

# **Camden FGC Service: An Evaluation of Service Use and Outcomes**

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## Introduction to Camden GGC evaluation

In June 1999 the Camden Area Child Protection Committee approved a proposal from the Prevention Sub-Committee for a Family Group Conference project. The Project Manager was to be managed within Social Services and a multi-agency Steering Group was established to oversee the project. The Steering Group had its first meeting in September 2000.

There is a wealth of international research material which shows that, since the late 1980s, the majority of families who have had an FGC have produced safe and positive plans for their children. Anecdotally, the Camden Steering Group knew that FGC Service users and professionals have been pleased with the service. The FGC Service had even been incorporated into the thinking of judges presiding over Camden's family law cases by recommending FGC referrals to families involved in court proceedings. However, in order to be able to evidence the benefits for children, the Steering Group, with the support of the senior management of Safeguarding & Social Care, commissioned Kate Morris, current Head of Social Work programmes for the University of Birmingham, to carry out an evaluation of the Camden service in 2005.

In commissioning research into the effectiveness of FGCs and the service provision in Camden, the Steering Group wanted to move beyond anecdotal to evidence-based research. To date, research internationally has focussed largely on the outcomes for children immediately after the FGC. In Camden, the Steering Group wanted to look at longer term outcomes for children. Additionally, it was thought timely to measure outcomes and plans from FGCs against the desired outcomes set by Every Child Matters (ECM).

The original commissioning of this evaluation was based on a process of discussion between the researcher, the service managers and the FGC Service Steering Group. At the point of commissioning, there was uncertainty about the baseline data available within Camden against which any findings could be set. As the work progressed, it became apparent that it was not possible to draw on other data sets to arrive at a comparative commentary about the service outcomes when set against other relevant planning outcomes. However, the richness of the data collected about the service meant that useful findings have emerged which could be used for comparative purposes at a later stage if other data sets are established. [Suggestions for these data sets are included in this document.] This service intends to continue to randomly evaluate the longitudinal outcomes of family's plans on an annual basis.

The research brief to evaluate the Camden FGC Service drew on the discussions held with the Steering Group in September 2005. This evaluation explored the effect of the Camden Family Group Conference service on families and professionals, including the outcomes for children, and also sought to arrive at useful messages for service development.

The multi-agency Steering Group identified a series of core research questions:

- What were the short-term and long-term outcomes for those children who have been the subject of a family group conference and what might have been the outcomes without the FGC?
- Using the plans produced by families, can the outcomes for children be mapped against the ECM outcomes?
- Can the FGC outcomes be set against other child level data held by Camden to arrive at some commentary on the value of the service?
- What are the strengths and weaknesses of the existing service and how might practice be improved?

In order to carry out the research and for it to be as comprehensive as possible, all files from the service's inception in 2000 to nine months into 2006 were read and considered. Subsequently, there was a more in-depth investigation into the outcomes of FGCs held over a specific year. This involved making contact with families after their FGC was held and sometimes after their files were closed to Safeguarding & Social Care. This did not prove an easy task. Similarly, obtaining a social work view a year or more after an FGC was difficult since cases transfer to different teams, social workers move on and organisational structures change. Persisting with the task has meant that we have gone a stage further than much previous research and so the findings in the resultant reports have a greater significance. In response to one of the suggestions made by the researcher, we are recording outcomes from the family's plans more systematically. The steering group is discussing how to implement other recommendations.

The Camden FGC Service is one of the larger services in London (with respect to referral numbers and FGCs held annually) and therefore it had a number of family plans to draw on for this research. Each year the number of referrals to the service and number of FGCs held has grown rapidly. With the arrival of the Public Law Outline being applied in Camden since September 1, 2007 (and in force London-wide from April 1, 2008), which expects that a family will be offered an FGC referral prior to commencing proceedings, this service expects to be even busier. This service has consistently spent much effort in ensuring that its procedures are in line with available guidance (namely the Family Rights Group's principles and practice guidelines and more recently the FGC Toolkit), that each family receives the service that they deserve and that FGC plans are clear for any who may be required to read them. This research seems to reflect this as well, particularly in the evidence from FGC participants.

Since the research was completed, other uses for FGCs have been piloted successfully in Camden. These have included Restorative FGCs in community settings and Education FGCs in schools where the children do not meet SSC thresholds, but were at risk of involvement in crime or anti-social

behaviour or experiencing behavioural or attendance difficulties and possible exclusion from mainstream services.

A summary of the research findings is on page 35 of the report.

