participation scale (Jack, 1995), where the process works to empower families working with agencies and enables agencies to work together. So FGCs offer

families a chance to get together to discuss and make plans when they are experiencing difficulties within the family...as family members make better decisions about their children, providing they have all the necessary information (Quinn Aziz, 2002: 35),

This view is reinforced by studies on partnership that appraised the impact of *the Children Act 1989* (D.O.H., 1995) showing how open and honest information sharing by agencies can shift the commitment and power onto the family who can take the responsibility to care for their children better (Thoburn, Lewis and Shemmings, 1995). Cleaver and Freeman (1995) suggested that childcare interventions that address power differentials

between agencies and users improve outcomes for children and reflect good practice in parental participation in decision making, which is positive for children's welfare.

According to Marsh and Crow (1998) the FGC process offers clear, jargon free information and planning using a wide and inclusive concept of the family, that includes extended family and people who are not blood relatives but perform familial role. They also suggest that there is respect and support for the views of families, which helps build on strengths in negotiating services, with an independent coordinator, using a model that is diverse while conforming to basic principles.

As discussed previously, a central principle of *The Children Act 1989* is that of working in partnership with families and the FGC process aims to enable their participation. The FGC worker does this by seeking the family's consent to meet with a co-ordinator to agree the need for a decision or plan to be made about a child or young person and to work with them to arrange their FGC. The family have a choice over the venue, time and arrangements as well as who attends the meeting. It is the family group that is invited to develop the plan that is finally presented (Lawrence and Wiffin, 2002).

The family is offered assistance in attending the meeting, such as transport and support looking after other children. They are helped in exploring the possible need for, and provision of advocates for the young person as well as adults who might feel vulnerable. The family is facilitated in questioning the concerns and resources presented by professionals and then offered private time to discuss these and their responses to them, in developing a plan. The co-ordinator would ideally reflect the 'race' and culture of the family and be able to work in the family's first language (Morris, Marsh and Wiffin, 1998, Marsh and Crow, 1998).

FGC Development

FGCs are a method that had roots in Maori culture and originated in Aotearoa/New Zealand, following a ministerial inquiry (Department of Social Welfare, 1988) in response to concerns about the over-representation of Maori children in the care system. A nationwide consultation reported that procedures for the care and protection of children systematically excluded families from participating and that Maori families were additionally disadvantaged in a system that was based on white norms of family life and decision making. Maori also felt that the importing of British methods along with colonisation were not helpful. In being true to the philosophy 'welfare knows best', social services developed policies and practices which alienated children and young people from their families and provided solutions that many would view as being more damaging than no intervention at all (Connolly, 1994: 87). The inquiry found 'widespread institutional racism within the department' (Lupton, 1998: 108) and identified the need for more culturally sensitive work with Maori families.

The report of the ministerial inquiry, *Puao-te-Ata-tu* (Department of Social Welfare, 1988), laid the foundations of the subsequent *Children, Young People and their Families Act 1989*. Pakura (2003) and Wilcox *et al.* (1991) provide overviews of the political, cultural and professional context and the factors leading to the drive for 'radical change to legislation affecting children and young people' (Pakura, 2003: 3), particularly to increasing involvement. The focus on family and a 'prominent and public championing of the need to strengthen families and respect family culture' (Marsh and Crow, 1998: 39) led to involvement of families in the child protection process. The law which was passed in November 1989, though novel in terms of legislation, being described as 'a bold break with the past' (Atkin, 1991: 392), was also not new, regarding its rediscovered emphasis on family decision making, and seen as an 'old idea with a new name' (Sieppert, Hudson and Unrau, 2000:

382) being rooted in the way Maori families and communities resolved difficulties.

The FGC model aims to turn the traditional decision making process on its head; rather than the family members attending a meeting dominated by the presence and agenda of professionals, FGCs are predominantly meetings of the family group. Professionals attend, but their task is to report on their assessment of the problem and to indicate any resources and support available (Lupton, 1998:113).

The development of FGCs was also underlined by practice developments in New Zealand that were echoed in the northern hemisphere. New Zealand developed the *Children, Young Persons and their Families Act 1989* as a response to the prevalence of child abuse, the role of the state in relation to families and the view that services take over parents' role, responsibility and accountability when they become involved in children's lives. There was concern on the negative as well as positive effects of state intervention in the lives of children and their families. These concerns were related to the quality of state care where children suffered abuse when removed from their homes and the poor outcomes for children growing up in state care. There was specific concern relating to how few social workers there were from indigenous communities and how Maori children were placed with predominantly white families (Lupton, 1998).

The need for more culturally appropriate services for working with Maori families was identified and the report of the Department of Social Welfare, *Puao-te-Ata-tu* (1986) 'prompted and underpinned' the subsequent *Children, Young People and their Families Act 1989* (Lupton, 1998: 108).

Maori culture was based on the extended family and its role in bringing up children. There was an outcry that something should be done to help strengthen, rather than weaken, children's crucial kinship links; the *whanua*, *hapu* and *iwi*, Maori kinship groupings which can be translated very loosely as extended families, clans and tribes (Connolly, 1994).

The response to Maori concerns was underpinned by the *Treaty of Waitangi*, (State Services Commission, 2004-2005) that gave Maori the right to be heard, participate and decide what happens to their people. 'Article the Second' recognises the concept of '*tinu rangatiranga*' or the authority of '*mana*' of Maori over the resources (including people) and clearly indicates their right to make decisions over matters involving members of their families.

Māori were guaranteed "*te tinu rangatiratanga*" – the unqualified exercise of their chieftainship over their lands "*wenua*", villages "*kainga*", and all their property/treasures "*taonga katoa*" (State Services Commission, 2004–2005).

These changes in philosophy looked at users being involved in the decision making processes that affected their lives (user centred decision making), the principle of working in partnership and the recognition of the usefulness of kinship care.

This shift in philosophy was based on the belief that family groups would make safe and appropriate decisions given the information, resources and power. New Zealand social workers were briefed (Department of Social Welfare, 1989) that the role of professionals should be to help family groups to reach decisions by providing information, resources and expertise rather than making the decisions.

The struggle to strengthen families and to respect family culture was prominent in the public arena. A major influence in the decade long complaints about the welfare of Maori children being heard being listened to was due to a social and cultural event. Marsh and Crow (1998:39) suggest that the event that 'resulted in major change was both the result of cumulative improvements in reform proposals and, at least in part on serendipitous events'. The widespread public protest over the South African rugby tour of Aotearoa/New Zealand in 1981 split the country between those for and those against the tour, leading to unprecedented levels of civil disobedience. Opinion was split across races, shaking Aotearoa/New Zealand society (Wilcox *et al.*, 1991) and this helped allow the development of cross-racial working on policy and practice.

While the legislation is sensitive to Maori welfare needs and has been strongly influenced by Maori cultural values, it does not only apply to Maori children and families. 'The Act applies to all children.....The concept of family responsibility, including extended family responsibility, is reinforced for all cultural groups' (Connolly, 1994:89).

Some of these issues were being addressed throughout the northern hemisphere as well and, in England and Wales, the development of *the Children Act 1989* mirrored these moves. Both the English and Welsh and the New Zealand legislation reflected similarities in philosophy and approach that aimed to re-emphasise the responsibility of the family and wider community to care for their children and to reduce the role of the state in family life. Both espoused the principle that the state's role is to offer family support in enabling them to care for their children, only removing the child from their care if the child was at risk of significant harm. The emphasis was placed on the importance of collaborative decisions making with parents and their children (Lupton, 1998).

The *Children Act 1989* brought together various pieces of legislation in England and Wales in relation to children and families and suggested a number of principles around decision making. While it mandated working in partnership with families, it did not prescribe mechanisms for doing this. *The Children Act 1989* made clear that the welfare of the child was the paramount principle governing work with children and guidance asked that agencies and workers work in partnership with family members in all child welfare cases (D.O.H., 2006). Partnership was conceptualised as a practice that promotes participation and cooperation between workers and families. In the United Kingdom, partnership is reflected in participatory practice and, information exchange where, consultation and involvement in decision making are basic to clients' rights and as citizens (Merkel-Holguin, 2003).

The *Children Act 1989* made it a duty of local authorities to promote the welfare of children rather than merely safeguarding them and also introduced the concept of parental responsibility. Accompanying guidance though mandated a professional led process in the form of case conferences and core groups. The Act also for the first time mentioned giving due consideration of race, culture, language, religion and disability. Local authorities were also expected to support children's contact with families and the idea of family support and working to re-unite families wherever possible was outlined.

The UK FGC programme was based on the New Zealand model and integrated ideas from Oregon alongside other partnership developments, 'but developed in the context, and firmly located in the philosophy, of the Children Act' (Marsh and Crow, 1998: 41). England and Wales were among the first countries outside of New Zealand to implement the model. The growth of projects in the UK relied on the interest and enthusiasm of individual professionals (Ryburn and Atherton, 1996) who attended Family Rights Group training and set up a pilot group in 1992 (Marsh and Crow,

1998). This group was made up of five social services departments and a voluntary agency and Marsh and Crow (1998) describe the UK implementation process in detail.

The impact of the *Children Act 1989* was evaluated in 1994 and *Messages from Research* (D.O.H., 1995) suggested that the most effective methods for protecting children involved developing informed and sensitive relationships between professional and clients. Achieving the right balance of power between professionals, parents and children and taking a wider perspective on child protection and in looking at children's general quality of life rather than just focusing on protection would also be useful for maintaining children's welfare.

Messages from Research also summarized that 'the most important condition for success is the quality of the relationship between a child's family and the professionals responsible' (D.O.H., 1995: 45) and that 'a recurrence of abuse was less common in those families where some agreement had been reached between professionals and family members about the legitimacy of the inquiry and the solutions adopted' (D.O.H., 1995: 52). The study identified five features of effective practice which were: sensitive and informed professional and client relationships, an appropriate balance of power between the key parties, a wide perspective on child abuse, effective supervision of social workers and a determination to enhance the quality of children's lives (D.O.H., 1995: 52).

These ideas underpin the basic beliefs of the FGC movement about families. These are that families were able to make better decisions when they have appropriate information on which to base those decisions, that the family's ability to care for their children would be enhanced by involvement in the decision making for that child and also that the family has access to

information about their children, family patterns, previous history and so on, that would be crucial to making good decisions about their welfare.

Working together to Safeguard Children (D.O.H., 1999) identified the need for social work processes to increase young people's involvement in decision making and to provide a voice for young people that would seem authentic. It also sought to increase parental involvement in planning for and decision making about their children. It was suggested that involving the wider family group would protect children better and that services needed to recognise both families' difficulties as well as their strengths. Partnership work and sharing power with families is a universal human right that has the potential to strengthen the safety net for children at risk (Connolly, 2004: 3). So protecting children and young people and maintaining their welfare involved developing a real partnership with user families and sharing power in an explicit and overt manner and *Working Together to Safeguard Children* (National Assembly for Wales, 2000) recognises that FGCs

...are a process through which family members, including those in the wider family, are enabled to meet together to find solutions to difficulties which they and a child or young person in their family are facing... an approach to planning and decision-making which uses the skills and experience of the wider family, as well as professionals (NAW, 2000: 82).

However, it is important to note that there are limits to the use of this model, for example, later on the same page, stating that child protection conferences must be held when the relevant criteria are met and cannot be replaced by FGCs (NAW, 2000).

FGCs are developed from principles of empowerment, and work to ensure full participation of the family. Article 12 of the *United Nations Convention on the Rights of the Child* (1989) gives children the right to express their views on matters of concern and also that their views are given proper consideration. The *Children Act 1989* also requires workers to ascertain children's wishes and feelings when making decisions.

Participation is enabled by seeking the family's agreement for the need for a decision or plan to be made about a child or young person and agree to meet with a co-ordinator, who will work with them to arrange their FGC. The family are offered choices in arrangements for the meeting and assistance with attending and participating in it. The family is also offered private time to discuss professionals concerns and their responses to them, in developing a plan. The family is also helped in questioning professional concerns and resources. The co-ordinator would ideally reflect the race and culture of the family and work in the family's first language.

A further push for FGC services to be provided came with the Public Law Outline (PLO) introduced in April 2008 which required local authorities seeking to protect children through court proceedings to develop pre-proceedings processes. These were to enable parents to understand the local authority's concerns, be given the chance to address these concerns before going to court and to be able to influence arrangement made to protect their children. The pre-proceedings flowchart, annexed to the guidance suggests that FGCs may be used at any point following the initial assessment.

An unpublished survey carried out by the Family Rights Group (FRG, 2009) looked at the effect of the PLO on FGC services. The survey was carried out over a nine month period in 2008, initially by email to FGC network members in England and Wales. This was followed up by telephone and

then a short e-questionnaire of organisations that provided FGCs before an audit of the state of FGC services in England was carried out. Finally information from three expert seminars for local authority lawyers, social workers and FGC managers, run by Kate Morris on the impact of PLO fed into the report. This found a significant increase in the number of referrals to FGC and in the number and size of FGC projects in the few years before the survey was carried out, and that projects felt that the PLO did have an impact on their service.

FGC projects in Wales

The number of FGC projects in Wales was growing and self reported information on each project was provided to the AWFGMN and posted on the Children in Wales' website (Children in Wales, 2008) showed these services being offered in Wales:

This section provides brief pictures of the FGC projects that are part of the AWFGMN with information provided by Children in Wales (2004). These projects took part in the development of the evaluation tool and the majority used the evaluation tool during this period. They are presented in alphabetical order according to local authority:

Anglesey has been using family group meetings since 1997, with the service provided by the Cwlwm Family Group Meeting Project. Funding comes from the Social Services Department. Only Social Service referrals are accepted, with a capacity of 30 referrals per year.

Cardiff's Family Group Meeting Project, called 'Family Circle' has been operational since 2000. It is part of the work of Tros Gynnal. The project is a partnership between Tros Gynnal and the City and County of Cardiff and the funding comes from the Cardiff Cymorth Fund and Cardiff County Council. All areas of childcare are considered.

Referrals are taken from any professional or family member. The target age group is 0-18.

Carmarthenshire, Families Forward was set up in 2003 as a pilot between Action for Children and Carmarthenshire County Council with funding from Children First and Cymorth. The team comprises of one full-time co-ordinator, one part-time co-ordinator, two part-time advocates and one sessional advocate. Families Forward accept referrals from Social Workers, Education Welfare Officers, Schools and the Police along with self referral. The age range for eligibility is 0 to 18 years and the annual target is 25 referrals.

Ceredigion launched their in-house family group meeting project in 2001 supported by the Cwlwm Family Group Meeting Project. All cases of child-care are considered. Referrals from agencies other than Social Services will be considered, with funding from the Local Authority Revenue Support Grant and Cymorth.

Conwy has been using family group meetings since 2001. The name of the service is Cwlwm Family Group Meeting Project and it is provided by Cartref Bontnewydd Trust. The service is funded by the Social Services department. Only social service referrals are accepted, with a capacity of 30 referrals a year.

Denbighshire have contracted Cwlwm Family Group Meeting Project to undertake 16 family group conferences a year. At the moment referrals are only via social service departments.

Gwynedd have been using family group meetings since 1991. The service is provided by the Cwlwm Family Group Meeting Project, which is part of the work of the Cartref Bontnewydd Trust, an independent charity. Funded by the Social Services Department, all areas of child-care are considered, as are self-referrals and multi-agency referrals. The

referral capacity is 35 per year. Recent developments include specific work around after-care and co-operation with 'Supporting People' around homelessness.

Monmouthshire have been using family group conferences since 1999. Funded by the Social Services Department which refers all cases including Looked After Children, child protection and family support. The age group for referral is 0-16. The project is part of the Family Answers cluster project.

Neath Port Talbot Parenting Matters Project is provided in partnership with Barnardos Cymru and provides family group conferences with children aged 0-18. Funding is provided through Cymorth and Barnardo's with the Project employing one full time co-ordinator and sessional advocates. Referral capacity is 30-50 referrals per year and multi agency referrals are considered.

Newport has been using family group conferences since 2001. The service is provided by Action for Children's Family Answers Project. The Social Services Department refers all cases and the age group for referral is 0-25. There is also a separate contract with Newport YOT to provide family group conferences on a Restorative Justice model with Anti-Social Behaviour Orders, funded by the Community Safety Partnership. This service also employs a part-time co-ordinator and these projects are part of the Action for Children Family Answers cluster.

Swansea appointed a coordinator to establish an FGC service, Children Matter. Funding was provided by Cymorth and Barnardo's. The project covers 7 primary schools, focusing on working with schools to establish criteria and processes for the service to begin.

Torfaen have been using family group conferences since 2001. This is provided by NCH Cymru and called Family Answers Plus as it has a social worker attached to the service to support each plan. Referrals are made from the Social Services Department including child protection referrals. A referral capacity of 18 is in place and the age group for referral is 0-18.

Vale of Glamorgan have developed an in-house family group meeting project (Vale FGM) which has been operational since April 2004. The service predominantly focuses on child welfare and funding has been obtained through Children First to improve outcomes for children in need.

Wrexham family group meeting services are provided by Barnardo's Cymru. Referral capacity is 40 per year. The service is staffed by one senior practitioner, three sessional co-ordinators and an administrator. The age range is 0-18 and referrals are accepted from social services.

There is variety in the projects throughout Wales. The projects vary in size and composition. They are managed by local and national charities and by local authorities. They are integrated into the local authority structure or situated on the margins. Their staffing and partnership arrangements often decide the number of FGCs they are able to provide per year.

More recently, Children in Wales carried out a mapping exercise of projects within Wales (O'Neill, 2008) and fed into the FRG survey.

Connolly (2004: 3) suggests 'Sharing good ideas is an essential human endeavour' and argues that a good idea is not owned by one country. Though FGC originated in Aotearoa/New Zealand, the idea has developed internationally across systems of welfare, and has been introduced to many countries throughout the world and in many contexts. FGC or variations of

the concept are used for child welfare and protection, youth justice and restorative justice, education, and family and domestic violence. There are FGC projects in the United Kingdom, the Nordic countries, Netherlands and some states in the USA (Nixon *et al.*, 2005). They operate under a legal mandate in New Zealand, some states in Australia and Ireland (Morris and Tunnard, 1996). There are growing networks nationally and cross nationally, developing and assessing the practice (Doolan, 2001). The European Network has members from Belgium, Finland, Netherlands, Norway, Scotland, Sweden, Wales, Denmark, Iceland, England and Ireland according to feedback at a meeting of the European FGC Network that I attended in Leuven, Belgium in 2004.

The FGC Process

FGCs across the world follow a process that consists typically of four phases: preparation, information giving, private family time and agreeing the plan (Morris, Marsh and Wiffin, 1998, Lawrence and Wiffin, 2002, Family Rights Group, 2004) and these phases are described below.

1 Preparation

Following referral, a co-ordinator is appointed to work with the child and immediate family to identify the family network, taking a wide and inclusive view of the family. They help the family identify people (relatives and non-related significant people) who might usefully contribute to the plan to be made at the FGC. People such as a neighbour whose children regularly play with the child in question and who 'cares' for the child informally might play a crucial role in planning or offering resources for that child.

The co-ordinator's primary role is to identify and prepare the family, organise the meeting, facilitate attendance, chair the information giving stage and ensure the plan is recorded. The co-ordinator meets with all the family members identified by the family members immediately involved in the

referral, individually and agency workers, including the referrer (the professional), to prepare them to contribute to the meeting. The co-ordinator may need to explain the process and roles that people will be expected to play and usually assists the professionals in preparing how they will present their information. The co-ordinator may also encourage the referrer to explore the availability of resources that the family might request, or clarify their delegated authority to agree resources. The co-ordinator negotiates and books dates, times and venues that are convenient for the family and ensures that everyone is able to attend. The co-ordinator has the right to exclude individuals if absolutely necessary (for example if there is a proven likelihood of violence) and ensure that the grounds for this are explicitly stated to them and to those attending the FGC. Any excluded individual should also be offered an alternative means of contributing to the meeting (for example in writing or by recorded sound).

The secondary roles played by the co-ordinator involve listening to family members' views on their worries and solutions. In doing this, the co-ordinator helps the family begin to explore and understand the concerns identified in the referral. During this part of the process many family members start talking about difficulties and begin to discuss ways forward. While preparing participants, the co-ordinator facilitates attendance and sells the positives, being assured of FGC as the 'art of the possible' (Marsh and Crow, 1998: 53). The meeting itself has three stages;

2 The information giving stage

At the start of the formal part of the meeting, the invited professionals are asked to present their prepared information. Only those professionals directly involved with the family, such as the young person's social worker or teacher should attend the conference to retain the family centred nature of the meeting. This information should be based on existing material, such as assessments, which have been previously shared with the family and no

new information should be presented. The information should be presented clearly for the family's benefit and following this, the family are facilitated to clarify and question what they have heard.

For the information to be useful, it should be brief, succinct, jargon free and include straightforward information about the strengths of the family, the professionals' concerns, the legal mandate, possible resources and what may happen in the absence of a plan being made. When the family has no more questions, the professionals leave the family for private time.

3 Private family time

Private family time is just that; time for the family, in private without external facilitators or observers, to try and come up with a plan that addresses the presented concerns. The wider definition of family is used so people identified as having a role in the young person's welfare such as a neighbour or Scout Leader would remain in private family time. This private family time can take as long as the family members feel they need and so is not limited. The co-ordinator and any professional who is able, remains available as a resource to the family for clarification or additional information.

Advocates of FGCs differ about whether the process must include private family time as in the New Zealand model. In 2004, the AWFGMN concluded that the FGC model they would operate in Wales must involve some time, however short, where the family group were left together without any professionals present.