Sophika Houck  
Manager Camden FGC Service

Andrew Papworth  
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Camden FGC Service

Liz Leicester  
Chair of Camden FGC Service Steering Group  
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## Biography of the researcher

**Dr. Kate Morris** is currently Head of Social Work programmes for the University of Birmingham, she is also co-director of the research centre Families, Communities and Justice based within the Institute of Applied Social Studies. She has evaluated and reviewed the use of FGCs nationally and internationally. She was a founder member of the pilot group that developed the use of FGCs in the UK, and has continued to be involved in evaluating their effectiveness in a range of settings. She has recently completed a review for the Cabinet Office exploring whole family approaches and prior to this managed the National Evaluation of the Children's Fund. Most recently she has been asked to participate in an international group reviewing the evidence of the impact of FGCs, and the results of this review will be published next summer.

## The service

### **FGCs**

Family Group Conferences (FGCs) originated in New Zealand and are a means of planning for children and young people who face difficulties. The model places the family at the centre of the planning process, with professionals providing information and resources – alongside fulfilling any statutory responsibilities. The family is offered the opportunity to produce a plan that responds to the needs of the child, addresses any concerns, uses the information shared by the professionals and draws on their own expertise in relation to their children. The term family is broadly interpreted to encourage attendance at the meeting of all those who are part of the child's network.

FGCs are mandatory in New Zealand and are also used in the US, Canada, UK, Ireland, Sweden and South Africa. The model is no longer a new innovation – but remains the subject of interest and scrutiny, not least because of the shift it requires towards empowering family decision making. Internationally and nationally there is evidence of FGCs being used in a wide range of settings and in response to varied needs and problems (Burford, Morris and Nixon 2007).

Evidence about long term impact and outcomes remains uneven, and is seen as a gap in the growing knowledge about FGCs. To date, much research has focused on the processes involved in an FGC and the experiences of those taking part. There is less data about outcomes, and the decision by Camden to explore outcomes following an FGC reflects a broader national and international interest in the impact of this approach on outcomes for children.

Alongside this interest in FGC outcomes is an emerging UK government interest in whole family approaches – a theme FGCs are well placed to respond to (Morris et al 2007). However, the evidence to date suggests that FGCs remain somewhat marginal to mainstream provision (Brown 2003) and those developing FGCs identify the movement of this approach into the mainstream as a key challenge (Doolan 2006).

### **The Camden Service**

Camden adopted the use of FGCs in 2000. In its literature for families it describes FGCs as:

*'...a meeting of family members and others close to the family to talk about the needs of children or young people and make plans for them. It is a chance to get together, find out what is happening and think about what is best for children who face some kind of difficulty.'*

The service uses co-ordinators that have been trained to facilitate the meeting, and the family is given private time to arrive at a plan for the child. In the process of making the referral, the social worker is asked to identify the key questions the FGC needs to address, and this is fed through to the meeting.

This evaluation was not asked to consider the role and function of the service in the context of Camden's provision for children and young people. Instead, the evaluation's primary focus was the impact and effect of the service on children, families and professionals. It is worth, however, just briefly outlining the remit and history of the service so later discussions can be set within this context. The most recent policy for referring to the service is:

*FGCs are useful whenever a decision about a child has to be taken. We encourage referrals at an early stage of the Department's involvement with a child and his/her family. Use the points below to trigger a referral to the FGC Service when:*

- 1. a plan needs to be made about the future of a child in need*
- 2. a child's name is placed on the CP Register and a protection plan is needed*
- 3. accommodation is requested or discussed*
- 4. a decision is made to commence care proceedings*
- 5. a decision is made that a plan for a child's permanence (long-term future) needs to be made*
- 6. a child is looked after and aspects of the care plan need deciding.*

*Additionally, we offer restorative justice FGCs where a young person's behaviour is causing problems to others and where they also have needs. We can also accept referrals directly from families who are interested in having an FGC to resolve a difficulty affecting their children.*

The service manager plays an active role in encouraging and supporting referrals to the service and also fulfils a quality assurance role. Referrals are allocated to co-ordinators who are paid on a sessional basis and, where possible, the service seeks to match family language and culture with that of the co-ordinator. The service manager and the co-ordinators meet as a group and the service manager provides training where requested within Camden on the use of FGCs.

The service is some seven years old, and is managed by a multi-agency Steering Group. The services that surround the FGC service have undergone a series of structural changes (in particular education and social services), and this has had implications for where the FGC service sits in the child welfare management structures. The service is now located within the children in need services, having moved from the quality assurance services. Overall, the service has seen a growth in referrals and, more recently, has supported the development of youth justice FGCs and a short-term funded community based FGC project.

Finally, the overall context for the service has changed since its inception with the emergence of the Every Child Matters outcomes and the Change for Children Agenda. This changing policy context has influenced nationally and locally the development of services for children, and consequently influenced the work of the FGC service in Camden.

## The scope of the evaluation

This evaluation explored the effect of the Camden Family Group Conference service on families and professionals – including the outcomes for children, and also sought to arrive at useful messages for service development.

The original commissioning of this evaluation was based on a process of discussion between the researcher, the service managers and the service Steering Group. At the point of commissioning, there was limited clarity about the baseline data available within Camden against which any findings could be set. As the work has progressed, it has become apparent that it is not possible to draw on other data sets to arrive at a comparative commentary about the service outcomes when set against other relevant planning outcomes. However, the richness of the data collected about the service has meant that useful findings have emerged which could be used for comparative purposes at a later stage if other data sets are established.

### ***Focus of the Evaluation***

The research brief to evaluate the Camden FGC service draws on the discussions held with the Steering Group on 12/9/05. The Steering Group identified a series of core research questions:

- What were the short-term and long-term outcomes for those children who have been the subject of a family group conference and what might have been the outcomes without the FGC?
- Using the plans produced by families, can the outcomes for children be mapped against the ECM outcomes?
- Can the FGC outcomes be set against other child level data held by Camden to arrive at some commentary on the value of the service?
- What are the strengths and weaknesses of the existing service and how might practice be improved?

There are a number of constraints which this evaluation faced and the Steering Group recognised:

- The data exploring possible outcomes had an FGC not been held must rest on predictive commentaries from professionals and family members. This will, therefore, be somewhat subjective. However, the nature of the model and its use prevents more traditional evaluation approaches to data collection being adopted.
- The tracking of outcomes will be retrospective and as such depends on accessing past users (families and professionals) of the service. This can be time-consuming and is unlikely to capture all previous service users.

However, it was felt that sufficient FGCs have been held to make this a valid exercise.

- The data held more generally within Camden about children needing child welfare services may be limited to those using high level need services. These groups may not always be the best comparators for those using the FGC service. However, further discussions may identify other comparative data sources.

## ***Outputs***

There are two reports generated by this evaluation:

- A practice/service development report drawing on the case studies prepared for the service with a family friendly version being produced
- A report focused on outcomes prepared for the FGC Steering Group, which describes the outcomes for the child based on the plan (including a mapping across to the ECM outcomes) and an overview on outcomes based on the retrospective tracing data. This report also contains a summary of the use and take up of the service.

**This report is the second of these two outputs and focuses on the take up of the service and the outcomes from the FGCs that were held.**

## ***Methodology***

The evaluation used four approaches to data collection:

- 1) An analysis of existing documented FGC plans to arrive at a commentary on the recorded planned outcomes for the children. This included a mapping of the family plans against the *Every Child Matters* outcomes.
- 2) Retrospective tracking of children for whom an FGC has been held. This allowed the evaluation to establish what happened to the child post FGC and reflections on the value of the model and the service. The evaluation aimed for direct contact to be made with either a significant family member or a key professional and, if possible, both. The respondents were asked to update from their knowledge the recent and current circumstances for the child/young person who was the FGC subject. They were also asked for a commentary on likely outcomes without the FGC. A semi-structured interview schedule was developed that formed the basis of a telephone interview. The tracing of respondents and the interviews was conducted by co-ordinators, but not for the families for which they had provided a direct service following a referral. (An exception to this had to be made where it was felt that matching the family's language was the priority. On these occasions the family may have had previous contact with the co-ordinator.)
- 3) Attempts were made to access existing data within Camden about outcomes for children who are in need of social services input and were the

subject of planning. However, it became clear that appropriate comparable data sets did not exist.

- 4) The developmental aspect of the evaluation used detailed interviews with families and, where possible, with the relevant professional. In depth discursive interviews were held with a limited number of respondents to gather detailed data about the process and impact of the use of FGCs. This data allowed an analysis of the strengths and weaknesses of the service to be developed. As well as providing important child and family accounts of the service and its impact, this data was then set within the data from the plans. Finally, data was used from responses from an event held in January 2007 for family members (24 attended). The current service manager was also interviewed.