4 Agreeing the plan

When the family are ready, they present their plan to the professionals and negotiate identified resources, such as respite care or funding for transport before asking the professionals' agreement to the plan. Within FGC philosophy (Lupton and Stevens, 1998), the plan should be agreed unless it

puts the child at risk of significant harm. For example a plan which suggested the child live with a relative where the child had suffered from neglect at the hands of that relative could not be accepted if the risk remained. In some cases, there may be a need to negotiate resources outside the meeting, but the plan should be agreed in principle. Where plans cannot be agreed, the family are offered the opportunity to revise their plan either then or by holding another FGC.

These are the four stages of a FGC and part of the planning must address how this will be monitored and reviewed.

Monitoring and review

Monitoring and reviewing arrangements vary from referral to referral and these are often agreed in the FGC, so that all participants, family and professionals are clear about roles, responsibilities and contingency plans. As there is no automatic review in FGC, the family and professionals will look at how the plan's effectiveness will be monitored. This may occur through other processes, such as Child Protection Conference or Looked After Child Review and good practice suggests that in the absence of other review meetings, the FGC should agree a method for reviewing the plan.

All FGCs are different, reflecting the diversity of families as well as co-ordinators and Marsh and Crow (1998: 48) compare them to a performance in a theatre where 'each night will be different in some way from another.' where diverse audiences highlight particular elements. They are perhaps improvised performances following an amount of preparation, where the participants have thought through the atmosphere they want to create and how they want to work together. Each varies in length, membership, time, formality, refreshments, language and atmosphere, following a central process and principles, which are remarkably uniform. Merkel-Holguin (2004) discusses this diversity and the importance of maintaining a balance

between keeping fidelity with principles while adapting to fit varied contexts and cultures recognising that this adaptation and variation fits FGC principles as a democratic process using community strengths and diversity.

The Principles and Practice Guidance (Lawrence and Wiffin, 2002) developed in conjunction with practitioners, and generally accepted by projects throughout the UK Network identify that through the FGC process, families have the right to:

- be offered clear and appropriate information about the FGC process
- be involved in the planning of their FGC
- be acknowledged as decision-makers in the process
- private family time and a supportive and safe environment to make plans
- have safe plans agreed and resourced
- be involved in the development of FGCs

Methods Used in Evaluating FGCs

The next part of this chapter looks at the evaluation and research studies of FGCs to highlight the methods used in researching them. Though there is a growing body of research into the processes and practice of FGC, there is less empirical evidence on the outcomes of this approach. Some of the debates in researching child welfare and FGC in particular are explored, before discussing how FGC has been evaluated. FGCs

...involve relatives and others from the family's social networks in sharing responsibility for the family's problems, give families who face the likelihood of statutory intervention a real chance to make their own decisions on how to solve family problems, permit 9 out of 10 families to actually produce a plan for

change that gains acceptance from the Child Welfare Authority and get high ratings for consumer satisfaction (Sundell and Vinnerljung, 2004: 269).

Researching child welfare and specifically FGC

There is debate on researching child welfare intervention in general and FGC in particular. As a relatively new method in child welfare, it is under the spotlight, both by supporters of the model and people who are less convinced of its effectiveness. Alongside this, there is generally a growth in demand for evidence based social work and the importance placed on assessing and evaluating outcomes in child welfare, where 'evaluation must be an integral dimension of social work and social care practice' (Lishman, 1999: 1).

Methodological challenges in evaluating the effectiveness of FGCs

There are a number of methodological challenges in evaluating child welfare outcomes and FGCs present some unique challenges related to the specific model and way it has evolved and been implemented. This section discusses challenges relating to measuring outcomes, evaluating an evolving model and agreeing what to evaluate.

FGC has been the object of research in the last 20 years and the evidence base is growing (Merkel-Holguin, Nixon and Burford, 2003) but the 'identification and measurement of outcomes is conceptually and methodologically difficult' (Lupton and Nixon, 1999: 139). This difficulty exists with all outcomes research into the effectiveness of child welfare and 'as with most elements of the child welfare system, evaluation efforts of FGDM have been subject to changing and frequently contradictory expectations' (Merkel-Holguin, 2003: 2).

While it is difficult to establish causality in identifying which intervention led to which change, we need to look at what works. This is especially important in initiatives that claim better outcomes for professionals and families than traditional methods. The focus on outcomes has been an increasingly important aspect of the debates surrounding social work generally, prompted by the concerns about cost of services, high profile child deaths and the growth of the consumer movement. 'In child welfare contexts, for example, evaluation of the effect of social work practice is necessary to assess the best means of making childcare decisions and the most appropriate type of intervention' (Stevens, 1999: 139). While it may seem that assessing outcomes should be an obvious part of the work, the different stakeholders may have differing agenda for and ideas on the outcomes to be measured,

FGC appears to be under great scrutiny, being seen as a 'radical attempt to change the nature of decision making in child welfare cases' (Holland *et al.*, 2005: 59) that also questions power differences between professionals and families and the role of the state in making decisions in relation to the care of children. FGC is not 'business as usual' as it seeks to change the dynamics and power relationship involved in child welfare decision making (Morris and Tunnard, 1996).

While this increased scrutiny is valuable in evaluating an approach that many believe to be the way forward in decision making, it appears to have put FGC under greater examination and Morris (1996: 102) suggests this 'has encouraged people to question progress, press for information, and judge results to an extent that is relatively rare in other areas of child care work...expecting...a level of success and effectiveness that they do not demand of other social work planning and decision making processes.

The model has shown that it is viable in areas beyond New Zealand, by its rapid growth and the way that it has responded to the demands to adapting to diverse communities, contexts and cultures. Pennell (2003: 16) suggests that these variations fit with the ‘tenet of affirming the cultures of family group and tapping their strengths to safeguard children and other family members.’ This growth in the use of the model has not though been matched by a growth in research evidence in the field, that ‘there is a sense that the practical attraction of the approach is outrunning the development of sound theory and evaluation’ (Nixon *et al.*, 2005: 3).

The expansion of FGC has led to the adaptation of the model to fit in with local communities and systems. This fits with FGC principles of working positively with family cultures and strengths to safeguard their children, but there is a danger that this variation or deviation from the model might be as a result of pressure to fit into existing systems and procedures. Agencies may restrict models that suggest reform to maintain control and may dilute radical models in favour of maintaining the status quo. ‘Such model drift can undermine good practice and render it difficult, if not impossible, to measure the model’s outcomes’ (Pennell, 2003:16).

While there is interest in researching FGC, it must be remembered that pilot projects are becoming mainstream and the model is developing and adapting. The focus for, and methods used in evaluation have been shaped around local needs and may have been carried out on demonstration programmes that may no longer exist. Nixon *et al.* (2005: 4) point out that this diversity of service provision, location and focus means clearly that ‘comparing conferencing practices in different locations is not always comparing like with like.’

The developing model and practices of FGC mean that no one evaluation method is sufficient for evaluating the effectiveness of the model. Saleebey

(1997) suggests the need to develop evaluation methods that respond to these developments and counsels against using rigid procedures to evaluate a model that is culturally responsive and strength based. To avoid being over prescriptive and rigid in planning evaluation, Pennell (2003) attempts to identify the FGC model by its key principles (Pennell, 1999) and their related practice to assess a project's fidelity to the model, and Harper *et al.* (2002) offer a guide in developing evaluation of FGC. They suggest that FGC should be evaluated using the same principles as the model is based on, outlining the development of an evaluation model for FGC that is principle guided and based in empowerment.

In further developing guidelines for the evaluation of FGC, Pennell (2002: 11) suggests that we are no longer evaluating whether the model can be effective in countries beyond New Zealand and that the 'challenge has moved from introducing a novel model to making it a mainstream reform initiative.' Due to the variation and hybridisation of the model through its development and growth and the pressures and constraints that may move the model away from its core principles, one is minded to identify the model to be evaluated with care. Care must also be taken in deciding what we measure, rather than just measuring systemic goals on a model that becomes pressured to conform to 'normal procedures'. Pennell (2002: 120) suggests that the key question for empowerment evaluation must be 'does the programme realign power so that individuals and communities can chart their own courses for their own betterment and that of others?'

While empowerment is a central aim and principle of FGC, empirical evidence on this is scarce and is open to debate. Studies suggest the FGC model underpins the aim of empowering families within the child welfare process and Merkel-Holguin *et al.* (2003: 132) feel 'there is much to be encouraged with FGC. It represents a promising vehicle to empower and work with families and communities to widen the circle of responsibility for

the protection, development, and well-being of children.'

Nixon *et al.* (2005; 72) suggest that agencies have a rhetoric of empowerment in their mission and goals but are sometimes light on the detail of how to achieve this. FGC workers report a difficulty in making these conferences work within the context of existing practice, where the assumption is that professionals know best and should be in control of decision making and resources. This is in conflict with the FGC approach that puts the family or community central to this.

These debates have led to a diverse range of evaluations and Merkel-Holguin, Nixon and Burford (2003) internationally and Lupton and Nixon (1999) in the UK offer synopses of studies carried out. Sundell and Vinnerljung (2004) point out that outcome research from New Zealand of FGCs in child protection is sketchy while Lupton and Nixon (1999) suggest that international research on FGCs in child protection has mainly been concerned with process and implementation related outcomes. Where both these studies agree is that the results on process and implementation concur so far in most respects. The model can be used successfully in all areas of child welfare and succeed in involving the extended family, generally had good outcome and high levels of satisfaction from all participants (Marsh and Crow, 1998). They also found that to achieve this, the model required careful implementation, good preparation and skilled work with families.

Merkel-Holguin suggests that outcome studies have focussed on 'child and family safety, child permanency, family functioning, predictors of programme success, and child well-being' (2003: 3) and these have been of varying methodological quality, size, timescale and focus (Holland *et al.*, 2007), such as: post hoc Interviews with participants (Barker and Barker, 1995, Swain and Ban, 1997), child welfare outcomes over time (Lupton and Stevens,

1998), assessment of implementation of specific components of each plan (Lupton and Stevens, 1998), questionnaires distributed to all participants (Essex FGC Project, 1999), observation of FGC (Pennell and Burford, 2000), randomised controlled trials (Brown, 2003, Berzin, 2006), longitudinal, controlled comparison (Sundell and Vinnerljung, 2004), semi-structured interviews with all participants (Holland *et al.*, 2005, Bell and Wilson, 2006) and semi structured interviews with co-ordinators (Connolly, 2006). A sample of these studies is now reviewed, beginning with an evaluation of the project that provided the first FGC in the UK.

Findings from evaluations of FGCs

The overall picture that emerges from published evaluation studies into FGC show that people who attended FGC are generally highly satisfied with the process (Merkel-Holguin, Nixon, and Burford, 2003) and research in child welfare (Pennell and Burford, 2003, Gunderson, Cahn and Wirth, 2003, Marsh and Crow, 1998) suggests that when offered FGCs, 'families, their support network and the broader community attend and make plans' (Merkel-Holguin, 2004: 156). The remainder of this chapter presents findings from the research carried out into FGCs.

Early New Zealand/*Aotearoa* outcomes research, gathering practice experience from the first 12 months of FGC, challenged some of the concerns regarding the vulnerability of the child and the power of the family in the process (Connolly, 1994) and found that only a small percentage of the first 2000 FGCs held did not reach agreement. While recognising these early, encouraging findings are largely based on anecdotal evidence, (Connolly, 1994: 94) feels initial findings show that 'FGC is reducing the incidence of children being removed to non-family care and supporting an increase in the incidence of *whanau*/family care.'

In reviewing the first 13 years of FGC in New Zealand, Pakura (2003: 5) feels that despite initial fears that 'dysfunctional families composed of multi-generation abusers would provide worse outcomes for the children and young people involved', most families developed practical plans. While suggesting that the model has been more culturally sensitive to Maori and Pacific island norms, Pakura (2003) points out that although evaluations have shown room for improvement and that not all goals have been met, the model has been cost effective for government.

In a study evaluating the North Wales Cwlwm Project, Barker and Barker (1995) carried out post hoc evaluations with participant within 4 weeks of the FGC being held. They used a standardised interview schedule with 28 family members and 17 professionals who participated in 7 FGC.

Barker and Barker (1995) made recommendations, such as the importance of investing in time facilitating family members' decision making in relation to who is invited and to question exclusions, checking for gender and other bias. They found that the practice was valued by families who felt the process was explained well, appreciated the independence of coordinators and being offered the choices of venue. Participants found preparation useful, felt that clearly written information gave families a useful new perspective and structure for their decision making and valued the written record of their plan. They all agreed that it should be the family's decision, based on the child's interests and that private family time was a unique opportunity for things to be said and issues to be tackled, and that it confirmed that it was family led decision making.

In the UK, the development of FGC started with a number of pilot projects, each of which carried out local evaluation and jointly formed a national evaluation group. This led to a growth of empirical research in England and Wales and Lupton and Nixon (1999) detail the studies from the initial pilot

sites as well as initiatives in Greenwich and Essex, while pointing out that the 'studies varied considerably in terms of the times and resources they had at their disposal and, consequently, in the scale and ambition of the research involved' (Lupton and Nixon, 1999: 117). Evaluating the model was important to the six agencies developing the use of FGCs and 'like the projects themselves, the local evaluation of each project has varied in scope and emphasis, depending on the level and nature of resources and interest' (Crow, 1996: 65).

Marsh and Crow (1998) carried out an empirical study in 1997 examining 80 FGCs in England and Wales in 4 Social Services Departments between 1995 and 1996, involving 99 children from 69 families. Research and evaluation have been integral to the development of FGCs where projects have 'looked at the model and how it works in practice in some detail, as well as considering outcomes in some areas' (Morris *et al.*, 1998: 11). They looked at whether extended family could be involved successfully in FGC in high risk cases and to determine outcomes, as judged by professionals and family members, as compared with other approaches.

Sources of information included conference data from all participants, follow up data for more than 12 months and interviews with professionals and coordinators at various stages in process. Out of the 80 FGCs studied, 74 produced plans that were fully accepted by the family and professionals. They found indications that children were more likely to have placements with extended family and that these were more likely to be stable after FGC when compared to similar population groups in other studies.

The professionals involved thought children were protected by the plans and results indicated some reduction in re-abuse rates in comparison with mainstream practice. Out of 99 children involved in the study, 39 were in state care at time of the FGC and outcomes for this group were compared to

those in care elsewhere and not going through FGC. While similar numbers remained in care, there was some improvement in stability of placement and also the likelihood of being placed with relatives or friends. Staff also thought conferences contributed to savings in a number of areas which would cover the direct cost of facilitation

In this study, the model was used successfully with a full range of child welfare problems, including child abuse and neglect, and there was no indication that families who were part of the conferences were any 'easier' or the children any less at risk than in other cases. A wide range of family members were involved in the decision making and many offered resources to help and support the children. They also found that the pivotal coordinator role required interpersonal, group and organisational skills to negotiate family attendance and participation at the meeting, and this was an often time-consuming and demanding process.

Looking at views on the model, family members were very satisfied with the process although they found it stressful and difficult. The majority of professionals involved expressed support for the model, but approximately one third of social workers appeared reluctant to refer families despite their approval. Project initiators were clear that introducing FGCs to a select aspect of social work practice required careful planning and preparation of at least a year, plus ongoing training, feedback and staff support. The contribution of a champion in the organisation was also valued.

In Australia, Swain and Ban (1997) carried out an evaluation of the first 12 months of a project in Victoria, which opened in 1993. 19 FGCs were held including 13 families and 23 children. Of the 220 participants, 52% were family (27 parents and step parents, 73 extended and 9 children) and 108, agency or professional staff and while the overwhelming majority of families

were Anglo-Australian, they included Macedonian, Tongan, Vietnamese and 2 Aboriginal families.

The evaluation was based on a review of the New Zealand programme and looked at the sample of families that participated, using face to face or telephone, structured interviews to obtain perceptions of the process, involvement within it and overall satisfaction with it.

There was a clear perception of the majority of family members (87%) that agency representatives provided relevant and useful background information and all but two people saw private family time as very significant although four family members from one FGC felt the decisions had been made by professionals and another four that though it had been their decision, this was within tight limits set by professionals. Notwithstanding this, a majority felt the process gave them far more control over and input into the decisions made and 75% were in agreement with the plan and 80% satisfied with their FGC in terms of involvement, process and outcome.

In comparison, there was more muted but still strong support from referring workers and other professional participants. Only one referrer did not support the family's plan and over 85% supported the process both in principle and in terms of their actual experience of it. A large majority were satisfied with FGC and the outcomes from it. Nevertheless a range of concerns were identified, though these seemed more to do with the use of the model with particular families than the model itself, such as the extensive time that could be taken, the commitments that needed to be made and of statutory agencies using their legal mandate to override family plans. A small minority had concerns about privacy or the applicability of the model where sexual abuse was alleged or argued about.

The importance of skilled coordination and the coordinator's independence was acknowledged and overall there was general and strong support for the principles and practices. Professional participants felt the process allowed families the opportunity to contribute to decision making about their child and that it empowered families to make decisions or a decision about that planning rather than have it made for them.

In comparison, formal processes were seen as far less satisfactory by all participants. Families felt the absence of real family decision making, and felt decisions were made by statutory workers with negligible consultation and which were largely seen as ratification for agency made decisions.

There have been a large number of studies on FGCs in North America. Pennell and Burford (2003) looked at outcomes from an implementation project in Newfoundland and Labrador where 32 families were sampled for difficult abuse or neglect situations in three diverse sites (rural, urban and Inuit). 472 people took part in 37 conferences and 115 of the participants were interviewed in the one to two years after the FGC and child protection and police file reviews were carried out on all of the families. These were compared with 31 other families in the child protection system and interviews with 16 family members.

Well being was assessed by evaluating both groups as well as groups in the community and the development of 154 children and young people measured using a range of standard assessment tools. Community consultations were also held with 31 people.

The majority of interviewees said that families were better off because of FGC, which enhanced family unity, improved care for children, reduced drinking problems or decreased family violence.

There was dissatisfaction voiced when families or agencies did not carry out key elements of the plan or when children were removed from parents but progress was reported across the three sites even though the majority of plans were only partially implemented. The project was least successful in reducing the abuse by adolescents of their mothers or abuse or neglect in the most chaotic families, nevertheless indications of abuse were reduced in the majority of families.

Gunderson, Cahn, and Wirth (2003) evaluated the outcomes of 70 FGCs that addressed the well being of 138 children from urban, rural and tribal communities located between Seattle and the Canadian border. These conferences were conducted with families from multiple communities across the region and referrals did not focus on specific types of cases but came from a spectrum of child welfare issues with substance abuse and neglect the main concerns. The sample was based on convenience due to management agreement and where facilitators had kept good records of particular cases, rather than random. The ethnicity of each family was noted. The study also looked at cases six months after their FGC, focusing on long term outcomes.

Two sources of information were used, family plans and state case management information systems. Of the 66 families studied, 74% were referred from the ongoing permanency planning unit, 23% from child protective services and the remaining 3% from tribal Indian (*sic*) child welfare workers who provide both welfare and protection. According to coordinators, families were considered 'challenging' cases where a plan for the child had not yet been identified and the authors noted that the children who were involved with welfare were typically receiving permanency planning services and had been in out of home care more than 90 days.

Gunderson, Cahn, and Wirth (2003) conclude that for the majority of children in this evaluation, immediate and long term outcomes suggest that they were both stabilised and well protected, while noting that these were described as challenging cases.

Immediate outcome findings were that Native Americans were overrepresented compared to those involved in child welfare and there were high levels of family member and paternal family participation. They found that plans combined traditional and family specific strategies and resulted in fewer children living with non-relatives after FGC and returning home. Re-referral for abuse or neglect were low over time and 85% FGCs were able to identify a placement plan for children, and the children remained in the planned placement, 10% experienced difficulties with the plan and were then placed out of home.

The study recommended future evaluations to carry out closer analysis of the use of FGC with Native Americans, the phenomenon of paternal family participation and to explore reasons for workers' minimal usage early on despite national interest in the use of FGC at this point.

In Miami, Litchfield, Gatowski and Dobbin (2003) carried out an evaluation from 210 participant exit surveys (53 parents, 81 extended family members and friends and 76 professionals and service providers) as well as sampling 87 randomly selected cases from 135 total cases (215 children with allegations of abuse or neglect) receiving FGCs between 1999 and 2000.

They looked at both process and outcome measures and showed that FGC empowered families and served as an effective process for achieving timely permanency. Almost all participants expressed satisfaction with their experience and the evaluation demonstrated that the programme achieved many of its goals. These included facilitating development of early

comprehensive plans, more in-depth exchange of information about the family, increasing parent and participant satisfaction with the court process and empowering families as decision makers.

In the UK, Freeman (2003) carried out a study that she describes as mainly qualitative but does not detail the methodology used, to draw out lessons for local policy. The study was based on Individual and focus group interviews from self selecting family members and friends involved in FGC, social workers and co-ordinators. Comparative semi-structured questionnaires and taped interviews as well as case file searches on referrals and observations from attendance at meetings were used to look at stages of the experience, the process, the aftermath and initial outcomes. Gaps were identified in the sample as some families refused research contact, did not meet referral criteria or the FGC was arranged but did not take place. The research also acknowledges the lack of children and young people's perspectives or perspectives from multi-agency or a multi-cultural perspective.

The study compared the views of family members and professionals to generate further questions and aimed to examine how well the original aims and objectives of the project were met, the characteristics of families referred, views and experiences of key participants about process, targeted outcomes and to identify gaps in knowledge or practice to make recommendations for future work to improve effectiveness.

The strengths identified were the impartiality of coordinators, the clarification of boundaries from information being shared, the improvement in family dynamics, establishing partnerships and the empowerment of families. This latter was measured in a number of ways such e.g. service users' participation in training. Weaknesses of the practice were seen to be structural in assessment and referral criteria, reinforced parental dependency and the minimal impact on working in partnership. The author

also considered whether the model led to coercion or cooperation in relation to poor engagement by parents.

In the view of service users, the model was of value in prevention and enabling the participation of children with the use of independent coordinators. They also felt the emotional exposure that took place required the consideration of a need for an aftermath service. Further areas highlighted by service users were social workers' expectations of family plans and monitoring role, partnership and power differentials and the lack of interagency participation.

Holland *et al.* (2003) carried out a qualitative study not only focussing on the role of the child in FGCs but also the general processes within these meetings. In this sample of 25 children, positive outcomes were reported by most of the children in regard to their remaining living with family. Educational outcomes were found to be positive despite these not being the focus of the FGCs and the 13 children interviewed after 6 months were 'overwhelmingly positive in nature...Improved family relationships and relationships at school are reported, with little social work intervention' (2003: 2).

In relation to process, Holland *et al.* (2003) suggest that FGC have the potential to democratise family decision making, by not only reducing the power differential between professionals and family but also within families. Most children felt that they had a say in the FGC especially when well prepared with the help of an advocate or supporter. Horan and Dalrymple (2004; 7) point out that children and young people 'want information and to be involved in the process rather than self determination or control over it.' Holland *et al.* (2003) reinforce the importance of children and young people having someone to support them through the process that has been identified by Wiffin (2000) among others.

Holland *et al.* (2003) also found that some FGCs risk being 'professionalised', where professionals continue to exert power and control over the format of the meeting, private family time and the developing of the plan. They note that the FGC takes on a number of meanings for participants, apart from the central one of decision making. For children there was the important role of family contact and even an emotional, therapeutic role. 'Almost all of those family member who had experienced 'traditional' social services meeting...preferred the FGC' (Holland *et al.* 2003: 3).

Looking at more experimental designs, Thomas, Cohen, and Duerr Berrick (2003) took the opportunity offered by California's waiver project to evaluate FGCs. The waiver involves national and state departments in the USA and allows flexible use of funds to compare traditional and innovative methods by random assignment, using true experimental and comprehensive design. This meant that cases could be assigned to FGCs or other processes and allowed the researchers to carry out comparisons. The study looked at the impact of FGC by measuring outcomes related to the experimental intervention for children and families, cost and process required to implement new interventions and the extent to which program implementations remain consistent with the defining philosophies, goals and structures of FGC.

Children and families began to be enrolled into the study from 2000-2003 with random assignment determining which children and families among those fitting the referral criteria receiving 'waiver' services. The study used a 5:3 experimental to control ratio and monitored 57 target children (37 experimental: 20 control) and 99 siblings in Fresno and 49 target children (31: 18) and 68 siblings in Riverside. Control children received intensive in-home or standard family reunification services. The authors' hypotheses

were that children and families that received FGC would show improved or similar outcomes to those that did not. What they found was that the structural aspects of the model were adhered to and there were positive findings on the process such as it ending with a plan being made. They also found that FGC showed participation by family, agency and community representatives and was a forum for their collaboration. The project goals, to respect families and communities and cultures were met and families felt respected by coordinators and the authors conclude that the waiver project conferences were implemented consistently.

Berzin (2006) used data from the Thomas *et al.* (2003) study to understand the impact of family group decision-making on child welfare outcomes. She used sibling data from 327 children to compare child welfare outcomes for children receiving FGCs and traditional services. The study used quantitative data from the demonstration project to show no significant difference for child welfare outcomes for FGCs or traditional services. Berzin (2006) cites USA studies that show that over 60% of youth in foster care have siblings in out of home care and while studies show positive outcomes for youth placed with siblings in foster care and government mandates promote this, little research has been carried out on family level interventions, such as FGC.

Using administrative data extracted by children's services archives system related to child's involvement with system and outcomes data related to placement and child safety and taking clustering effects due to sibling groups in to account, the evaluation suggested that children who went through an FGC showed insignificantly higher rates of substantiated maltreatment than children who did not receive the intervention and rates of removal from care giver showed no significant difference.

The study showed consistent results for children receiving FGCs and traditional methods, but did show trends that suggested higher rates of maltreatment, more placement moves and higher rates of service refusal for children in families receiving the intervention. Further analysis however showed that none of these results were statistically significant.

The author acknowledges that the apparent negative impact on maltreatment rates may have been result of hyper vigilance by social worker, greater involvement and higher rates of reporting by other family members and as FGC aims to improve relationships between family and workers, may also increase communication on maltreatment. Social workers administering FGC also had smaller caseloads and so might have additional time to interact with family.

Other welfare outcomes such as placement stability and permanence also showed trends towards worse outcomes for the treatment group but not significantly and lead us to question FGCs efficacy for changing child welfare outcomes. Berzin (2006: 1456) asks whether 'other measures to assess FGDM's effectiveness could be more appropriate. FGDM may not be a strong enough intervention to effectively improve child welfare outcomes or may just be one step in improving these larger outcomes.' This is worth noting and Berzin (2006) suggests more immediate outcomes such as family engagement or improved family communication as better measures of assessing the impact of the model and that process data might also show the impact beyond the outcomes measured.

Despite these findings that do not show markedly better outcomes for children, using sibling data is felt to be a methodological improvement over previous FGDM research which relied on individual analyses for a family level intervention. Siblings in the same family group had similar outcomes and suggestion that family level interventions should be evaluated across

the entire sibling group and to look to see if these interventions serve all siblings in the same way. Though this study doesn't find more positive welfare outcomes, it showed that children had neutral outcomes and this research shows the utility of using sibling data.

The study recommends looking at FGCs' ability to treat family as a unit and meet the individual needs of specific children simultaneously meriting further study and also that future research should use sibling data, with larger samples sizes. Berzin (2006) suggests that random assignment would aid understanding and additional measures to gauge the success of the model.

In another comparative study, Sundell, and Vinnerljung, (2004) looked at outcomes for children involved in 66 FGCs from a random sample of 104 traditional child protection investigations. This was not a randomized controlled trial, which was not seen as an option, both politically or practically and the children were followed up 3 years after closure of the investigation into the 'index event'. An adaptation of Marsh and Crow's (1998) instruments was used to gather information and coordinators completed questionnaires on preparations and on convened FGCs. Straight after the FGC participants completed surveys on feelings of empowerment and other sentiments, and assessment of the plan and the child's future situation, for which the response rate was 67%.

The follow up was based primarily on case file reviews using information the authors considered reliable and also less reliable information, such as type of problem faced.

They found that after controlling for initial differences, the children who had received FGCs were re-referred to child protective services (CPS) at a higher rate compared to those going through traditional processes, were more often re-referred due to abuse, more often re-referred by the extended

family and were placed out of home for longer, but tended to get less intrusive support from the CPS. FGCs or traditional services showed no difference regarding re-referrals of neglect, of case-closure or the length of time services were offered.

While the authors suggest that the impact of the FGC was scant and that the findings did not support the alleged effectiveness of the FGC model compared to traditional investigations in preventing future maltreatment cases, they acknowledge that 'although the results do not verify the presumed superiority of FGCs, they do neither disqualify their use,' (Sundell and Vinnerljung, 2004: 285) as the difference in for example re-referral rates accounted for by FGC was small and might have been as a result of poor FGCs rather than a fault of the model. Nevertheless, some of the findings supported the model, such as high 'consumer satisfaction and higher placement rates within the extended family' and the authors suggest that a benefit is of bringing transparency to the child protection decision making process and enabling collaboration by reducing the power differential between family and the authorities which might also explain the increased re-referral rate by family members.

A quantitative study carried out in the UK by questionnaire sent by post, in 2001 looked at how much the model developed between 1999 and 2001, Brown (2002) found an increase in the number of FGC projects and that many of the original 'pilot' projects had become established and the number of established projects had doubled in those two years. In her conclusion, Brown (2003: 338) writes that a decade after the introduction of FGCs to the UK, '38% of Councils have established a family conference service or project.' The growth in coverage in Wales has been greater with the majority (18/22) of local authorities providing an FGC service. Despite the rather rapid growth of family group conference projects over the past decade the surveys suggested that the rate of development might be slowing down

after a peak in 2000. The use of the model was becoming more firmly established in those Councils where they already had a project, which were mainly in the South East of England. At the end of 1999 there was the beginning of a growth in Wales with the first project in South-Wales opening at the end of 1999 (American Humane Association, 2005).

The survey also showed that the use of the model was moving into new areas of practice, such as decision making around issues of child welfare, education, youth justice, domestic violence and now adult care. FGCs are being used for broader purposes, and have been found useful in adoption in making decisions for children to have their say and offering family the opportunity to come up with alternatives. Even when the child was placed outside the family, the family's involvement might enable better acceptance of longer term plan for the child as discussed by Gill, Higginson and Napier (2003).

In evaluating the spread of FGC across the world, Nixon, Burford, Quinn and Edelbaum, (2005) carried out a web based survey between 2003-2004, to give a picture of developments in FGCs and patterns and trends around the globe, across four main themes, implementation, practice, research and future prospects. As a wide range of definitions of conferencing and its use and practices was evident from the outset, they caution that comparing conferencing practices in different locations is not always comparing like with like.

Letters of introduction and invitation were sent to contacts known by the two principal investigators in FGC and/or restorative justice conferencing. Recipients were invited to complete an anonymous, online survey. While responses were received from a wide range of countries, most were from the USA, Canada and UK, reflecting the narrow sampling, and the authors

acknowledge that this does not represent the totality of what is happening around the globe, but does provide a snapshot at one point in time.

They found the model spanned boundaries and covered education, mental health, justice, child and family welfare as well as communities and respondents felt they operated on the 'margins of mainstream' (Nixon *et al.*, 2005: 70) and raised concerns of sustainability being at the mercy of gate keepers. The model showed adaptability and local context shaping practice as well as variation in how services were organized. In terms of size, some projects only do a handful a year and struggle to get into mainstream social work and welfare practice.

The survey found a high level on interest in research and most respondents obtained some kind of feedback from participants, who were generally highly satisfied. Within the diverse range of practices and assumptions, key patterns of practice show broadly common sets of values. There was concern expressed that FGC could become a mechanism to squeeze resources out of the family, a tool to rubber stamp professional plans and a way to pressure people into admitting to offences or behaviours without due process.

A group of participants who have played a part in evaluating FGC are social workers, who in the main are the referrers to FGC. When looking at social workers' attitudes, Sundell, Vinnerljung and Ryburn (2001) compared the attitudes of social workers in eight UK and ten Swedish local authorities where FGC had been implemented. 74% Swedish social workers and 69% from the UK responsible for investigating child abuse and neglect agreed to participate in the study.

Respondents showed no significant age, length of service or qualification difference between the Swedish and UK sample, nor any significant

difference in the proportion of workers (41%) who said they had participated actively in the local decision to implement the model.

Respondents were asked to answer a questionnaire of 11 statements concerning the putative advantages of FGC and the others with aspects of communication and organisation of FGC.

Social workers from both countries held broadly similar views on the premises of FGCs and the vast majority agreed it important that extended family is given the opportunity to deliberate undisturbed by the professional, extended family can help to solve a family's problems, FGCs constitute a useful method to enable extended family to solve problems in situations where a child may be maltreated and FGCs increase parents' confidence in the parental role.

There was also consensus that parents and children should decide themselves which relatives and friends to include in the FGC, coordinators should be independent of the social welfare system, those participating should have access to vital information about the family's situation and that each family is best equipped to determine what it needs in terms of support.

There was a difference in views on whether children should participate (58% and 81% figures for Sweden first, then UK) and considerable disagreement in both countries on a fundamental principle of the model, whether the care plan suggested by the family should always be implemented (53% and 17%), whether FGCs are effective in all types of problem (39% and 32%), whether child should be allowed to remain at home despite unsatisfactory conditions and whether coordinators should have detailed information about the problem (51% and 24%).

Although the two nations have differing legal requirements in policy and practice in relation to child care and protection, social workers from both agreed on the core premises inherent in the model and strongly approved their use in child welfare work. Three quarters were in favour of the model and number of referrals each worker made was equally low at half per social worker per year, which the authors suggest is about 10% of all child protection investigations carried out. As some workers had made more than one referral, we can see that more than half had made no referral over 18 months.

The authors suggest two major findings from their research. The first, that social workers' attitudes to FGC are similar in the UK and Sweden. These are in general very positive about the premise behind the model and how the model worked with some concern about agreeing all plans and the usefulness in all cases. They conclude that the similarity in attitude may be due to the UK experience having heavily influenced the Swedish model despite differing legislation, and implementation processes. A possible explanation suggested is that favourable attitudes reflect similarity in structural issues in welfare practice with similar political and public demands, and a shared knowledge base, range of interventions and basic problems.

The second finding was that despite the positive attitude to FGCs, referral rates were low in both countries. The authors suggest that this might be due to the high number of families that rejected the offer of the FGC or that though enthusiastic about the model, social workers may be reluctant to share decision making because of the fear of the plan going wrong and being accountable for the decision.

Looking at more specific areas of practice within FGCs, Dalrymple (2002) looked at advocacy and the challenge of enabling the voice of children and young people within their own family. In an article drawing from the

evaluation of independent advocacy in FGC in Wiltshire, she argues that distinguishing children and young people's power from parental and professional power permits their empowerment through the use of advocacy.

Evaluating the use of advocates by the completion of feedback forms and additional interviews with 10 children (6-13 year olds) who had chosen an independent advocate, a group meeting with 4 of the children and a half-day workshop with the advocates following advocate training in 1998, Dalrymple (2002) found that of 44 FGC, four children chose not to have advocate as they felt able to talk for themselves, five were babies or under four years old, while six chose family advocate and 29 independent advocates.

This small study found that the independence of advocate had an impact on children whose personal position felt enhanced and they felt stronger within the family network and more able to participate within professional decision making. One of the reasons given for choosing to have advocates was because the children felt powerless within the family. While it showed independent advocates can ensure children have a voice in FGC a dilemma exists as the process can be threatening for family and difficult for advocates as there's no culture of advocacy in decision making.

Continuing to evaluate this project, Horan and Dalrymple (2004) argue that for children to have equal say in FGCs there is a need for advocates. They suggest that power relations are complex and dependent on specific situations rather than simply about adults possessing power and children having none, requiring more than a simple transfer. At the Wiltshire Project, children can choose to have an advocate who is independent, or one from their network, or not one at all. The majority (51 of the last 79 involved in FGCs) chose an independent one.

The advocate role was seen as helping children manage what information they want to share, especially confidential information, to express what decisions they wanted to be involved in and which they did not want to part of and to enable them to leave the meeting room if they wanted to. Certainly many children feel unhappy when adults argue or are angry in meetings. However, the authors argue that all children in FGCs should have access to an advocate.

Though project evaluations suggest that children and young people are positive about the FGC process (Lupton and Nixon, 1999), Horan and Dalrymple (2004: 12) point out there 'is not a lot of research though that specifically considers the views of children and young people about participation in FGCs.'

Marsh and Crow (1998) also suggest that the use of the model can increase the understanding of what are often very complex situations, and improve problem solving skills through partnership practices. The concept of partnership has origins in *The Children Act, England and Wales* 1989, where the welfare of the child is seen as paramount but also that workers should work in partnership with family members in all child welfare cases. Biehal and Sainsbury (1991) discuss the view that rights have been derived from values in social work. They explore the idea of partnership between service recipients and social workers and the difficulties involved in finding values like 'common sense' and 'practice wisdom' in day-to-day contact with families.

Ryburn and Atherton (1996) state that partnership is 'in many respects an idea still in search of a practice.' and suggest an exception to this might be the partnership model of FGC. In the UK, *Messages from Research* (1995) help more clearly define 'partnership' in child protection.

Partnership is critical to an outcome of child safety. The key variables associated with working in partnership are the attitudes, skills, and the efforts of social workers, backed by their agency policies and procedures that encourage their workers to find creative ways to inform, involve, and eventually partner with parents and children (Thoburn *et al.*, 1995).

Partnership, at the core and power over decision making processes and outcomes, requires explicit commitment from agencies. Even then, service users can be subtly coerced towards preferred outcomes by the seductive potential of seemingly informal and friendlier process to sweep participants along a decision that may have been set by one or more people, typically the agency representative. Swain and Ban (1997) suggest enabling real partnership requires fundamental change in practice to ensure FGC does not just look like family decision making.

In identifying the strengths of the model, Freeman (2003) lists the impartiality of coordinators, the clarification of boundaries from information being shared, the improvement in family dynamics, establishing partnerships and the empowerment of families. This latter was measured in a number of ways such e.g. service users' participation in training. The authors were also considered whether the model led to coercion or cooperation in relation to poor engagement by parents. Nixon *et al.* (2005) however, caution against partnership or empowerment becoming transformed into FGCs meeting professionals' needs

Litchfield *et al.* (2003) used a number of measures to look at the empowerment of families as decision makers, such as 'group value' – a sense of belonging by involving family members in decision making and planning process, opportunity for voice and the changing relationship with department. They found the majority of families completing exit surveys felt

very involved in planning their meeting and an overwhelming majority felt they played an important role in making plans. The majority felt they were part of finding solutions and 95% felt empowered to ultimately to assume responsibility for providing child care when needed.

Brown (2003) found that those councils who set projects up had a variety of motives; the majority saw family group conferencing as a tool for implementing the principles of partnership, participation and empowerment. Family group conferencing would benefit from further study of these variables and the impact of partnership-based practice on referral, preparation, facilitation, and private family time and plan making (Lohrbach, 2003).

In summary, considerable effort is required to prepare family members and professionals adequately for conferences (Marsh and Crow, 1998), but having done this work, conferencing can be carried out safely without violence to participants. When offered the opportunity, families, including extended family members and significant persons involved with the families, do participate in the family group conference.

Families are able to make decisions and come up with plans for the care and protection of their children. Family plans, including provisions for protecting children, are most often accepted by child protection officials and the child seen as protected by these officials. A large proportion of FGC plans involve the participation of extended family members who assume responsibility for carrying out planned activities. Family members report satisfaction with their influence in FGC decision-making. Family members and professionals report satisfaction with the fairness of their FGCs. Child protection workers who participate in conferences see service coordinators as a major benefit of FGCs. A high proportion of children participating in FGCs, for whom a placement is required, remain within the extended family

(Burford and Hudson, 2000).

Looking at the impact of FGC on families, systems, and communities, Merkel-Holguin (2003) summarises evaluation findings internationally under three main areas; implementation, process indicators and outcome indicators.

Common themes in many of these studies are that it takes time and perseverance to underpin implementation, practice and sustainability requiring alliances and partnerships to support this implementation. FGC remains a marginalized practice and a minimal number of families get to have a conference. FGC can be used safely and successfully with families that have multiple and high challenges. The coordinator plays a significant role in the FGC process and families are virtually invisible partners in early implementation efforts and evaluations are adapting to practice variations,

In regard to process indicators, preparation of participants is crucial to a successful conference, family members come when invited even though it can be stressful and a balance in the number of family members and professionals is needed. FGC plans blend requests for informal services with family delivered supports and are rich, diverse and original. Family members are satisfied with the process and perceive they have considerable voice and decision-making authority in FGC. Children's involvement and participation vary considerably and there was an increase in the involvement of fathers and parental relatives. Social workers and service providers are also satisfied with the process, though referral rates fluctuate and the model provides cost neutrality or savings

'While there is a growing consensus on some process issues, there is less so on outcomes' (Merkel-Holguin, 2003: 9) but outcome studies were able to show that FGCs compare favourably in providing child safety, For children

who require out-of-home placement, a high percentage remain with extended family, create stability for children and provides timely decisions and results. FGCs also increase family supports and help family functioning, safeguarding other family members

Collectively, the results of the studies in Merkel-Holguin (2003) reinforce and realise many of the hopes held for FGC in child welfare. 'They undermine myths that have persisted to exclude families from planning processes. Families can and do participate, develop sound plans, and follow through with offers of support especially in caring for their young relatives.' And families' views of what needs to be done typically agree with those of professionals who participate in FGC. This finding alone should raise the universal interest of child welfare administrators and social workers' (Merkel-Holguin, 2003: 11).

Conclusion

The development of FGC has spread throughout the world, though mainly in New Zealand, Europe and North America. Merkel-Holguin (2003: 1) suggests that 'In 2003, more than 150 communities in 35 states and approximately 20 countries will implement FGDM initiatives...Increasingly, professionals are embracing FGC as a way to create viable partnerships with families.' Together with this growth in practice has come a growth in research and evaluation, as well as debates on how FGC is evaluated.

There have been some less optimistic findings on FGC with concern about low referrals and high refusal rates in countries where FGC is not legally mandated and the difficulties projects have of making FGC provision mainstream. In Sweden the view of the effectiveness of FGC was not supported, though still suggesting positives in many measures.

We can see that the findings have been generally positive with the model being seen to be culturally sensitive to family cultures especially in New Zealand. FGCs generate wider family involvement and participation and are preferred by families and professionals. Families report seeing changed attitudes from professionals who are enabled to work in strengths based ways with the principle of empowerment. A high proportion of FGCs lead to plans being made by families of which a very high proportion is agreed by professionals. These plans lead to a higher quality of support offered from the family to the child. There is some suggestion that long-term changes in families are produced. In relation to process, FGCs have been positively evaluated as providing a good experience for all participants. But there is no evidence yet that it is any more effective in enhancing children's welfare. Researchers claim that FGCs avoid children going into state care and through the Court system, though FGCs does not claim, apart from in New Zealand, to reduce the number of children being looked after, and here the use of the model has been shown to be cost effective for the government.

Future research must continue to evaluate FGCs as a mainstream service, acknowledging the many elements that FGCs have shown to be effective in, and at longer term outcomes for children in comparison with traditional decision making models as a means of improving decision making in welfare services. Much of the empirical research into FGCs looks at process issues and participants' satisfaction with the model. Studies have also looked at input into the process and whether preparation was carried out effectively and whether the right people attended. For enthusiasts of the model to support their claim that FGCs are a useful way of enabling families to make decisions to protect the welfare of their children evaluating outcomes for participants in the process is an area worthy of consideration. The following chapter discusses the methods used to carry out this piece of research.

Chapter 3 Methods

'...a different way of observing is required...' (Hamid, 2007:140)

This chapter describes how the research project was first thought of and developed before outlining the philosophy and stages of the research. This thesis is as much a methodological thesis as a substantive one, with the process carried out being as important as the findings. Therefore this chapter provides an overview, describing the approach, epistemology and overall design issues.

The aim of the research project was to develop a method of evaluation, that would enable FGC projects to look at how much work it was carrying out, with whom and whether the work was seen to benefit stakeholders. As Shaw and Shaw (1997) suggest social workers need to develop as a direct part of their practice, methods to evaluate and refashion their practice, as well as being able to offer stakeholders a view on the usefulness of their service. The process of developing the evaluation tool was carried out with stakeholders and merits a chapter of its own. The following chapter (chapter 4) discusses this before the findings from the use of the evaluation tool are presented in the subsequent chapter.

This methods chapter outlines the process used to design the research and to collect and analyse the data, describing '...both the design of the research, the theoretical orientation and the approach to data analysis' (Oliver, 2004:29). It describes the procedure adopted to carry out this research. The theoretical approach for this research is detailed and the epistemology, 'what is (or should be) regarded as acceptable knowledge in a discipline' (Bryman, 2001: 11) and the ontology, the nature of social entities (Bryman, 2001) and theories about the status of truth are discussed. These are explored and made explicit to clarify the underlying assumptions underpinning the selection of methods used and the validity of the conclusions reached in this research (Walliman, 2005). The

research strategy is discussed along with the influence of participatory research perspectives before outlining the research questions. The sample, access and ethical considerations are discussed before data collection methods are considered and the research process described together with issues of validity and reliability. The chapter concludes with some reflections on the research strategy and process.

Research aims, research question and research design.

In 2006, the majority of Welsh local authorities were accessing FGC projects following the growth of projects and services throughout England and Wales (Brown, 2003). Following a discussion with the project manager of one Welsh project the idea of developing an evaluation tool that could be used to collect comparable data across all projects in Wales was considered.

I had a working relationship with the manager of the project that provided initial funding for the development of the evaluation tool. Before my current job, where I was able to take on this research, I set up and managed the first FGC project in South Wales. For a number of years, I chaired the All Wales FGC Network and developed links with staff from existing FGC projects in Wales and those that were subsequently set up in South Wales. I also carried out training for FGC workers both locally and for the Family Rights Group in London. This gave me a position of confidence within the network and FGC practitioners in Wales felt that I had experience of and championed FGC.

This shared history eased my access to the projects, their staff and their materials and an understanding of some of the issues for FGC projects in Wales. The understanding also gave me insight into the language and culture of FGC projects in Wales as well as England.

The overarching research question originated from this one FGC project manager and his staff group and together we took this for discussion with the

network. The project wanted to explore how they could evaluate their project and measure the work they carried out to show the effectiveness of their service. The project manager and other members of the network were aware that there was a small body of qualitative research demonstrating satisfaction with the process by all parties and, with small samples, maintenance of goals over time. They wanted to have more evidence about patterns of FGC take up across Wales and some indication of whether the intervention appeared to be working as a whole.

Therefore, in conjunction with the network, the following aims for the research were agreed:

- To develop an evaluation tool that could be used by a number of projects in order to aid comparability of outcomes;
- To involve a wide range of stakeholders across Wales in the development of the tool;
- To pilot the tool in Cardiff Family Group Conferencing project, and at least one other project.

The following table outlines the research strategy for the research project:

Process diagram

Stage 1	Development	Developing the evaluation tool based on an audit of evaluation tools used in England and Wales and consultation with stakeholders in the FGC process.
Stage 2	Implementation 1 Data gathering	Using the evaluation tool to gather data on FGCs carried out in Wales.
Stage 3	Adjustments	Interim report presented to network meeting to gather feedback.
Stage 4	Implementation 2 Second Phase of data gathering	A continuation of data gathering from projects across Wales.

These stages are now more fully described and followed action research principles as described by Reason and Bradbury (2001):

Stage 1 – Development of the tool

Practitioners in FGC, specifically the manager of one project asked for a tool that would record FGC uptake within Wales and evaluate whether the model was effective. The first stage of the research project was to establish which methods were being used currently in FGC projects and obtaining the views of stakeholders from project in Wales on what they felt should be measured by FGC project and how this should be measured.

This was done by carrying out a literature search focussing on FGC evaluations internationally and of evaluation literature generally, to ‘...build on the accumulated efforts of all those labouring to expand our knowledge’ (Royse, 1999: 23) and this is discussed in the literature review chapter.

Also, during the time the literature review was being carried out, I made email contact with FGC projects throughout England and Wales, explaining the aims of the research project and requesting copies of the evaluation material these projects were currently using. The analysis of these is presented in the following chapter and was used to inform a series of semi structured interviews with project staff, user representatives and agency partners who might refer to the services regarding their views on the outcomes they would want measured as well as a discussion of methods. These are discussed in the next chapter, which discusses the findings from the work carried out in developing the evaluation tool.

The results of the simple analysis of the literature review, audit of existing evaluations and the stakeholder interviews were used to develop an outline

evaluation tool that I used to consult with members of the FGC network on its usefulness to them.

This was carried out as an iterative process that provided information to members of the network and the network meeting as a whole throughout the development of the tool. Regular meetings were held with members of the network either individually or as a whole in an iterative process that provided information to the stakeholders and allowed their views to be incorporated in the development of the tool, although these consultations led to more agreement and only a few minor amendments to the format of the tool.

The particular requests from project staff were that the form be simple and straightforward to complete and that it should gather information which the projects would find useful for their operation as well as for the research. This meant that data such as numbers of people worked with and prepared and numbers of people that attended would be recorded together with some demographic details about the families offered FGC.

The evaluation tool consisted of an A4 sheet of paper, printed on both sides, for use in collecting details of the children involved in FGC and their families and numbers of people prepared and who attended the meeting and the second side was for use in gathering participants' views on whether the FGC met the aims identified for it. In this way, the tool aimed to meet the aims set out initially, in being useful in gathering the amount of work carried out by projects and in offering a view on the effectiveness of this work.

Once the evaluation tool was created in draft format, a final consultation was carried out by sending the tool out to all involved projects for critical commentary and discussion. Again, this was discussed with members of the network who judged that this would probably meet their needs. The tool was felt to address all

the areas of information the projects wanted to collect and was felt to be straightforward enough for their use.

Stage 2 implementation 1, data gathering

Following the development of the tool and the amendments made as a result of minor feedback from projects, the evaluation tool was due to be sent out to one specific project to pilot its use for the first year. On discussing this with the network in October 2004, members asked for the tool to be sent to them all so that they could begin to use it to gather data. The evaluation tool, together with instructions on how to complete and return forms were sent out to projects and these began to be used.

The initial data gathering was planned for a year, from November 2004, for projects to complete and send in batches of forms for analysis. I collected evaluation forms and entered them onto an SPSS database. To input the data, I went through each evaluation form returned and entered the figures from there onto my PC. This was a time consuming process and I was able to develop a routine that let me complete forms accurately. Once entered, the computer package allowed the analysis of the data. It is worth bearing in mind that the programme was an assistive tool and that it did not carry out the analysis, but was a tool that would assist in carrying out the analysis by manipulating numbers (Yin, 2009). This initial analysis was relatively straight forward in that the calculations involved addition and divisions to arrive at totals and averages.

The analysis of participants' responses on whether their aims had been met required slightly more sophisticated calculation. With the advice and assistance of my colleague, Dr Amanda Robinson, I developed programme scripts allowing me to input the data directly from the evaluation tool before carrying out analysis. On the evaluation form respondents were asked to give a view on whether they felt their FGC met their aim. They were able to score this as not at all (0), partly

(1), mostly (3) or fully (4). To analyse the data, I amalgamated respondents' scores for not at all and partly to count as not having met the aim and mostly and fully to say the aim was met. This allowed the data to be presented in terms of how many respondents felt their aim had been met as a proportion of the total FGC where this was a stated aim.

All of the data on the forms returned were entered onto SPSS, creating 486 entries with 351 variables, though some of the variables were duplicates necessary for calculations. These created a database containing the details from all the evaluation forms returned and enabled a number of calculations and manipulations using the data.

Once the data were calculated using the SPSS software, I used Excel to create tables and figures to present these in accessible way. Each of the sets of data are presented as charts using actual numbers and percentages and then discussed to show what these mean. Figures 3.1 to 3.15 show the quantitative findings and figures 3.16-3.18 the participants' view on whether their FGC met their aims. The forms also allowed the addition of general comments or comments on any unexpected gains that came out of the FGC and these are presented.

This initial data gathering by projects was to be for a year and the pilot of the evaluation tool began on November 1st 2004 and continued till November 30th 2006. The extended period was negotiated by projects on realising that their data gathering had started slowly and as a network, they wanted to make full use of the tool. The second phase was agreed and funded by the network to continue till November 2007. Again, at the request of projects, forms continued to be collected till November 2008, once more because network members felt that there had been a slow start to their sending completed forms in to be entered onto the data set.

Stage 3 Adjustments

The data gathering was carried out over 24 months initially. Then the progress of the research and findings were presented to the network and feedback taken on the use of the evaluation tool (Holland *et al.*, 2005). These discussions, together with ideas from meetings with the UK FGC Network led to the addition of one specific item on the evaluation form, looking at the attendance of the 'father' of the child and then data gathered for a further 24 months. This is discussed in the findings chapter.

Stage 4 Implementation 2

The presentation to the network generated positive feedback and projects through the network reported they valued the data gathered by the evaluation tool and the results generated following analysis. One of the other member projects from the network funded a second phase of data gathering on behalf of the network. The evaluation tool was used for a further 24 months until 2008.

The development of the tool and the first phase of data gathering was written up (Holland *et al.* 2005) by the team that was commissioned for the project and presented to the network. This thesis presents the development of the tool, the first stage of data gathering, as well as the second stage data gathering, which I carried out. Before we look at these research processes in detail I would like to consider ideas underpinning research methodology.

Methodological considerations

The previous chapter reviewed some of the evaluations that have been carried out on the FGC process as well as the methods used. The bulk of this research has been qualitative, evaluating low numbers of FGC within the typically small

projects (Merkel-Holguin *et al*, 2003; Quinn Aziz, 2007). The literature review shows that the majority of evaluations on FGC have been qualitative and address young people and adult participants' satisfaction with the process, giving the views of adults, both professional and parents, in the evaluation.

There are criticisms of the use of just qualitative methods in carrying out evaluations, such as by Moran and Ghate (2005) who suggest that researchers may select qualitative methods as being generally less challenging to implement than rigorous quantitative design, rather than because the issues lend themselves best to qualitative methods. They also suggest that easier to reach respondents are sampled using '...either pre-existing tools that may not always fit the purposes fully...' (Moran and Ghate, 2005: 331) rather than developing appropriate instruments. Silverman (2011: 4) makes a counter argument for us to regard qualitative methods as allowing a 'fruitful dialogue between social scientists, organisations, professionals and community groups.'

Rather than joining the 'paradigm wars', for this research the methods were selected based on the aims for the research and the views of the All Wales Family Group Meeting Network on how they wanted to evaluate the FGC service in Wales, the amount of work carried out as well as outcomes for participants.

Important elements for the evaluation tool were that it should be developed in an empowering way, consistent with FGC ideology, allowing the range of stakeholders a voice and that the data produced would provide information useful to projects and commissioners in looking at outcomes from FGCs (Holland *et al.*, 2007). The methods were selected to hear a range of voices (Clough and Nutbrown 2002) that I listened to in deciding which kinds of information would be gathered. This required a 'radical looking...an exploration that makes the familiar strange...' (Clough and Nutbrown 2002:23) and seeing the topic through different lenses, giving alternate ways of looking, from outside ones normal ways. Over-familiarity with the research subject or setting is an impediment to good research

and researchers need to devise strategies to deal with this. Delamont (2002: 51) offers strategies 'for making the familiar bizarre, unusual and novel.' so that taken for granted aspects of the research do not become invisible.

Another major aim was to develop a tool for evaluating FGCs that could be used by projects themselves, rather than relying on external researchers and one where the completion of the data gathering instrument could become part of the process rather than an additional task, such as the evaluation tool devised by Robinson (2003) that became part of routine assessment meeting in a domestic violence project.

The methodological pluralism advocated by Cheetham *et al.* (1992), of involving all stakeholders and identifying and defining their notions of success before measuring how successfully each criteria has been met informed the design stage. Once the instrument was developed it was circulated for consultation to all Welsh projects and then piloted by projects. The pilot was to allow feedback to be offered on the instrument so that it could then be refined and adopted across all the projects in the all Wales FGC network.

The key points for this stage of the development were firstly to develop a research instrument that used a qualitative approach to empower service users and children involved in the research so that their views were heard and second to produce quantitative data for the benefit of commissioners and funders who might place more faith on numbers and this approach.

Denscombe (2007: 3) suggests that in terms of research design, the 'social researcher is faced with a variety of options and alternatives and has to make strategic decisions about which to choose...' Clough and Nutbrown (2002: 15) add interest and motivation to Denscombe's (2007) list of six themes that need consideration; relevance, feasibility, coverage, accuracy, objectivity and ethics.

Bryman comments this mixing of qualitative and quantitative research is now 'unexceptional and unremarkable in recent years' (Bryman, 2006a: 97).

The relationship between epistemology and methodology

As Oliver (2004) suggests, the word methodology can be used in a variety of ways and is commonly used to explain and justify the methods used in any study. Clough and Nutbrown go further in saying that not only must we use methodology to show why it seemed to be the best method, but that 'this way of doing it was unavoidable – was required by – the context and purpose of this particular enquiry' (2002: 17). For Kaplan (1973: 93), the researcher uses methodology to describe and analyse methods, their 'limitations and resources, clarifying their suppositions and consequences...and to make generalisations from the success of particular techniques...suggesting new formulations.' Research methods are the tools used for study, but not 'indifferent tools' (Clough and Nutbrown, 2002: 27) but rather tools that have been carefully crafted for this specific job, explained by the methodology. The research design draws on existing ideas and literature to define key terms and questions, identifies the research methods that match the research questions and enables the data that answer those questions to be collected.

In discussing how and why the particular research methods were selected, it is useful to explore the epistemological positions and research paradigm (Kuhn, 1970) that underpin this study and the rationale underlying these choices. This is important as with any research, there are '...not only different perspectives on a given phenomenon, but also alternative methods of gathering information and of analysing the resultant data' (May, 2001: 8). For this reason it is important to reflect on how paradigm and philosophical assumptions, pragmatics and politics affect this study and show that the approach was not indiscriminately applied (Kumar, 2005) as improved methodology increases confidence of research and findings (Miles and Huberman 1994).

Texts on research methods discuss approaches as contrasting, implying qualitative methods emphasise the 'socially constructed nature of reality, the intimate relationship between the researcher and what is studied, and the situational constraints that shape inquiry' (Denzin and Lincoln, 2007:8) and how value laden the inquiry process can be. Quantitative research is seen to examine experimentally quantity or frequency and the causal relationships between variables rather than processes.

Though much methodological debate looks to separate qualitative and quantitative methods, Silverman (1985) suggests that the quantification of qualitative data can prevent research being reported just anecdotally. Gorrard and Taylor (2004) remind us that most methods of social science research deal with qualities. When reviewing a variety of models that successfully combined methods, Bryman (2006a; 143) found that conducting all these studies presented their researchers with various practical, ethical and analytical problems, but stressed that it was important to note that conducting these had 'not presented them with any great philosophical barriers stemming from incompatible epistemology or ontology, suggesting empirical studies showing that people adopt similar approaches despite their public epistemological positions'. Suggesting that paradigm wars can be thought of as over, Bryman (2006b:114) makes three points on the significance of the view that approaches can no longer be seen as incompatible. It removes doubts on the legitimacy of integrating methods, marginalizes epistemological issues at the centre of the paradigm wars and uncouples methods from philosophical positions.

In science, there are not only different perspectives on phenomena but also differing and alternative methods of collecting and understanding these data. While this presents a problem in the natural sciences, the belief that science is an 'all-embracing explanation of the social or natural world...or unity of method is necessarily a good thing' (May, 2001:8) can be challenged. May (2001) adds

that social research practice can also challenge one's understanding of the social world by offering many theoretical perspectives on the relationship between social theory and research.

Brannan (2005:173) discusses the case for the separation as well as the convergence of methods. She suggests that qualitative and quantitative researchers hold 'different epistemological assumptions, belong to different research cultures and have different research biographies that will work against convergence.' For Brannan (2005), the increased reflexivity carried out by qualitative researchers, the recognition of the effect of the researcher on the encounter and of working to hear the voice of marginalised group in academic knowledge works against convergence. Quantitative researchers are developing more sophisticated statistical techniques, which further maintain the divide.

De Vaus (2001) suggests that it is erroneous to equate a particular research design with either qualitative or quantitative methods. But, researchers work within distinct interpretive frameworks of ontology, epistemology and theory, developing 'habits and dispositions as well as particular expertise and preferences...' (Brannan, 2005:174). This can lead to the reliance on and use of particular methods and the lack of effort in developing understanding of the use of skills across the divide. This may also be exacerbated by the research environment, funding for projects and the short term nature of much research work, leading to a divergence of methods.

Despite this push to separate methods, importance is placed on particular kinds of research subject to the political climate and the demand for research to inform policy and for practical and scientific research might work against specialization in either one of the approaches.

Mason (2006:6) describes a mixed methods approach, using an integrative logic. Assumptions are made in planning these studies on how the different types of

data relate to integrated parts of the whole. Different methods may be selected where appropriate for each part of the area being studied and then combined to give a better sense of the whole, addressing meaningful groups of questions.

The multi-method strategy can be used at any phase of the research process: design, data collection and analysis and Brannan (2005:182) argues the importance of distinguishing between the context of designing research for specific use and questions and the context where sense is made of the data in relation to philosophical and theoretical assumptions.

There are many texts on the approaches that can be taken in designing a research project and these were considered when identifying the most appropriate for this study. Bryman (2004) suggests several:

- Experimental design – used when it is appropriate to plan an experiment that uses measurable data. True experiments are strong in internal validity because of their robustness in causal findings, trustworthiness and confidence in the outcome. True experiments are rare in social research, as it is difficult to control the research context.
- Cross-sectional design –collects data on more than one case at a single point in time with two or more variables, to detect patterns of association. There can be problems of selection.
- Longitudinal design –sample of people are surveyed and then surveyed again after a period of time, anything from a few months to several years. This method is often used in social research, and can be very resource intensive.
- Case Study design –a detailed analysis of a single case, family, organization, community or event. This design is widely used in social research and provides factual information but can become outdated as people and organizations move on.
- Comparative design –using identical methods for two contrasting cases,

usually used to make comparisons across different countries or cultures, the main issue is to use the same categories or definitions of subjects.

For this research a case study approach was taken, where diverse methodologies, methods and data sources were used to research a particular system in a particular space and time (Gobo, 2011).

Ethical considerations

Butler (2002) suggests that ethical codes are the formal articulation of the values and attitudes that inform the culture of a profession and outlines 15 points for social work researchers to bear in mind, such as the need to take moral responsibility for their work, to promote emancipatory research and to respect the right to participate or withdraw at any time. The major ethical issues that were considered in this research were of gaining informed consent, assuring confidentiality and ensuring participants the right to opt out of the research at any time, without giving reason or suffering consequences (Eisner, 1991). These fit with FGC based principles of working with mutual respect and maintaining democratic values.

The different stages of the data gathering required a number of ethical considerations. For the development of the evaluation tool, a range of stakeholders were interviewed to gather their thoughts on what they felt should be evaluated and how. The range of stakeholders included professionals involved in providing and referring to FGC as well as service users who had experienced a FGC.

An information sheet was provided that briefly outlined the aims of the research and clearly pointed out that their views were being sought to inform the development of a method for evaluating FGC. That within this, there were no right or wrong answers and that their opinions would be valuable.

As part of my ethical responsibilities I explained how I would maintain their anonymity and rights under the Data Protection Act 1998. Project names and participant names would be anonymised and the interview notes kept in a locked cabinet and not accessible to anyone but me. To the service users, I also confirmed that anything they told me would not affect the service they received directly. This process allowed me to ensure that those individuals that chose to participate in the study were aware of both the rationale for the research and their rights (Ryen 2011), with all applicants being informed of their right to withdraw from the research at any time without having to give reasons for so doing.

The respondents for interviews were from a purposive sample to include members of the major stakeholder groups within FGC – family members, referrers and FGC workers.

I talked through the information contained in the sheet with prospective respondents and left them with a copy of the sheet for them to consider whether they wanted to participate in the research or not. When I met those who did want to be involved, I reiterated the points from the information sheet and asked for their consent to carry out the interview with them. If any had wanted more time to consider their inclusion in the study, I would have offered to delay or cancel the meeting.

At the second phase of the research, gathering data with the use of the evaluation tool, each project's confidentiality was maintained by using code letters as identifiers rather than the name or location of the project. This meant that these figures and findings were anonymised to all but me. When reporting the data and findings, these are presented in an amalgamated form rather than in relation to individual projects, apart from in terms of the numbers of forms returned. This was the way the projects agreed material should be reported.

Before carrying out this research, I had set up and managed a project which was the first FGC project in south Wales. I worked to publicise this method both for my project and as Co-chair of the All Wales Network within the area my project covered and the whole of Wales as well as providing training for other members of the network. This familiarity with the research setting and the prospective participants helped my access and I was for all purposes an insider. There are different views on the benefits and potential pitfalls of being an insider researcher (Becker, 1951, Kanuha, 2000).

My position as an insider required some reflection and consideration in relation to access, insider knowledge and the dual roles possibly played. Areas to be careful of include role blurring, bias from earlier involvement, barriers to honest disclosure and the personal need for success but being on the inside can also bring access, opportunities and research that can integrate research and practice.

The dynamics of organisational politics that might impact on the research were also areas of concern, but Brannick and Coghlan (2007) argue that the position of insider researcher has value. While my insider position gave benefits, I was also aware that there was a danger that I was seen as an expert, having set up FGC projects, acted as a consultant and offered training to network members. My position as a researcher from a university also conferred status which was not necessarily comfortable.

In the last half a century, practice disciplines, arguing against the supremacy of theoretical knowledge have looked instead at 'practical, tacit and experiential forms of knowing' (Nolan, Hanson, Grant. and Keady, 2007: 7). While I wanted to use a participatory approach in an emancipatory manner, I recognise that just claiming that does not mean that empowerment and emancipatory objectives are necessarily achieved (D'Cruz and Jones, 2004). Together with the ethical considerations above and bearing in mind the roots of FGC and the reaction by

Maori against social welfare methods imported by colonisers (Connolly, 1994 and Lupton, 1998) it was important for me to guard against *appropriation*, *accumulation* and *accommodation* that can take place when carrying out the consultation. These are concepts discussed by Humphries (1994) in research and about colonialists' claims of knowledge as described by Said (1978).

Humphries (1994) describes appropriation as where dominant groups' theoretical and value frameworks are used to explain marginalised groups' experiences. Said (1978) uses accommodation to describe methods of discovery that are experienced as oppressive by marginalised groups that are used and not challenged by researchers. For him, accumulation describes a situation where material is taken from marginal groups and offered back to them as specialised knowledge by researchers from outside those cultures. Said (1978: 165) describes the process where in his case, knowledge of the Orient, was acquired and disseminated in a regulated manner 'as a form of specialised knowledge.' He felt that this information would be put back together again from the collection of data into something that would then define and categorise that which was researched. For Said, the danger was that the process would not only categorise participants' views but also edit them to fit with the researcher's view.

Bearing in mind the potential for appropriation and accommodation, one of the key aims of the development of the tool was that it be carried out in keeping with FGC philosophy and in a participatory manner. Rather than impose an evaluation schedule on workers and family members, it seemed important to consult with key stakeholders about their priorities. Marsh *et al.* (2005:1) talk of a 'need for attention to the quality of the knowledge base that can underpin change and development'.

Research Strategy

Personal contact was made with all FGC projects in England and Wales by letter, email and by putting a notice on the Family Rights Group electronic notice board. This was done to find out what was currently being done and provided broad sources of evidence in terms of documentation. This had the benefit that the data could be reviewed repeatedly and could be described exactly and covered many settings over a span of time (Yin, 2009). The weakness of using this source of evidence is that there was reliance on projects sending their evaluation forms and documentation and that some projects would not participate. This could lead to biased selectivity.

The forms showed that at this time, in 2004, project evaluations were based on surveys that primarily looked at 'user satisfaction'. The forms mainly asked the same qualitative questions of family members and professionals. The evaluation form questions are summarised in appendix 5. Following consultation with the AWFGMN, we decided that this evaluation tool would provide information that was different from and in addition to that primarily collected by project evaluations.

Following the collection of existing project evaluations the views of participants in the FGC process were sought to inform the development of the tool and this stage was aimed specifically to encourage the participation of family members in designing the tool.

Consultation and design

The planning stages of the evaluation tool were carried out in consultation with the FGC projects across Wales, with service user representatives and with agency partners, to get a view of the outcome data they thought should be gathered. Three projects were selected that represented the range of service

provision across Wales. The first project offers a service to one local authority and is managed by a Wales wide charity. Another project is managed by a local charity and provides a service to a number of local authorities and the third is based within a county and is managed within the social services department.

I developed a simple interview schedule to allow respondents to talk about their experiences of FGC and to comment on what should be evaluated and how this should be done. The interview questions were for use in bringing respondents back to the point if the conversation digressed. O'Leary defines semi-structured interviews as a 'method of data collection that involves researchers asking basically open ended questions' (2007: 162).

This method was used to gain data which would be rich in meaning, rather than standardised data that might be gained from more structured questioning necessary to claim reliability and repeatability above all else. This meant that the interview schedule would be used flexibly and using open questions that allowed the following up of interesting or useful areas raised by respondents.

Williams (2006) suggests that semi-structured interviews allow the flexibility to explore insights and attitudes while offering a structure to maintain focus on the subject of interest. Yin (2009) looks at the strengths and weaknesses of semi-structured interviews as a data gathering method and suggests they can help in targeting and focussing directly on the topic of interest, offering insights. Contrarily, these might be biased due to poorly written questions or respondents' biases or trying to give the interviewer what they felt they wanted and might be inaccurately recalled.

Bearing these concerns in mind, once I had drafted an interview schedule, I piloted the questions with a family member (a parent) who had experienced a FGC and was not part of the research sample. The feedback from this pilot was useful in helping me think about the pace of the questions and in leaving space

for respondents to reflect before they gave responses. A particular suggestion for a useful part of the interview was to ask respondents to think back to their FGC before service users and referrers were asked to discuss how they would measure whether these had worked. Project staff were also questioned on the statistics and evaluation processes they currently kept. The other point for me to reflect on was on how my values and beliefs would affect how the interviews went before I met with participants, as suggested by McCracken (1998).

Semi-structured interviews were carried out using an interview guide (appendix 1) covering some general themes (D'Cruz and Jones, 2004) with referrers, FGC co-ordinators and service users who had been through a FGC. The aims of the interviews were to ascertain what they thought important in measuring the effectiveness of FGCs. For the sample, three family members (2 young people and 1 adult), 3 referrers (2 local authorities and 1 voluntary agency) and 3 co-ordinators were interviewed. As 2 of the co-ordinators were project managers, they were able to provide an added perspective in their interviews. These interviews were recorded in a notepad during the interview, as a basis for 'qualitative thematic analysis' (Seale, 2004: 314) to identify themes that emerged from respondents' views on how FGCs were being or should and could be evaluated. I did this by using a colour marker on my notes to mark themes that emerged, noting variation and counter instances where these occurred (Beckett et al. 2007: 57). If I were dealing with a large quantity of data from a larger number of interviews, I would have used a computer package such as NVivo, to generate lists.

The interviews produced a number of themes with a unanimous feeling that it would be useful to evaluate whether the FGC met its aims and for this to be evaluated again six months after the initial meeting had been held. Respondents suggested that outcomes such as whether the FGC met the aims of the various people involved in the meeting could be measured. Some aims suggested as common for FGCs were whether the family stayed together and whether the

children were protected. Input measures such as the number of people prepared and attending could also be collected.

A number of primary outcomes, such as where the child would live and secondary outcomes, those not necessarily agreed as aims for that particular FGC, such as whether relationships within the family were improved could be evaluated in all the FGCs held. Respondents felt that these should be evaluated after the FGC was held and again six months later, by someone like the co-ordinator completing a questionnaire.

In considering the aim of the study a number of approaches appeared the most suitable. The research was to take place in a single network the All Wales FGC Network and Yin (2009) suggests that a case study can be used to explore contemporary phenomena empirically in real life contexts.

While researchers using the case study design tend to favour qualitative methods of data collection, such as interviewing or participant observation because this provides detailed and intensive information for analysis, Bryman points out 'there is a tendency to associate case studies with qualitative research but such identification is not appropriate' (2004:49).

Case studies can include both quantitative and qualitative research and a multi-research method has been adopted for this case study. A unique strength of a case study approach is the ability to deal with a variety of evidence, documents and interviews, a more comprehensive approach which contributes to increased reliability and validity.

Much discussion and criticism of case study research centres around the accusation of limited generalizability. However it is suggested that the purpose of a case study is to permit the generation of theory (Yin, 2009; Bryman, 2004).

This research was used to collect data that were unique to each case but also could be measured and compared across cases. However, it is important to state that I do not claim the findings of this research can be generalized to all FGC projects and networks.

Kazi and Wilson (1996:701) refer to single-case evaluation or single-case design as a 'specific research methodology designed for systematic study of a single client or system'. They outline the steps in the process as identifying the clients' problem, defining this so that it can be objectively measured and then developing a tool to do this. In discussing the theories, methods and techniques used in evaluation research, Plewis and Mason, (2005:193) point out that policy makers want to know whether the service meets its objectives, 'what worked well, why has it worked and can these successes be replicated on a wide scale.' The use of qualitative and quantitative methods both in combination but also in an integrated way, such as the use of statistical models on qualitative data might produce a better understanding of what works and why (Plewis and Mason, 2005).

In this study of FGC, there is an attempt to look at outcomes for a single model intervention, applied across a wide range of family setting and possibly applied differently in a range of setting and in the description of the research strategy for the Kirklees Project (Kazi and Wilson, 1996) describes how stakeholders created the parameters of the elements to be measured.

The findings from this research project are presented in two separate chapters. Chapter 4 discusses the findings from the audit of existing evaluations, semi-structured interviews carried out with stakeholders and discussions with the FGC network. The next chapter, chapter 4 presents the findings from using the evaluation tool and discusses how FGC projects in Wales were evaluated. Each chapter ends with a discussion of the strengths and limitations of the methods used.

Chapter 4 Findings Developing the Evaluation Tool

The end-point of your journey emerges from where you start, where you go, and with whom you interact, what you see and hear, and how you learn and think. In short, the finished work is a construction- yours. (Charmaz, 2006: preface).

The findings are presented in two chapters, firstly describing the development of the evaluation tool and secondly presenting and discussing the data gathered using this tool. The development of the evaluation tool entailed a piece of research in itself. For this reason, this merits discussion and chapter 4 combines research design and findings because the design was developed through fieldwork. Following these chapters, in concluding the findings, I discuss the merits of user led evaluation.

In the first findings chapter I concentrate on the development of the evaluation tool. This was the result of researching how FGC projects were being evaluated in Wales and England and then interviewing a range of stakeholders in FGC to identify what they felt important in evaluating FGC in Wales. The findings from the audit and then interviews are presented with a description of how the tool was developed. Throughout the process, members of the All Wales Network were consulted in an iterative process (McNiff, Lomax and Whitbread, 2003) informed by action research methods to refine the tool before the pilot was carried out.

The second findings chapter presents the findings from data gathering carried out using the evaluation tool by the projects, reporting on almost 500 FGCs throughout Wales. The data are analysed and discussed, together with how the tool was used by the projects.

Conclusions are drawn on the development of the tool, the evaluation of FGC in Wales and the usefulness of user led and evaluations.

The development of the evaluation tool for FGC in Wales

The aims, as discussed in the previous chapter were to develop a tool that could be used by all the FGC projects in Wales. Equally important was the aim of developing the tool with the participation of service users and practitioners, in line with FGC philosophy (Merkel-Holguin 2003). Other considerations in the design of the evaluation were that fully functioning projects would be evaluated as opposed to pilots as in many of the empirical studies cited (Barker and Barker, 1995, Crow, 1996, Freeman, 2003), that the tool would be piloted by stakeholders, and that using the tool to gather data would be incorporated in projects' normal work. Multiple methods would be used where practical in relation to resources and the findings would be used to aid the development of FGC programmes.

Audit of existing evaluation material being used by FGC projects.

FGC projects routinely collect information about their service and the people who use their services, carrying out a range of data gathering and evaluation as part of their standard procedures. Before developing an evaluation tool for Wales, I carried out an audit of evaluation tools being used at the start of this research, in 2004. This was to identify what was already being done by projects and to learn from existing good practice.

I asked FGC projects in Wales and England for copies of the evaluation tools they used. I did this by personal contact, email and by posting a notice on the Family Rights Group electronic notice board. Projects from England and Wales sent in thirty-two evaluation forms and two projects emailed descriptions of their evaluation process, which were not based on forms.

The aim of the audit was to examine the ways in which different FGC projects carried out evaluation on their services and to identify patterns or common

approaches as well as original questions or methods. I collated the data on the forms and summarised the themes that emerged from the tools. I carried out simple analysis of the evaluation material gathered by coding phrases and questions included in the text. The analysis began by looking through the forms, identifying key themes and patterns, creating themes and categories so that the data could be worked with.

Analysis is not simply a matter of classifying, categorizing, coding, or collating data...most fundamentally analysis is about the representation of reconstruction of social phenomena. We do not simply "collect" data; we fashion them out of our transactions with other men and women.

Coffey and Atkinson (1996: 26)

The audit was a simple process of asking English and Welsh projects, through personal contact by email or phone through the AWFGMN and the English and Scottish networks through the FRG database. Of course this meant that there might have been projects that were not involved in the networks whose material I would not have seen. But, the findings from the audit helped create an outline and draft to take to discussions with the AWFGMN. These discussions took on an iterative process and adjustments were made before further consultation.

The members of the AWFGMN were consulted in identifying which items should be measured. The aim was to develop a tool that could be used by the majority of projects and which would allow a comprehensive picture of FGCs provided throughout Wales and that would aid comparability of outcomes across the nation. Although the majority of interviews were carried out with participants from South Wales, FGC practitioners from the North Wales were involved through the consultation and regular reporting back to the AWFGMN and as the draft forms were sent out to projects in the network for comments before it was finalised.

This ensured the design, mirroring the ethos of the FGC intervention itself, was rooted in the views of the key participants in the FGC process.

Altogether, 32 forms were returned, which were broadly all designed to ascertain the views of family members and the professionals involved in FGC on various aspects of the process. Four projects contacted me by email to say that though they surveyed referrers to FGC, they did not collect service users' view at this time. Evaluation forms were used for referrers, family members (adult and young people), service providers and co-ordinators. Two projects evaluated their service by carried out interviews either by a service manager or a student. The following are the major themes that I identified from the audit:

Demographic Data

A third of the forms collected demographic data, such as family members involved, their relationships to each other, contact details and their ethnicity. These were almost always closed format questions, tick boxes and spaces for comments. Their knowledge of the process before the intervention and when and how they heard about this was recorded. None of the forms asked about the children's ages or gender.

While the question was posed about either children or adults in the family having a disability, whether the child had a statement of educational needs was not.

Preparation for FGC

Similarly, on a third of the forms, family members, referrers and service providers were asked about their preparation for the FGC. Family members were asked about the preparation stage, how well they felt prepared for their FGC and the quality and quantity of the information provided before the FGC. Their views

were also elicited about how they felt about attending and whether they were offered choices on attending, on who else attended and the venue and times.

Referrers were questioned about their understanding of the stages of FGC and what kinds of cases or families they felt this approach suited. They were also asked how they found out about the service, a third asked whether they had received training or read leaflets and met co-ordinators and whether they felt adequately prepared for the FGC. Their views on whether they felt the referred family had been prepared adequately and whether the appropriate people had been involved and invited to the meeting were ascertained.

Service providers were similarly asked how they found out about FGC and whether they received training or information. Their views were sought on their preparation and whether they were clear about the process that would take place. In relation to the meeting, service providers' views were ascertained on whether the timing and venue of the meeting had been convenient and if appropriate people had been invited to participate.

Process

The information gathered in the most forms (27 out of 32) was in relation to the meeting itself. Family members were asked whether they attended and also whether they felt the right people, both family members and professional, attended and half of the forms looked at whether they felt able to participate. The evaluation forms also looked at the usefulness of an advocate. Still in the information giving stage, the quality of the information presented about concerns and whether this helped people understand the situation better was evaluated. Questions in relation to private family time looked at whether people felt this was useful or important and whether they felt it was easier or more difficult to discuss things without professionals there. There were questions on the helpfulness of the co-ordinator and what facilitation was offered of the FGC.

Referrers were asked how long it had been between their referral and being contacted by the co-ordinator and whether the referrer felt the timing and venue of the meeting had been suitable. Referrers' views were also sought on how they found presenting the information at the meeting and whether they felt family members had understood the situation better at the meeting.

Outcomes

Further questions drew out family members' feelings on how their FGC went, whether the meeting went well or badly and what they might want done differently. They were also asked if they would recommend FGCs to others in their position.

The final questions obtained the views of family members on whether they felt this was a good method for making decisions and whether they felt their views were heard and if they were clear what had been agreed in the plan. They were also asked if they felt their plan was useful and would work. Family members' overall impressions about this method were collected and they were invited to compare FGC to other decision making meetings they might have been involved in.

The final questions for referrers were about outcomes, what the referrer thought of the family's plan and whether the plan had been agreed and on a majority, (25 out of 32) they were also asked if they felt the plan was likely to make a difference. Whether resources were requested by the family and if the agency would be able to provide them was looked at and referrers were asked whether the plan was implemented and if not, whether this was due to the family or the agency. Another question was whether the plan helped the referrer manage the case and lead to better outcomes for the family or child. Where plans were not

implemented, referrers' views were sought on whether the work carried out by the co-ordinator had been useful.

Service providers were also invited to comment on whether the process resulted in money being saved by their department (such as avoiding the use of accommodation). They were also asked whether any of a number of suggested objectives were met in the FGC (such as increasing contact with extended family). Finally, service providers were questioned on whether what they felt went well or less well in the FGC and were invited to compare FGC to other decision making processes before commenting on their view of their usefulness and whether they would use them again.

Themes from audit of evaluation forms

These existing project evaluations were very similar to each other, mainly asking the same sets of things using a range of questions. They were based on forms that in the main asked questions about participants' satisfaction. The preparation and arrangements for the meeting, together with the process of FGC, timing and attendance were evaluated together with opinions on outcomes, such as plans and agreements made. The questions looking at outcomes were based on respondents' feelings and a third asked about whether the process was found helpful and increased people's understanding of what was happening with the family. In terms of the plan, most (25 out of 32) asked a question about the quality of the plan and whether respondents felt it would make a difference or not and a smaller number (5) whether a plan had been made or agreed.

Outcome measures.

When discussing these findings with members of the AWFGMN it was agreed that this evaluation tool should be designed to collect different and additional information from that which was currently being collected in project evaluations.

Members of the AWFGMN wanted to collect data on the amount of work carried out by projects and the outcomes from the process rather than looking at how the process was experienced. As the evaluation tool would be looking at outcomes from the FGCs, what was felt as possible to be measured was whether the meeting met its aim in the first instant. The overall aims of FGCs according to principles and guidelines (Lawrence and Wiffin, 2002, Marsh and Crow, 1998, Ashley et al. 2007) are to enable families to make plans for their children and this was an area the network members wanted to explore.

In line with one of the key underlying principles of FGC philosophy (Merkel-Holguin, 2003), the development of the tool was to be carried out in a participatory manner and so a wide range of stakeholders were reported to and consulted throughout the development process. The findings from this audit and discussion informed the next stage of the research, the more specific consultation with stakeholders within Wales.

Consultation with stakeholders in Wales

Bearing in mind the potential for appropriation (Humphries, 1994) and accommodation (Said, 1978) discussed in the methods chapter, one of the key aims of the development of the tool was that it be carried out in keeping with FGC philosophy and in a participatory manner. Rather than impose an evaluation schedule on workers and family members, it seemed important to consult with key stakeholders about their priorities. Marsh *et al.* (2005:1) talk of a 'need for attention to the quality of the knowledge base that can underpin change and development.'

Interviews were planned with referrers, co-ordinators and family members who had gone through the FGC process in Wales. The interviews were semi-structured and were based on a set of questions on the interview schedule, described in the methods chapter. This was used to enable respondents to

discuss what they felt would be important in evaluating FGC. The questions were used as an *aide memoir* and I was able to ask further questions in response to significant replies. The style of questioning used was informal and the order of questions varied from interview to interview.

Access, Sample, Ethics, Settings and Timescales

While the consultation on the usefulness of the evaluation tool involved project staff within the AWFGMN, the design of the tool involved consultation with a smaller but broader sample drawn from those involved in FGCs. The most important thing to consider when deciding on the sample was for the sample to consist of a cross section of the stakeholders involved in the FGC process, so professionals responsible for making referrals, facilitating FGCs and of course service users. In terms of theoretical sampling (Walliman, 2005: 279) a small sample was selected from people that I thought would know the most about what needed to be evaluated.

The first sample was selected from the project that initially approached me to carry out the research, selecting a co-ordinator who was also the manager of the project, a referrer to the project and family members from the project. This was a convenience sample as the project was accessible to me (Bryman, 2001). Other projects were approached to provide a purposeful sample of respondents from other locations and projects with different partnership arrangements. The first FGM project was managed by a national charity and served one local authority. The second a local charity that served a number of charities and the third an in-house, local authority run project. The referrers interviewed comprised two local authority social workers and one from a voluntary agency.

The interviews were planned at the respondents' convenience and family members were offered a venue of their choice for their interviews and the social workers chose to be interviewed at their workplaces. All the interviews that were carried out were planned to take place within a month.

The sample planned for the interviews was to involve participants from both North and South Wales and two bilingual researchers were employed to carry out interviews in North Wales. I planned to carry out the interviews in South Wales

through the medium of English. I also commissioned FGC project workers based in North Wales to carry out a number of interviews in Welsh, in North Wales. Ultimately, due to the two bilingual, Welsh/English researchers falling ill, I was not able to have interviews carried out in Welsh within the timescale for the research. Within these limitations and wanting input from North Wales projects, I carried out the interviews in North Wales over the phone in the medium of English and only FGC workers were interviewed in North Wales. The aim of the interviews was to enable participation of a wide range of stakeholders. It was felt that FGC workers would be able to participate fully in either language and so an English language interview would not be unreasonable.

However interviews with family members were not held in North Wales. The interviews were aimed at eliciting service users' feelings and views from reflections of their own FGC and it did not seem appropriate to interview Welsh speakers in English as perhaps their true views might not be expressed. Pavlenko (2006) found that 65% of 1039 bilingual and multilingual respondents to a web based survey felt they became different people when changing the language they spoke. May (2001) discusses how important first languages are in expression and how requiring the use of the majority language can maintain its power and this echoes Chomsky's (1979: 191) assertion that 'Questions of language are basically questions of power.' As well as this, a principle of the AWFGMN was that the network was a bilingual organisation and so carrying out interviews in English seemed contrary to how the network wanted to operate.

Results of Interviews with stakeholders

Respondents were invited to think about their specific experience of FGC before talking about what lessons they felt could be drawn out for evaluating outcomes of FGC. Interviews were carried out with nine people altogether:

<u>Family members:</u>	1 adult	2 young people
<u>Referrers:</u>	2 Local Authority	1 Voluntary Sector
<u>FGC Co-ordinators:</u>	1 Co-ordinator	2 Co-ordinator/Project Managers

The interviews were recorded as accurately as possible by hand during the interview and read back to respondents at the end of their interview in case they wished to amend anything. This was done to limit the distorting of respondents' answers and introducing error which may happen in this form of interviewing when the interviewer might be required to interpret answers (Bryman, 2001).

Before carrying out the interviews with this sample, I carried out a pilot interview with someone who was not going to be a respondent, but who had experience of social care meetings and an understanding of FGC. In the pilot, I wanted to discover whether the content and style of the questions would elicit the kind of information I was looking for and whether I needed to provide further direction or information to respondents before or during the interview. In some ways it was a "full 'dress rehearsal' for the whole research design" (Gorard, 2003:114). The respondent from the pilot was able to make a useful suggestion that helped her think about what she would want to see evaluated about FGCs. She suggested that at the start of the interview, the respondent reflect on an actual FGC she had been involved in as a way of showed that the semi-structured nature of the interview and the questions allowed the respondent to

I analysed these data using concepts of grounded theory (Glaser and Strauss, 1967). The sample was identified to make comparisons and to maximise the chances of finding variations in concepts and to refine ideas, not just boosting sample size. Data were broken down and coded soon after the beginning of data collection and different levels of coding were used. In doing this, theoretical saturation was reached when newer data were no longer developing the concepts and constant comparison was carried out to maintain the link between concepts and categories.

Charmaz (2006:178) argues that flexibility is the strength of grounded theory methods and suggests that researchers can draw on this without 'transforming it into rigid prescriptions concerning data collection, analysis, theoretical leanings, and epistemological positions.' In describing grounded theories as resulting from emergent processes, Charmaz (2006) feels the process should be fluid and the methodological choices being informed by the problem. Researchers are seen as a part of what they study and for her, analysis shapes the conceptual content and direction of the research. Analysis can be carried out on several sites and involve several levels of abstraction through comparative analysis and analytic directions arise from researchers' interaction and interpretation of emerging analyses rather than from external prescriptions

A number of themes emerged through the interview process and these became concepts that were used to code subsequent interviews. The themes that emerged for me most clearly were that respondents felt there were a variety of aims for each FGC and that it was useful to evaluate whether these had been met. Another theme was that there would be different perceptions on whether the aims had been met, by the different participants involved and that they should all have a say and finally that whether the aims had been met be measured again after a time.

For the sake of anonymity, family members, both young and adult are simply referred to as family member, referrers, local authority and voluntary sector as referrers and project co-ordinators and managers as co-ordinators.

Were the aims met?

Respondents all felt it important to evaluate their meetings even though not all of them had ideas about how this could be carried out. One of the ideas that people agreed on was that the purpose of FGCs was to enable families to come up with

a plan to address an identified issue. Alongside this, each FGC would look at specific aims identified by the referrer and then agreed during the preparation stage. They felt that measuring the effectiveness of the process could be carried out by looking at whether the aim was met.

A good outcome would be if the family stayed together, if that was the aim.

Family member 3

Look at what they come up with and see whether they have addressed what was asked and to see if they have come up with a plan.

Co-ordinator 1

Important to see the young person's perspective on whether the meeting worked.

Referrer 3

A number of aims should be evaluated

When reflecting on their own experience of FGC, all respondents felt it important to note that there were a number of aims for the FGC they discussed. These included dealing with family conflict, resolving family rows, help with contact, housing help, school attendance, where the young person would live, and enabling the children's return home after being looked after.

I was staying out late and hanging around with older people

Family member 1

The aim was to agree where the young person lived in the short term.

Co-ordinator 1

*The aim was to consolidate the family's ability to support the mother and children
(mother with long term alcohol problems)*

Referrer 1

All the participants' views

Respondents felt that not only might all the participants have differing aims for the meeting, but their view of whether the meeting had met these would vary too. For this reason, people felt that the evaluation should look at the different participants' views on this/

We should look at different people's different aims and views, children's, family, social worker.

Co-ordinator 2

Follow up evaluation

Respondents felt that it was important to evaluate how well respondents felt the aims were met after a time.

I would want the questionnaire sent later rather than straight after the meeting, to see how things had worked out.

Family member

It would be useful to evaluate down the line, to see if the plan was holding up

Referrer 3

Themes from the consultation with stakeholders

A number of themes emerged from the interviews with the co-ordinators, referrers and family members. All felt that there were some baseline data that should be collected and the professionals agreed on a range of these that should be collected both for evaluation purposes and to provide information that could be used to fulfil the information needs as agreed with project funding providers.

A theme that dominated responses was of looking at the outcomes of the meeting and whether the meeting did what it was supposed to. Views were offered on how this could be evaluated and a suggestion that was developed was of allowing all the participants of the meeting to give a view on whether the FGC met its aims. Respondents also suggested that there might be a range of aims identified for each meeting and that all these aims could be evaluated. A number of aims were identified both from respondents recalling their own FGC and suggesting the kinds of aims there might be for FGC. These aims were discussed during the consultation phase and some were amalgamated and merged into a list of 12 that covered the range identified in the interviews. A separate aim was left blank for respondents to add any other aims they identified.

These suggestions were developed into a list of items on demographic data and questions on how well aims were met in forming the evaluation tool. We wanted to avoid creating a further layer of burdensome bureaucracy for project staff to complete and so the tool was designed for the pilot.

In exploring processes for collecting and manipulating these data, in consultation with my research team, we decided to use SPSS which had been used successfully to carry out an earlier evaluation for a Women's Safety Unit (2003). This provided a structured data gathering process (Bryman, 2001) and allowed the design of a form that could be used by projects to gather data. The forms and guidance notes were sent out to projects for final consultation before planning the pilot phase of the evaluation tool.

The tool was straightforward and consisted of two sides of A4 paper (appendix 2), mainly to be completed by filling in tick boxes. Our suggestion was that it would take 10 minutes to fill in a form, and that the co-ordinator could complete part 1, the first page of the form during the private family time and part 2 on the second page as soon as possible after the meeting. The date for a six month follow up could also be added to ensure project workers were reminded to carry

this out. Projects received guidance verbally and in writing (appendix 3) on the completion of these forms.

The evaluation tool was designed to collect quantitative data on the first side of the form, numbers of people prepared, people attending and numbers of children whose names were on the child protection register. The second side of the form allowed the collection of numerical data reflecting participants' views on how well their FGC met the aims for their meeting, whether their FGC met their aims not at all, partly, mostly or fully. Though these data are numerical, they represent participants' qualitative views (Gorard with Taylor, 2004). These forms were returned to me for inputting onto SPSS before analysis.

In consultation with AWFGCN agreement was reached that projects would as a minimum, seek the views of the referrer on whether the plan met the aims of the conference for the initial meeting and for the six month follow up. FGC projects have short term involvement with families in that their role is to plan and co-ordinate the FGC. Follow up work, case work or therapeutic interventions are not carried out by these projects (Wiffin, 2000). Because of this, it was felt impractical to aim to contact families after 6 months and would lead to low returns but this option was left open in case projects felt able to do this. Short terms nature of involvement and cases closing after this

The audit and consultation exercise

The projects involved in the AWFGMN were all up and running and followed the basic FGC model (Marsh and Crow, 1998) which included private family time, and had established partnerships with their relevant local authorities.

A priority during the consultation period was the desire to integrate the tool into the normal administrative procedures carried out by projects. Project staff identified the data they needed to collect by their agency or partnerships for their management requirements. We agree that the evaluation tool could be commenced during family time, when the co-ordinator would have time. The

evaluation tool and guidance notes were translated into Welsh and made available to all the projects involved in the AWFGMN.

This provided a simple and quick initial process that could be integrated into everyday practices of the projects and be completed during and immediately after the FGC. Projects agreed to regularly send in forms in batches so that they could be entered on SPSS. The longitudinal data from forms completed six months after the FGC would be returned for entry on to SPSS.

The items included in the evaluation tool were selected by those that had been included on the evaluation forms audited and then decided on by members of the AWFGMN during the consultation. One of the criteria for the amount of information gathered was that the evaluation tool should be no more than two sides of A4 paper to make it easy to complete and so that a further bureaucratic burden was not added to the projects' work.

Strengths and weaknesses of the method used in developing the evaluation tool

The consultation process was aided by the strong links I had with the network and the network's willingness to be involved in the development.

The great strength of this evaluation tool was that its development was informed by FGC practitioners and that some family members had input into the design. This was done in line with FGC philosophy which aims at participation and in attempting to hear the voices of those whom the intervention tries to serve. In reality though, while the design aimed for participation and empowerment as genuine aims, a small number of stakeholders were consulted in the process. Evaluation forms were collected from 32 FGC projects in England and Wales and both individuals from and the whole membership of the network were consulted during the development of the tool, only nine stakeholders were interviewed in

looking at what they felt would be useful in evaluating FGC. For a number of reasons, interviews were not carried out in Welsh, in north Wales. The result was that the project was only partially participative.

The design of the evaluation tool, informed by discussions with the people who would have to complete the forms attempted to both reflect projects' everyday practice in information gathering and to also fit in to this without adding further form filling and procedures. The simple design aimed to not require any additional time or cost to the projects.

While consideration was given to how and when the evaluation would be completed initially, it was found more difficult to complete the process for the collection of the longitudinal data. Practitioners pointed out that the short term intervention did not naturally facilitate longer term data gathering.

Other deficits in the design of the tool were highlighted after the first phase of implementation and these will be discussed in the next chapter which covers the findings from the use of the evaluation tool.

Chapter 5 Findings from the evaluation tool

In this chapter, data gathered using the evaluation tool are presented and discussed. The data are presented in the order that the evaluation tool was laid out. The order of the items in the evaluation tool were initially organised after auditing the evaluation tools collected across England and Wales. Through the consultation with the All Wales Network, this order was refined taking account of the wishes and needs of the Welsh projects. They wanted the demographic data and the work that was carried out by projects to be clearly quantified before participants were asked to comment on how they felt the meetings met their aims.

The first part of these findings, the quantitative data show numbers of families worked with, the number of people prepared, how many attended, broken down into family members, children, professionals and whether the father of any of the children attended. The next section looks at demographic characteristics of the families that went through this process and then the status of the children, whether their names were on the Child Protection Register or whether they were subject to any court orders. In the final section of the findings, the data presented represent the scores given by the various participants in the FGCs on whether they felt the FGC met the aims they had identified for the meeting.

With all these datasets, there are significant numbers of data missing and suggestions are made for what this might mean, initially with regards to individual sets and then on the issue of missing data generally throughout this study. These might provide by their very absence an important insight into the operation of FGC projects, their priorities and how their work is conceptualised. It is also worth bearing in mind that these numbers represent the minimum numbers of interventions offered and people prepared, as project staff have said that they do not feel that forms were completed and returned for every FGC carried out.

The findings are presented in tables in the main with explanations of the categories in the text. When presenting percentage, the figures have been rounded up to whole numbers.

Number of forms returned by projects

Table 3.1 Number of forms returned by each project.

Project	Forms returned	Percent of total forms returned
A	124	26
B	168	35
C	19	4
D	37	8
E	87	18
G	3	1
H	44	9
J	1	0

Each letter represents a FGC project from the All Wales Network. Project F has been omitted as no forms were returned by this project. The numbers show the actual number of forms returned. These figures will not necessarily be a true reflection of the number of FGCs held by that project, but the number of evaluation forms completed and submitted. This will vary according to the priority given to completing the forms, numbers of FGCs held, staffing and resources allowed to completing these forms. They will show the minimum number of families where preparation work was carried out, as discussed in the development of the evaluation tool.

Figure 3.1 shows that returns from projects ranged from 1 from Project J to 168 from project B, over the data collection period. The total number of forms returned was 200 during the initial pilot phase and then 286 in the second phase of data collection so that data were collected from 486 FGCs in the 4 years of the study. The increase during the second phase could be a result of increasing numbers of FGC carried out, but might also be due to the process of completing

the data collection forms becoming more familiar to project workers and completing these forms becoming a part of the normal information gathering process carried out by majority of projects.

Figure 3.2 Number of people prepared

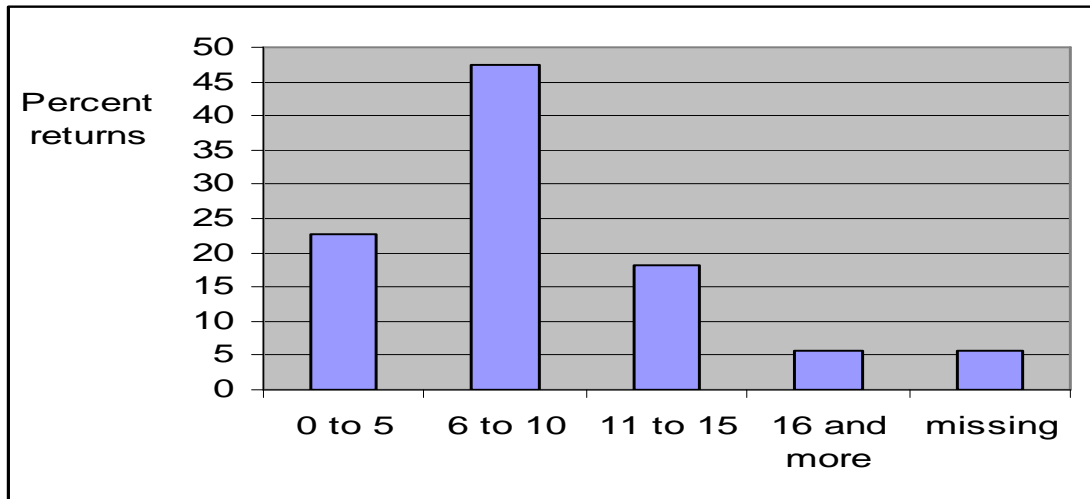


Figure 3.2 shows the numbers of people prepared to take part in each FGC by percentage of FGCs, where a form was completed. This shows that between 6-10 people were prepared for almost half of the cases. The total number of people prepared (family members, adults and children and professionals) was 3794 with an average of just over 8 people per conference. The maximum number prepared for one FGC was 24 and the smallest number recorded was nil. Data were missing in 28 of the cases.

The record of no people being prepared, on a total of 6 forms was odd because the agreement with projects was that forms would only be completed where as a minimum, family members were prepared, so these might be records where this was not carried out. In discussion during the consultation phase, projects asked that families where preparatory work was carried out be counted in the evaluation. They felt that this evaluation should measure the amount of work carried out by FGC workers. It was also pointed out that for some families, this

level of intervention was sufficient to help them resolve their issues and they would not go on to have the meeting as part of the process. A number of families might also go through the preparation stage and not wish to proceed to the meeting, but project workers reported that these were a very small proportion of the total. The following figure shows the number of cases that went on to have an FGC and those that did not.

These figures show the amount of preparatory work carried out by FGC projects.

Figure 3.3 Whether the FGC took place

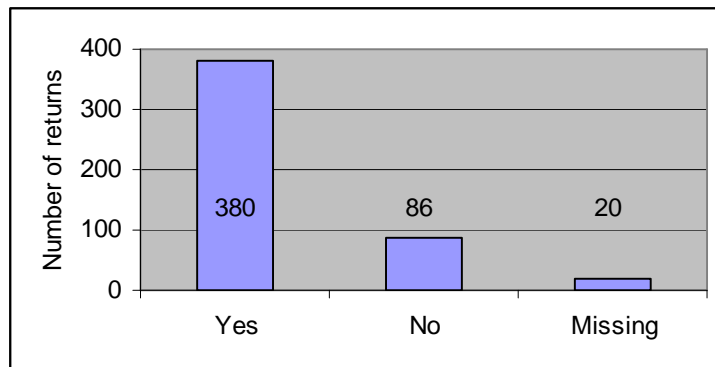


Figure 3.3 shows the number of cases that went on to have a meeting at the end of the process, where a form was completed. Of the forms returned, 78% noted that an FGC took place and none took place in 18% of the returns while the item was not noted in 4% of the returns. Almost four out of five cases that had preparation work carried out went on to have an FGC meeting. These data were missing from 20 of the cases. As previously mentioned, families who were referred for FGCs and were visited by a co-ordinator to carry out preparation work were included in the data.

The 'conversion rate' or numbers of prepared families that went on to have an FGC is a topic that is debated within the AWFGMN, where the discussion revolves around whether a family that does not wish to have the FGC should be seen as a failure by the project. Some families identify solutions and resolve

difficulties through the preparation stage and others may not feel that this model is appropriate for them either at all, or at that particular time in their lives. Within the model's philosophy and practice guidance, family members are empowered to make decisions and so there would no compulsion on attendance and their non-attendance would mean that the meeting would not be held and other routes of decision making would be pursued (Lawrence and Wiffin, 2002). Because of this, the proportions of families that do not go on to have their meeting are reported without giving a view on whether that was seen as a positive for the model or not.

Table 3.4 Number of family members that attended

Table 3.4 shows the numbers of family members that attended their FGCs. Across the 460 FGC where these data were reported, 2853 family members were noted as having attended. In 184 (38%) FGCs, six to ten family members were recorded as attending with none to five family members attending 149 (31%) of them.

Number of family members attending	Number of FGCs	Percent of FGCs
0 to 5	31	149
6 to 10	38	184
11 to 15	11	54
16 or more	2	12
missing	18	87

'Family members' was not defined in any way on the report forms, so the projects were free to interpret it as they chose. FGC practice tends to view family in its broadest sense and would include distant relatives as family members (Lawrence and Wiffin, 2002). The smallest number of family members attending was reported as zero, in one case.

It is unclear how there could have been an FGC with zero family members present and it is not clear if that figure means a FGC was scheduled but no family members turned up for it, or that the subject of the family had no 'family' in the project's definition of family. Such anomalies are inevitable when workers whose priority is not research are completing forms for research purposes.

The average number of family members reported present was seven, and the largest 27. Once again a figure returned raises questions about the definition of 'family' being used by the project workers completing the form. An attendance of 27 family, plus professionals, would have made an unusually large FGC. FGC practice guidelines do not suggest normal sizes for the meetings nor limit the number of people that can attend. Neither is there a suggestion of a recommended optimal size but there is recognition of the diversity of family size and membership that might attend their FGCs. Across the 460 FGCs on which data were provided on this question, 2853 family members attended, which is evidence of FGC projects involving families.

Throughout the research, the problem of missing data keeps recurring. On this item, 87 FGCs for which a report form was completed had a nil return for this item. So these 87 conferences could have been attended by no family members or even more than 27. Given that the items on the report form were chosen by the projects through network meetings and consultation and so focussed on data they wanted to capture, the missing figure of 87 out of 486 is worryingly high.

Given the nature of the instrument, it is probable that projects interpreted 'family' in the spirit of the FGC movement. In FGC ethos 'family' can be interpreted to mean not just the nuclear family or the household members, but also the extended family of blood relatives and other people who play caring roles with the child, such as neighbours, child minders, foster parents etc. This might explain the large number of family members noted as attending as the average family

size in the United Kingdom has now fallen to 2.4 people per household in 2009 (ONS, 2009).

In comparison with traditional meetings, such as child protection case conference or other decision making meetings about children, these would carry on even if the family member or young person did not attend wherever possible. Thorburn *et al.* (1995) and Bell (1999) suggested that though parental participation was a requirement in case conference, that good practice models were developing rather than real participation being achieved. There is a paucity of empirical research on the numbers of parents or family members attending traditional meeting, let alone on whether they felt that they were able to participate in their decision making meeting. It is unusual for more family members than parents alone out of family members to attend child protection conferences and many are attended by the mother alone (Baynes and Holland, 2010).

Table 3.5 Number of children that attended

Number of children	Number of FGCs	Percent of FGCs
0	65	13
1	124	26
2	92	19
3	47	10
4	34	7
5 or more	23	5
missing	101	21

Table 3.5 shows the numbers of FGCs that had 0, 1, 2, 3, 4 and 5 or more children reported to have attended the FGCs and the mean figure was 1.9 children. 'Children' was not defined on the form, so the projects used their own definitions when completing the item. In normal social work practice the term 'children' is used to describe children under the age of 18 although more often the older age group are called 'young people'. For the purpose of this study, 'children' is used to describe children and young people under the age of 18.

Data on the number of children attending were recorded for 380 FGCs. Unfortunately this item was not completed for 101 FGCs. However given that the FGCs currently held in Wales, that are evaluated are focussed upon a child rather than on adults, and it is likely given FGC philosophy that FGC workers would attempt to involve the children whose difficulties are to be discussed, it is likely that across 486 FGCs, at least 837 children attended.

Once again it is striking that the projects designed their own data collection instrument, focussing on the data they wanted to record, yet on a large number of forms this item was left blank. Although, it needs to be remembered that it was the project leaders or managers that attended network meetings, not all the coordinators attended. This meant that those deciding which data to collect and participating in discussions on how to collect the relevant data were not necessarily those who had to use the instrument to gather data.

The highest number of children recorded at any FGC was 11, and in 13% of the cases the FGCs had occurred in the absence of any child. Figure 3.5 shows that it is unusual for one or two children to attend. If we compare the data on 'family' attendance from figure 3.4 with these data on children, it is apparent that many more adults than children are generally present at FGCs.

In their examination of case files for attendance or involvement in child protection conferences in one English local authority, of the 71 children (from 40 families) who went through initial child protection conference, Baynes and Holland (2010) found children's contributions to be very limited. Not many of the children were involved in their conference by attending, only one child consultation document had been completed and none of the children had an advocate at the meeting. They conclude they found very limited contributions by children.

Table 3.6 Did the child's father attend?

Did father attend?	Number of FGCs	Percent of FGCs where item completed
No	45	46
Yes	53	54
Missing	388	

In June 2006 a conference called 'Fathers Matter' was held by the Family Rights Group in London for professionals and parents involved in child care meetings. The conference followed a report that looked at the nature of fathers' involvement in, and recognised the importance of engaging fathers when the state became involved in their children's lives (Featherstone, 2004). I presented a session on engaging fathers in FGCs at the conference and the conference put the roles of fathers in the lives of their children firmly on the agenda for the FGC Network in Wales. Accordingly, following discussions with and agreement from the network there was an item added specifically on the attendance or non attendance of the father, or fathers, of the children involved at FGCs.

For the purpose of the item, the term father was defined as the genetic, that is the birth father, rather than any partners or cohabitees of the mother. Despite the profile of the Fathers Matter conference, the item on fathers attending was poorly completed.

Table 3.6 shows that of 486 (although as this item was added well into the data gathering period so this would be out of much fewer than 486) FGCs, the presence or absence of the father or fathers was only noted in 98 meetings. On this item it is impossible to make any remark about the involvement of birth fathers in the other 388 FGCs. The data on the 98 meetings reveal that in three, more than one child's father was present. This is likely to be because each form records an FGC rather than individual children and a family might contain three

or more children each with a different father. In the remaining 95 meetings, the birth father was present in 50 (51%) and absent in 45 (46%).

The ethos of the FGC is that birth fathers should be involved, and that the FGC format is more attractive than other traditional social services meetings such as planning meetings or child protection conferences which birth fathers rarely attend. In a study carried out in England on the engagement of fathers in the child protection process, Baynes and Holland (2010) found particularly low rates of engagement especially of non-resident fathers. They found of the 63 men involved in the lives of 71 children going through CPCC, 60.3% were not recorded as having any seen or had contact from social worker. Less than half of the men in the study were invited to the initial child protection meeting, and less than a third of men attended. All of the men who came to the meeting made some contribution (Baynes and Holland, 2010). In FGC, attempts are made to include family members, including fathers on the principle that they might offer positive ideas or resources for the welfare of the child.

If figure 3.6 is compared with figure 3.4 the large numbers of ‘family’ attending are even more striking if the birth father is absent in over 40% of the FGCs.

Before moving on from the data reported on people attending FGCs to discuss demographic data of children and families involved in FGCs, it is important to consider the results of the item on professionals in attendance.

Table 3.7 the number of professionals attending the meeting

Number of professionals	Number of FGCs	Percent of FGCs
0	40	8
1	155	32
2	109	22
3	44	9
4	23	5
5 or more	14	3
Missing	101	21

Table 3.7 shows the results of the item on the number of professionals attending and shows the percentages of FGCs where 0, 1, 2, 3, 4 or 5+ professionals attended with a mean figure of 1.8 per FGCs. The terms professional was not specified, but FGC projects used it to cover people such as Social Workers, Teachers, Health Professional and Education Welfare Officers. It would have been used to cover both paid workers in statutory agencies, paid workers in voluntary bodies and qualified/trainee volunteers such as Youth Workers and anyone involved in assisting the family from an agency.

Data were provided for 385 of the 486 meetings; that is no data were recorded for 101 FGCs. There were no professionals at 40 meetings, but as figure 3.7 shows, it is commonest to find one (155 meetings) or two (109 meetings) recorded as present at FGCs. The largest number of professionals recorded was twelve, and there were five or more present in fourteen of the meetings. The ethos of the FGC movement is to keep the number of professionals to a minimum in order to provide time and space for the 'family' to confer and to be in charge of the process. The fourteen meetings where it was reported five or more professionals in attendance appear to be highly unusual FGCs. We can possibly speculate that if there had been such high numbers of professionals present in the 101 meetings for which there were no data, this number would have been reported, precisely because FGCs are not intended to be skewed that way. The FGCs are very different from social work meetings such as planning meetings or Child Protection Conferences where professionals normally outnumber family members (Thoburn et al. 1995, Baynes and Holland 2010).

Table 3.8 Whether children’s names were on the child protection register

Registration	Number of FGCs	Percent FGCs
Not on register	264	54
On register	129	27
Missing	93	19

Table 3.8 shows the results of the schedule item asking projects to record whether or not the family involved in the FGCs had one or more children whose names were included on the child protection register (CPR). The percentages are marked on the axis and actual numbers included in the chart. This item was useful to the FGC movement for a number of reasons. A major reason was to show that while FGCs could not replace traditional child protection conferences as outlined in *Working Together to Safeguard Children* (1999), some workers felt FGCs could be used in child protection cases. Another reason was to see whether involvement with the FGC process could lead to the children in that family’s names being removed from the child protection register. At times, children’s names might remain on the register or be included on the register as information sharing and decisions made by a wider range of people involved in the child’s life might show that the child was at risk of significant harm.

Where FGC enthusiasts are working with statutory bodies whose management is sceptical about them, there might be more reluctance to use the FGC model with families already enmeshed in statutory procedures of a more traditional (i.e. professionally dominated) type. Equally FGC enthusiasts might be particularly keen to show that FGCs can work better than ‘top down’ traditional opportunities to resolve problems facing families with a child or children on the CPR, and/ or prevent more, or more prolonged periods of registration.

Despite the FGC projects choosing to have this item, no data were provided on 93 of the families. In contrast to some of the other items, where it is impossible

to make any assumptions about missing data, in this case it is probably reasonable to assume that a child being on the CPR is such a significant part of the information provided for everyone attending the FGCs and of such salience for any social worker, that the missing data 'mean' that in those 93 families there were no children on the CPR. If that is a safe assumption, the figure of 129 families involved in FGCs with a child or children on the register, compared to (probably) over 300 without (264 on whom data were provided, and 93 who probably did not), shows that in Wales in 2007 the FGC was more commonly used with families without children on the CPR, but that a significant number of FGCs are held for families where one or more of the children is already 'known' officially to be at some risk. This item only allowed for data on any child in the family being on the CPR. No data are available about whether the child who was the focus of the FGCs was or was not on the CPR.

The relationship between the traditional official processes of a professional dominated child protection meeting and an FGC is, as yet unexplored by researchers. Brown (2002) set out to compare outcomes for children who went through a FGC and those that went through the mainstream Child Protection Case Conference. Her efforts to compare the two robustly using random control trials were prevented due to D.O.H. (1999) guidance that doesn't allow families to be diverted from traditional child protection decision making processes. There is an important difference between the two forms of meeting. The information about child protection registration would be kept relatively private as opposed to in a FGC where the wider family would have learnt of concerns during the preparation phase.

The extended family and the range of people who played family roles for children often involved in an FGC, would not normally be involved in traditional child protection proceedings, and might not know that a child's name had been placed on the CPR. Solutions, help and support of the types that can be mobilized in an FGC might never be generated through the traditional CP process.

The following figures from the NSPCC (2009) show the total numbers of children whose names were on Child Protection Registers throughout Wales during the years when data were collected to get a view of what proportions of these children went through the FGC process.

Year	2005	2006	2007	2008
Names on CPR	2,270	2,165	2,325	2,320

These figures show the number of children whose names were on the register at a particular time of each year. They do not count the number of children whose names might have been entered on the register and later removed and provide a snapshot of the number of children's names on the CPR at 31st March each year, rather than a total of the number throughout the year. In practice, children whose names remained on the child protection register for as long as two years would be offered an intervention to change this situation, bearing in mind that it would undermine a child's welfare to remain '...be at continuing risk of significant harm' (AWCPP, 2008: 108) for that length of time.

While the registration figures show the number of children on the register, the number 129 in the data denotes families that included a child whose name was on the register, which would include families where more than one child was on the register. Because of this, we can suggest that more than 129 children whose name was on the register went through the FGC process. In the design of the tool, the item did not gathered enough information of enough specificity to know what proportion of children whose names are on the child protection register in Wales this represents. The tool was used to collect information of families with a child on the register. Official statistics are per child and are therefore not directly comparable. Even then though, the numbers that are going through the FGC process represent a small proportion of the total number of children on the child protection register.

Table 3.9 Whether child subject of a Court Order

	Number of FGCs	Percent of FGCs
No court order	253	52
Court order	112	23
Missing	121	25

Table 3.9 shows families that contained a child who was the subject of a court order. The percentages are shown on the axis with actual numbers within the chart. The evaluation tool only required the person completing it to record where there was any child who was the subject of a court order within the family, rather than how many children were the subjects of orders. The number of families that included a child that was subject of a court order was 112, and 253 that did not include a child that was subject of a court order, so two out of five of the families where this item was completed had a child with a court order. Data were missing regarding 121 families. We might suppose that this item might have been completed when the child was the subject of an order as this would have been seen as important for the co-ordinator.

A criticism of FGCs has been that they work with simple family problems and these data show that about a quarter of the children that went through these FGC have been involved with the courts and represent more complex cases.

Table 3.10 Which Court Orders

Name of Order	Number noted	Percent of times noted
Care Order – accommodated	38	8
Care Order – placed at home	10	2
Interim Care Order	57	12
Accommodated section 20	33	7
Residence Order	21	4

Figure 3.10 shows the proportion of which court orders the children were commonly subject of, where recorded. Forty eight of the families contained a

child with a Care Order. Care Orders are orders that are granted when the court is satisfied that the child is suffering or is likely to suffer significant harm and that this is because the care given or likely to be given by the parent is below a reasonable standard or that the child is beyond parental control. The court also has to decide whether the order would be in the child’s best interest and that the order is necessary to protect the welfare of the child according to the *Children Act 1989* and may lead to the child being looked after away from the family. Ten further children were subject of a Care Order but remained living at home. In 57 families there was a child with an Interim Care Order (a short term Care Order), which might suggest that FGCs were being used to aid decision making during care proceedings and 33 families where a child was accommodated under s20 of the Children Act. This is a voluntary agreement with parents where the child becomes looked after by the local authority with the agreement of the family, rather than ordered by the court. There were also 21 families with children with Residence Orders. Residence Orders are orders that decide where a child shall live.

Demographic details

This section looks at the demographic characteristics of the children and families involved in these FGCs.

Figure 3.11 Children’s ethnicity

Ethnicity	Number	Percent
White UK	319	65.6
Welsh	67	13.8
African/Caribbean	3	0.6
Missing	97	20.0

Figure 3.11 shows the ethnicity of the children that went through the FGC process with the overwhelming majority being identified as white UK and Welsh. From the 2001 census (Office for National Statistics, 2009) 96% of the Welsh population identified themselves as White UK and Welsh. In the returns, fewer

than 1% of the families were identified as having any other ethnicity than White UK or Welsh. One family identified itself as Irish, one African Caribbean, one Asian and two were of unspecified dual heritage. This item was missing in 20% of the forms. These categories were agreed as the most relevant by FGC projects and it must be pointed out that the category of Welsh might include people who were not necessarily white.

Figure 3.12 Language spoken in the household

Language in household	Number of families	Percent of families
English	335	69
Welsh	52	11
missing	99	20

Figure 3.12 shows the language spoken in the home with English the home language for 335 households and Welsh in 52 of them, 10.7% of the families. From the 2001 census (ONS, 2009) 21% of the population of Wales said they could speak Welsh although not all of these would necessarily identify this as the language spoken in the home. One family spoke Thai, another Urdu and yet another was noted as speaking another language in the household but the language was not identified.

Figure 3.13 Whether the family contains a child with a disability

Whether a child in family disabled	Number of families	Percent of families
No	340	70
Yes	54	11
Missing	92	19

Figure 3.13 shows the proportion of families where there was a child with a disability identified. 54 families identified themselves as having a child with a disability and 340 said they did not have a child with a disability. Families were

invited to define this item themselves and did not require the child to be registered disabled nor to have a statement of educational need to do so.

Figure 3.14 Whether the family contains an adult with a disability

Whether adult disabled	Number of families	Percent of families
No	304	63
Yes	70	14
Missing	112	23

Figure 3.14 shows the proportion of families that identified that they had an adult with a disability. Of these, 70 identified themselves as having an adult with a disability and 304 without, with 112 families where this item was missing.

The 2001 census (ONS, 2009) showed that in 2001, 23% of the population of Wales had a disability. The figures were broken down into 0-15year olds and then older age ranges and the proportion for 0-15 year olds was about 10% of the population.

Before we look at the final figures which look at the participants' views on whether their FGCs met their aims, it is useful to look at what the demographic figures tell us about who is offered an FGC.

The figures for ethnicity, language spoken and disability (child and adult) reflect the population of Wales closely and there are no anomalies in the proportion of the population that go through FGCs. These were the categories identified as being important for data gathering during the development of the evaluation tool and the consultation and pilot following this. The evaluation tool does not record any other characteristics of the children, such as their ages and gender and for stakeholders in the FGC process these were not seen as important categories to be measured. Within FGCs, children and young people are not seen in age or gender categories, in that although treated as individuals, there is no particular

differentiation in relation to age or gender. Children and young people of any age may be invited to their FGCs and will be invited to contribute and participate in light of their understanding rather than age. In retrospect, it would have been interesting to gather information on the ages of children attending FGCs to show the average age.

Outcomes in FGCs

The charts above show the characteristics of the families in the sample. The following data look at outcomes; perceptions of participants of FGCs on how well they felt their meeting met the purpose of FGCs by enabling families to develop plans that addressed the aims identified for it. FGC coordinators were asked to identify the aims for the FGCs during the information giving stage of the meeting and to note as many of these as were applicable. Following the meeting, either immediately after the plan was presented and agreed or by follow up phone call, participants were asked to give a view on whether they felt their FGCs met the identified aims not at all, partly, mostly or fully.

Although these data are reported numerically, the numbers represent participants' perceptions on whether their aims had been met for the meeting and attempt to capture their subjective views rather than an objective measure. These are presented as numbers; the numbers represent how well people felt their FGCs met their aims and are noted as 'did not meet their aims at all' (0), 'partly met their aims' (1), 'mostly met their aims' (2) or 'fully met (3) them'. In the presentation of the findings, a perception that an aim was mostly or fully met would be counted as having met the aim whereas one that did not meet or partly met the aim would be noted as did not meet the aim. In reporting the findings, only where participants said their aims were either met mostly or fully were these noted as a yes.

3.15 Which aims were identified for FGC

	Aim identified in FGC	No	% of total
1	Involve wider family in child(ren)'s welfare	256	52.7
2	Improve relationships or communication	220	45.3
3	Support parent in caring for child(ren)	200	41.2
4	Address contact issues	178	36.6
5	Plan where child will live	155	31.9
6	Protect children	143	29.4
7	Prevent accommodation outside family	95	19.5
8	Address education	68	14
9	Address housing issues	67	13.8
10	Involve professionals in child(ren)'s welfare	65	13.4
11	Enable return home	51	10.5
12	Prevent offending behaviour	36	7.4
13	Other	5	1

Figure 3.15 shows how often the aims agreed in the development stage as encapsulating the common ones for FGCs were identified as being relevant for these FGCs. Any individual FGC might have more than one aim identified for it and a small number had only one aim identified. The most common aim, identified for 256 of the FGCs, just over half of all the FGCs recorded, was to *involve the wider family in the children's welfare*. A key feature of FGCs is that a child's wider family would be involved by workers in the preparation stage and invited to the meeting itself. This fits in with the principle that the care of a child would be improved by the involvement of wider family. In reality, involving the family in a child's welfare is a basic function of an FGC. The aim that was identified the least number of times was to *prevent offending behaviour* which was identified as the aim for 36 FGCs.

Figure 3.16 Whether the FGC met its aims

			Referre r	Young Person	Main carer	Other carer
	Aim	No	% (n)	%	%	%
1	Involve wider family in child(ren)'s welfare	256	81 (236)	75 (142)	77 (189)	93 (44)
2	Improve relationships or communication	220	72 (200)	75 (129)	72 (163)	77 (48)
3	Support parent in caring for child(ren)	200	79 (188)	77 (100)	77 (149)	92 (37)
4	Address contact issues	178	80 (169)	82 (110)	80 (137)	85 (41)
5	Plan where child will live	155	78 (143)	83 (84)	75 (104)	80 (30)
6	Protect children	143	78 (140)	79 (82)	81(109)	79 (33)
7	Prevent accommodation outside family	95	74 (88)	87 (39)	84 (62)	92 (13)
8	Address education	68	65 (62)	69 (45)	63 (52)	90 (10)
9	Address housing issues	67	73 (64)	66 (35)	58 (55)	71 (17)
10	Involve professionals in child(ren)'s welfare	65	92 (59)	82 (39)	79 (48)	92 (13)
11	Enable return home	51	61 (49)	58 (33)	64 (36)	73 (11)
12	Prevent offending behaviour	37	63 (32)	80 (25)	65 (23)	100 (2)
13	Other	6	83 (6)	75 (4)	100 (2)	67 (3)

Figure 3.16 records participants' views on whether their FGCs met their identified aims. The aims are listed in the order that they were identified most commonly and n gives the number of times each aim was identified. The following columns present the different participants' views on whether their FGCs met the aims identified for it. As outlined previously, the FGC was only counted as having met the aim if the participants said it 'fully' or 'mostly' met the aim and if they said did 'not meet' or 'partly met'; this was seen as not meeting the aim. The first figure in these columns is the percentage of times and the second figure, in brackets the actual number of times participants said their FGCs met their aims.

Figure 3.16 shows how respondents rated whether the aims that were identified at the FGC were met by the meeting. As discussed in the literature review and methods chapters, while there have been many evaluations carried out on participants' experience of the preparation stage and satisfaction with the FGC process (Marsh and Crow, 1998), this tool was designed to evaluate whether FGCs produce effective outcomes in doing what they aimed to achieve. Supporters of the FGC model argue (Ashley *et al.* 2007) that FGCs produce

plans that provided solutions to families' difficulties that were effective and more likely to be carried out if the extended family participated in understanding the concerns and developing the plan. Members of the All Wales Network, in developing this tool, were keen to explore whether the effectiveness of the model could be measured by looking at how well the FGCs met the aim of addressing and developing a plan for an identified issue.

Following the participatory nature of FGC philosophy, the major participants involved in FGCs evaluated whether the process met their aims. The aims included in the tool were identified through its development as those being the most relevant and addressing those that would normally be the subject of FGCs. The co-ordinator completing the form would note which aims were highlighted as those to be addressed in that meeting before asking for the participants' views on how well these had been met immediately following the meeting.

The highest numbers of respondents for any one identified aim of a FGC were 237 referrers looking to 'Involve wider family in child(ren)'s welfare'. The aim that was reported as being met for the highest percent of respondents was to 'Involve professionals in child(ren)'s welfare' where 92% out of the 54 referrers that felt the aim was fully or mostly met. The lowest numbers of respondents for any aim was 23 main carers for the aim to 'Prevent offending behaviour' and the aims that were reported as being met the least were to 'Enable return home' as reported by 58% of young people and 'Address housing issues' reported by 58% of main carers. The numbers of respondents for aim 13 and those responding as other carers were small but their views are included in the findings.

Generally, what this shows is that all of the aims were met for over half of the participants with many being met more highly. The aim met the least often being the return home by the young person and we should bear in mind that in some cases, the carers might have not wanted the young person to return home, or that this might have not been in the young person's best interest. All the

participants said that the aim of protecting the children was met between 78 and 81% which supports enthusiasts' views that FGCs can protect children.

These data must be read with the caveat that many of the items have data missing and while we are able to make suggestions on what the results mean, these conclusions cannot be stated with certainty.

Figure 3.17 A comparison of participants' views on how well the FGCs met identified aims.

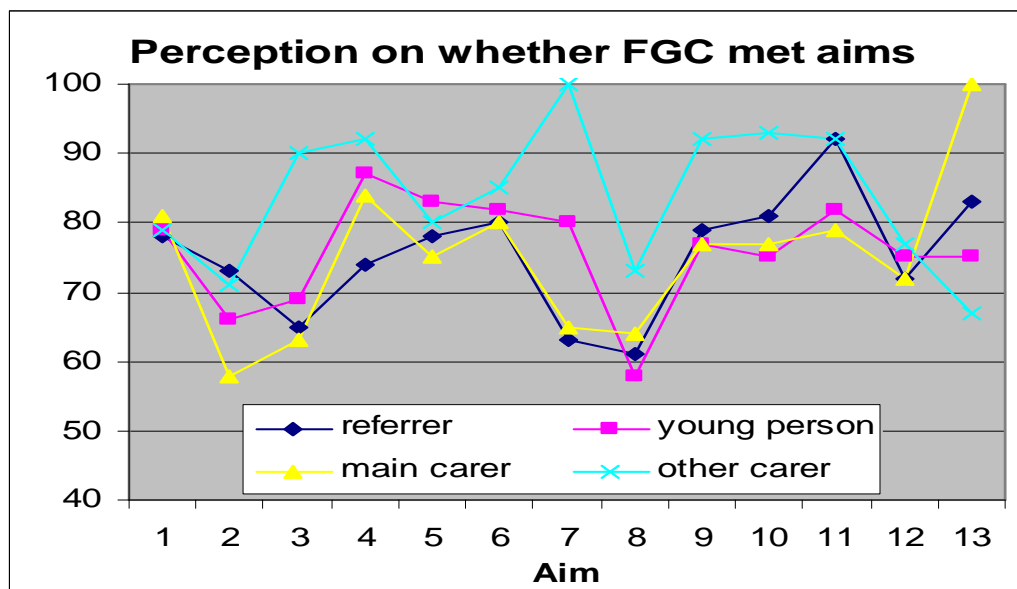


Figure 3.17 shows the different participants' views as a percentage of times they felt that their FGCs met the aims agreed for it. It confirms the finding that the lowest percentage of participants that felt their aims were met was 58% for the young person returning home and 58% for the main carer wanting housing issues to be addressed. Though both of these are met for well over half of these participants, one could suppose that there might be reasons beyond the process that led to this finding. As discussed above, at times, though the aim might be for the young person to return home, pursued by the young person wanting to return home and the referrer working to reunite the family, this might not be seen as a positive move by the carers. The aim of housing issues is often a resource issue,

which usually is not in the control of neither the family nor the referrer unless they are housing workers. Nevertheless, overall, this figure shows that FGCs are perceived to be an effective way of meeting the aims of the participants involved in them, where asked immediately following a meeting.

Together with the perceptions of the separate participants on how well their aims were met, there is also a similarity on how well the different aims were met. So, for example, for the aim of enable return home, this scores the lowest for the three main participants, the referrers, children and main carers. The response for other carers is small and provides results that might not be reliable. Correspondingly, for the aim of involving professionals in the child's welfare all the participants score this highly.

This might suggest that as well as being effective, there is a great deal of agreement on the aims and how well they are met by all participants within FGCs. This is often a useful part of partnership working between social workers and families as suggested by Thoburn *et al.* (1995) and Bell (1999) amongst others.

Longitudinal data (data gathered 6 months after FGC)

Table 3.18

Project	Returns at initial stage %	6 month follow up returns %
A	26	5
B	35	32
C	4	12
D	8	16
E	18	33
G	1	0
H	9	1
J	0	0

Table 3.18 shows the rates at which projects returned 6 month follow up forms and compares these to the percentage of forms returned from the initial FGCs or preparation work. There are three projects that show an increase in the percentage of returns after six month follow ups and each has a particular reason, perhaps for doing so. One was the project that initiated the research and perhaps felt a commitment to gathering the data. The second project that showed an increase reported stability in its staffing and the third project was coming to the end of its commissioned contract and wanted to use the material from the research to develop an argument for further funding. The project that showed the greatest drop in proportion of returns after six month follow up is mainly served by sessional staff and as such does not have office based staff to carry out follow up calls to referrers on families they had ceased to be involved with possibly for six months.

Table 3.19 Perception of whether the aims had been met by FGCs, six months after the meeting

follow up	Number of time aim identified	Perception of referrer	Perception of young person	Perception of main carer	Percept'n of other carer
Involve wider family in child(ren)'s welfare	23	17 out of 20	11 out of 12	12 out of 12	5 out of 5
Improve relationships or communication	12	6 / 9	2 / 4	1 / 5	0 / 1
Support parent in caring for child(ren)	17	3/ 9	2 / 2	4/ 6	0
Address contact issues	4	0/ 4	0	2/ 2	4/ 4
Plan where child will live	5	0/ 1	2 / 2	4/ 5	0
Protect children	5	1/ 2	2 / 2	4/ 5	0
Prevent accommodation outside family	3	1/ 1	1 / 1	0/ 2	0
Address education	2	0	1 / 1	2/ 2	0
Address housing issues	5	1/ 2	2 / 3	2/ 5	0
Involve professionals in child(ren)'s welfare	8	2/ 3	4 / 4	6/ 8	0
Enable return home	5	0/ 2	1 / 2	2/ 5	0
Prevent offending behaviour	8	2/ 2	5 / 5	7/ 7	

Table 3.19 shows the perceptions of participants six months after their FGCs on whether the identified aims of the FGCs were still met. The first two columns

represent the aim and how often it was identified as an aim for the FGC, The next column gives the number of times the referrer said the FGCs fully or mostly met the aim out of the number of time referrers responded to that question. So for aim 1, 20 referrers provided their view and of those 17 said their FGC fully or mostly met the aim (so three felt the aim had been partly or not at all met).

The table shows a slight reduction overall in the proportion of respondents feeling their aim had been met. There may be a number of reasons for this. Firstly as the literature has shown there is high satisfaction amongst all participants of FGCs and it is likely that this would lead respondents to experience a 'feel good' factor immediately following their meeting. This might then have waned by the time of the six month follow up. The plan that had been agreed at FGCs may have not been appropriate or completely effective in dealing with the identified issues. The tool also did not look at whether the plan had been carried out or whether family members or professionals from the agencies had completed their agreed tasks.

Nevertheless, in the three aims identified most frequently (to involve wider family in children's welfare, improve relationships or communication and to support the parent in caring for children) the referrer and young person felt the aim was met in over a third of one aim and over half for the others.

With regard to who gathered follow up data, when this was gathered and the kinds of referrals they were gathered on, we can make some conclusions. The forms were returned throughout the data gathering period and so there was not a dropping off of interest or an increase in collection rates across all the projects. As the return rates show in table 3.18, there were some changes in projects that might have led to greater or lesser priority being given to the collection of follow up data.

The amount of times aims were identified were also similar to the rates at which they were identified at initial data gathering and so there does not seem to be a particular aim that was followed up more than other and in relation to the proportion of cases where children’s names were on the child protection register or subject of a care order, table 3.20 shows a comparison.

Table 3.20 Comparison of child protection registration and court orders of initial and six month follow up families.

	CPR	Care Order
At FGC	27	23
At 6 month follow up	21	18

Table 3.20 shows that the proportion of cases that had children whose names were on the child protection register and subject to court orders was higher in those families followed up that in the families that forms were completed on initially after FGCs. No clear reason was offered by project staff for this but a suggestion was made that families with children on the register or subject to court orders would more likely remain in touch with a social worker, who would be more able to provide a response to a follow up survey. The other interesting feature was that in the planning of the follow up data gathering, due to the short term involvement of FGC projects with families, it was envisaged that only the referrer would be asked their view. What actually happened was that for the 94 forms that were returned, a large number of young people and main carers provided their view.

Conclusions of the usefulness of this evaluation tool

The evaluation tool gathers two kinds of data. The first are those numerical data that quantify the numbers of people prepared and that attended the FGCs, together with the demographic data on those people. The second kinds of data

are participants' perceptions on whether their FGCs met their aims and though these are presented as numbers, they represent a subjective view.

There are data missing on all the items and numbers for people prepared, family, children and professionals are missing in a large proportion of the forms. There may be a number of reasons why this is so and we can only surmise what these might be. The items were selected by stakeholders in the FGC process though the discussions following the audit. This should mean that these were identified by those stakeholders are being of use and important either for evaluation purposes or for providing management information to partner agencies.

This makes it the more surprising that so many of these items have been incomplete on forms returned. Project staff have talked about the pressure of work and lack of administrative support as reasons for forms not being completed at all in some instances, but that does not explain the times when for example the item for whether the child's name was on the child protection register was left blank.

The other area of missing data was in the attempt to gather longitudinal data from families six months after their FGCs. The request for longitudinal data came from both the interviews with stakeholders and the consultation with projects. Despite this wish to gather these data, there was also recognition that gathering these would be problematic due to the short term nature of interventions carried out FGC projects. In discussions with project staff and at network meeting when the data were presented, these fears were confirmed and FGC workers offered a number of reasons why they had not been able to gather this data, ranging from the case becoming unallocated and so there being no-one involved to ask the question of to the burden of work, meaning that project workers were not able to devote time to following up referrers for their views. Despite these difficulties, 94 forms were returned from six month follow ups and young people, main carer and some other carers were asked their opinion six months after their FGCs.

Because of the design of the form, it is difficult to conclude whether an item left blank might mean that that represented a return of nil or whether it was a not complete item. A modification of the tool for future use would be to design in a forced answer, so that respondents would need to mark whether the response for a particular item was nil or not. A review of the usefulness of the evaluation tool would also look at which items that were included on the form were not of use any more to the service.

Other items that would be usefully added to the tool would be the age and gender of the child. The recording of disability, child protection registration and court orders could more specifically identify individual children in the family, or the number of children that were for example subject of a court order, An alteration that would be usefully made would be to remove the mixing of the question on ethnicity and nationality. The key priority for the tool was to keep the form short but on reflection, this has led to potentially useful categories being excluded.

Despite the problem with missing data, the evaluation tool has been useful in measuring what it was designed to do. It has gathered data and allowed analysis to show the numbers of participants prepared and attending FGCs, details of the child in relation the child protection registration and court orders together with demographic details of the children who go through this process.

The data on participants' perceptions on whether their FGCs met their aims showed that a large percentage of all participants felt that their aims had been met by the process. This also showed a high agreement between all the participants on the aims that were met and those that were met less.

In discussion with members of the network, there was no conclusive idea on why many of the items were often left not completed when the forms were being filled out. The items were decided by stakeholders in FGCs and on reflecting on the usefulness of these users identifying what would be measured and evaluated;

there might be other items that would be useful for research by social scientists and for more targeted evaluation reports. Items such as ages, gender and religion would be useful in a number of ways and are details more usually gathered for evaluation purposes as well as being wanted by funding bodies.

The lack of inclusion of a child's age or gender might reflect the democratic nature of the FGC movement that does not differentiate between children and young people in these categories. As well as this, the intervention is seen as one that addresses the whole family as a system rather than family members as individuals. Those items could be used to target services or to identify where services were not being offered. In relation to age, there might be usefulness in knowing whether particular aims are identified for particular ages or genders. So, for example, there might be a certain age where preventing offending behaviour was a key aim and there might be a preponderance of one gender for whom the aim was addressing education. As well as looking at which age or gender particular aims are linked to, it might also be useful to see whether particular ages or genders are not being offered FGCs for particular aims, when they might find them useful. Similarly, there might be issues around religion that show differences in use of FGC, which would be usefully evaluated by having religion as an item.

While disability is included as an item, this is noted as a result of self identification, rather than registration. Again this might be seen as empowering for service users by practitioners but identifying whether a child has an educational statement might be relevant when the aim of their FGC is addressing educational needs. In terms of evaluating an intervention for families or assessing the equality of service delivery of a particular model, gathering data on family members' or children's' disabilities would be useful.

Were this evaluation tool used more broadly in England as well as Wales, or in more diverse areas, there would be particular items that might be seen as having

greater priority than those identified on the forms, so for example, in particular areas, religion might be a key item that needed recording. The lack of referrals of families identified as having particular language needs might reflect the lack of service users that required FGCs but might also be to do with these parts of the community being missed out by the service due to difficulties with language or perceived difficulties with language or cultural expectations.

The following chapter discusses whether this research design was able to enable the participation of stakeholders in evaluating a social work process, such as FGCs. The discussion also explores the role of a researcher in informing the process of the development of a tool when working with stakeholders in relation to the expertise and breadth of research design knowledge and practice that might shape how the tool can be made more effective. Finally some thoughts are offered on further research that might be usefully carried out.

Chapter 6 Conclusion

*It's not rocket science is it?*²

Policy and practice moves towards kinship care and diversion from state care initiated by *the Children Act 1989* following concerns about outcomes for children in state care led to the growth of FGC in Wales and England. The aim of this study was to develop an evaluation tool that could provide information on the effectiveness of the FGC process in enabling families and their children to make plans to protect and ensure the welfare of the child.

This study took place in the early stages of FGC development in Wales, while projects were being established and the AWFGMN was strong and playing a campaigning role within the unitary Welsh local authorities. The details of these projects are provided to show the range of ages of the projects and their staffing, referral and partnership arrangements. At the time the tool was being developed, the priorities for FGC projects and their stakeholders was in evaluating outcomes. This was seen as a way of showing their effectiveness and to be used as material to convince funders on whom projects were dependant.

Since the Public Law Outline came into force in April 2008, referrals to FGC projects have increased (Lord Chancellor's Office, 2004) and referrals seem to be less of an issue for projects (UKFGC Network meeting 2010). As discussed on page 16, FGCs were offered as an option for local authorities to use before going to court processes. Network members have identified cost effectiveness as an area that they need to show to their funders and future developments for projects involve demonstrating this. These are the areas that policy makers and funders are now focussed on.

Other changes in the design that I would carry out if developing the tool now would be introducing a greater research design element into the tool to go along with the consultation with stakeholder, using the strong All Wales Network. This

² Said by a family member who I was preparing for her FGC, 2002

would ensure that the data gathered would be more rigorous and would ensure that follow up longitudinal data was collected. An aim was to create a tool that might replace projects' individual statistics gathering but each project still gathers a variety of management data separately, meaning that this tool carries less priority for completions. In some areas, the categories could do with fine tuning, such as where currently it is only identified if there is a child on the child protection register in the family, when there might in fact be a number of children whose names are on the register.

The data do have a number of strengths. This study provides a comprehensive map of the quantity and reasons for FGC interventions throughout Wales during a particular period of time from which we can say about 200 FGCs are being held in Wales each year. We can see the demographic details of families involved and can comment on these and we can evaluate the effectiveness of the initial FGC from the perspective of those involved in them.

The weaknesses of the data are those items that are missing which affect the reliability of the tool. The evaluation tool also does not capture all the FGCs carried out and so we can only estimate the amount of work being carried out and the families going through the process. The final weakness is the lack of useful longitudinal data which if gathered might show the longer term benefits of the model.

An important aspect of carrying out this project for me was the development in my knowledge of research. The initial setting up of the project and discussions with network members required a straightforward and pragmatic discussion of methodology, using student and undergraduate texts and references. As the project developed, I gained a greater understanding of methodology and research processes and began to realise some of the limitations of developing an evaluation tool with a range of stakeholders that were not necessarily trained in research.

The tool that I developed does not gather information of enough specificity to know for example what proportion of children on the child protection register in Wales this represents. We collected figures per family, based on the family centred approach that underpins FGCs while official statistics are provided across Wales are per child. This means the two are not compatible for analysis.

The other area was the structure of the tool where many items were left not completed which did not allow the data to show for example if a child's name was on the CPR or not. There are positive as well as negative aspects in carrying out a study on an action research basis.

The data were not gathered by researchers and there can be concerns about the reliability of these. An aim for the tool was in not creating another layer of form filling and in a current climate where social work is debating managerialism and increasing bureaucratisation, this might have been seen as adding another layer.

The action research nature of the project has meant that the network has been involved throughout the development of the tool and data gathering and results have been disseminated to the All Wales as well as the UK wide FGC networks.

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Appendices

Appendix 1

Interview Questions (for family or professional participants)

Adult family member	<input type="text"/>
Young person	<input type="text"/>
Referrer	<input type="text"/>
Coordinator	<input type="text"/>

Questions

- Think about an FGM/your FGM
- What was it for, what did you want it for?
- What did it achieve, what was the outcome?
- How would you show that FGM works? What would you measure?
- These questions look at why FGC held, it's aim and the actual outcome. What else do you think should be evaluated? What else would you want to say about the outcomes measured?
- What outcome evaluation questions are currently asked? What else ought to be asked? How can this information be gathered?

For interviewer

How many people interviewed	<input type="text"/>
co-ordinators	<input type="text"/>
referrers	<input type="text"/>
family member - adult	<input type="text"/>
family member - young person	<input type="text"/>
other	<input type="text"/>

Questions for each project:

What do you currently evaluate?

What statistics/records do you collect?

How is this information gathered/How is this information collated?

What IT packages can you use (e.g. excel, access)?

Appendix 2 Evaluation tool

Appendix 3

Letter to Projects and Guidance Notes

Dear Family Group Conference Project Manager

Developing an All-Wales evaluation tool

Please find attached the tool for the evaluation of family group conferences (FGCs) across Wales.

In developing this tool our priorities have been:

1. To produce a tool that is user-friendly and likely to be completed (i.e. short)
2. To reflect the priorities for evaluation as expressed to us by family members, FGC co-ordinators and referrers³
3. To find measurable variables that reflect the individuality of each family meeting but that can form comparable data across Wales.

One of the strongest messages from family members, workers and referrers was that it is vital to collect follow-up data. Therefore we have included a 6-month follow-up tool.

We are aware that the data collected with this tool will not provide a full picture of the work of FGCs across Wales. However we felt that it was essential to provide a very brief tool that we would ask all projects to complete on every case. We have a number of further evaluation tools available that explore more qualitative aspects of process and satisfaction. Our plan is to include these in an evaluation pack at the end of the pilot year. These would provide the option for projects to carry out in-house evaluations of further aspects of their work as when required. We can make these tools available at an earlier date to projects that request this.

As each project will have a unique identifying code, we will be able to provide projects with analysis of outcomes for their project, as well as the all-Wales outcomes, on request. Individual projects will not be identifiable in the all-Wales data. Your project code is

.....

Could you complete this for all new referrals from November 1st.

Yours sincerely

Sally Holland, Abyd Quinn Aziz and Amanda Robinson,
Cardiff University.

³ A summary of these views were made available in an interim research report to Tros Gynnal in Oct 2004.

Draft guidance for completion of the form

All-Wales evaluation tool for Family Group Conferences: guidance notes

1. The process

It is suggested that projects develop an internal strategy early on for ensuring the accurate completion, storage and return of the forms. Our suggestion is that the co-ordinator completes part 1 of the form as soon as possible after the meeting/conference. The date of the 6-month follow-up for each case should be recorded and a system put in place to ensure that the co-ordinator/project manager is reminded to carry out the follow-up (usually by telephone).

Our estimate is that most of the form can be completed in around 10 minutes. The question of whether the plan meets the aims will require a telephone call of variable length. Following consultation with a number of projects, it is suggested that each project should undertake as a minimum to seek the views of the referrer as whether a plan meets the aims of the FGC and for the follow-up 6 month information. If projects also feel able to collect these data from family members, then this will be welcome and we will analyse these views also.

2. The form

Case reference number: your project will have an identifying the code (a letter of the alphabet). Put this and follow it with a numbering system of your choice. This may be a coding system that you already have in place or you may invent a system. What is important is that each case has a different code and we can trace cases back to their original project.

Example: If your project code is D, then your case reference number might be D23.

Part 1 General data: It is acceptable to tick more than one box in some areas, e.g. if one child in the household is subject to a care order and another to a resident order, or if one child is of dual heritage and another is white UK. By household, we mean those living at the same address as the child (ren) about whom the conference is focussed. If the child(ren) is living away from home, then it refers to those children and their immediate birth family.

Please collect data on all cases on which at least the preparation stage has been completed, even if an FGC was not held.

If you feel that the meaning of any of the data you are submitting may not be clear, then note this at the end of the form ('any other comments about the case').

Part 2 Specific data: Co-ordinators should be able to complete the ‘aim of the FGC’. A suggested time to complete this and Part 1 would be during Private family time. The co-ordinator should try to represent the aims of the FGC as expressed by family members and referrers at the information giving stage of the meeting. Please tick as many or few aims as apply to this case. We believe that most aims will be accommodated within the categories listed, but if there is a unique aim that is not listed here then specify it at the foot of the table. Each aim ticked might apply to one or more child in the family. Therefore for one family it might be possible for the aim of ‘enable return home’ to apply to one child and ‘prevent accommodation outside the family’, for another child. This is ok and both boxes should be ticked.

The question ‘Has the process/plan met the aims?’ might be completed with a follow-up telephone call or meeting with referrers and/or families. Hopefully this will provide a good means to promote communication in the period after the FGC. Please tick only one box (0-3) after each aim that applies.

Storage and return:

Please keep your completed forms safely in your project building. No family names or other identifying features should be present on the forms. You will be asked to return all forms completed on a quarterly basis (we will write to remind you of this). When you send us the forms for analysis, please retain copies of each form for yourself. You will need these for the 6 month follow-up and this will act as a safety-net in case any go astray in the post.

If you ever have any questions about the forms, then please do not hesitate to contact Abyd Quinn Aziz on Quinnaziza@cf.ac.uk, 02920 870028, or Sally Holland on HollandS1@cf.ac.uk, 02920 875402.