### ***Data Gathered***

#### *Family plans*

- Time covered 2001 – 2005 inclusive and 9 months of 2006
- Number of actual plans reviewed is 117 (after eliminating those without plans or without information about date/year)
- Number of children considered is 205 (n= 205)

#### *Family tracing return data*

- Total returns = 47 responses
- Joint returns (social worker and family) = 36
- Single returns: 8 social work  
3 families

#### *Detailed Interviews*

- Seven family members
- Four professionals (including service managers)

#### *Additional Data*

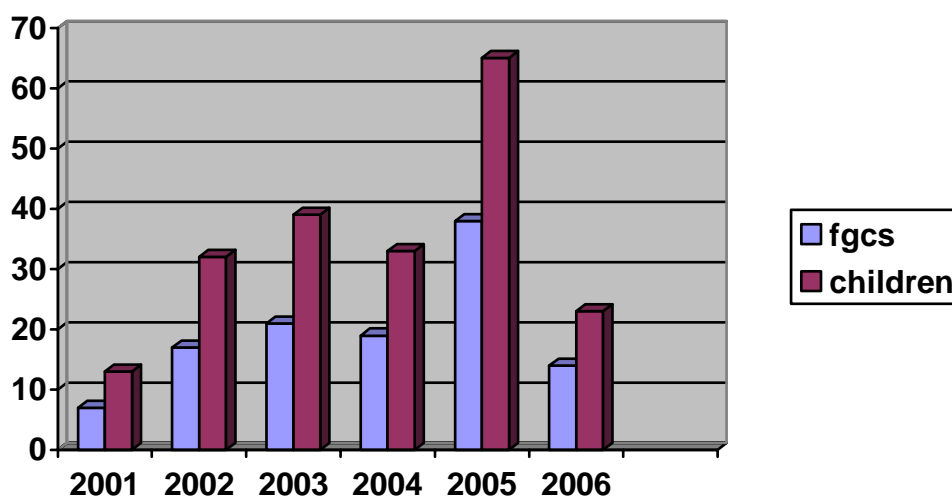
- Feedback from families who attended an informal family event
- Documents provided by the service – including annual reports, half yearly reports and other assorted internal reports
- The researcher also attended some Steering Group meetings and met with some co-ordinators.

## The use of the service

The family plans that were analysed span 2001 to 2006. In total, the number of FGCs analysed was 117, and the total number of children involved in the FGCs was 205. (This is not the number of referrals to the service, nor does this include meetings that proved unnecessary as the process of co-ordination produced a resolution of the difficulties.) During this time, the number of family meetings co-ordinated by the service grew steadily as the chart below indicates (NB: the analysis of plans for 2006 ceased mid-year, therefore, the 2006 figure does not reflect the full take up of the service during this year).

**Figure 1: Use of FGC service 2001 - 2006**

Year	No. of FGCs	No. of children
2001	7	13
2002	17	32
2003	21	39
2004	19	33
2005	38	65
2006	14	23



### **Children's Characteristics**

In a previous evaluation of the service, consideration was given to the ethnicity of those using the service. To maintain some consistency, the classification used in the previous report has been adopted for this report:

*'The term 'black' is used within the report to describe people of African, Caribbean and South East Asian origin who experience racism because of their skin colour. 'Minority ethnic' is used to refer to those who do not belong to the predominately white British population of the UK and would include groups such as Turkish, Greek, and Irish.'* (R. Beecher 2001)

However, an additional category of dual heritage has been introduced, primarily because of the growing body of research that indicates the particular difficulties faced by this group of children. The characteristics of the children using the services are as follows (data covers age, gender and ethnicity):

### ***Gender***

<b>Gender</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Male	5	15	18	16	36	13
Female	8	16	20	17	29	10
Unborn	-	1	1	-	-	-

### ***Ethnicity***

<b>Ethnicity</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Black	1	8	17	11	17	9
Minority Ethnic	-	8	7	5	6	-
White UK	5	14	11	10	32	9
Dual Heritage	7	2	3	8	10	5

### ***Age***

<b>Age</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Pre birth	0	1	1	0	0	2
0 - 4 yrs	0	10	12	7	18	8
5 - 8 yrs	4	7	8	10	18	1
9 - 11 yrs	5	5	6	9	10	3
12 -16 yrs	4	8	12	5	18	9
16 + yrs	0	1	0	0	1	0

The tables above seem to indicate that the service is steadily growing across the range of potential users; no marked difference can be seen in terms of use of the service by particular sex, age or identity.

### ***The Meetings***

The reason or need for the meeting is drawn from the referral sheet completed by the social worker and/or the service manager. There may well be more than one reason for the meeting, hence, the numbers do not reflect the overall numbers in Figure 1. According to these records, the reasons for referrals over the five years are as follows:

**Figure 2: Reasons for FGC**

<b>Reason for FGC</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
Family Support /Child in Need (including risk of accommodation)	5	15	15	11	29	12
Rehabilitation to parents	1	3	3	6	1	2
Support arrangements for kinship care	3	9	14	11	15	4
Meeting safety and protection needs	4	9	15	18	25	9
Permanency planning away from family	-	8	6	4	5	1
Youth justice	-	-	-	-	8	1
Contact arrangements	-	-		4	5	4

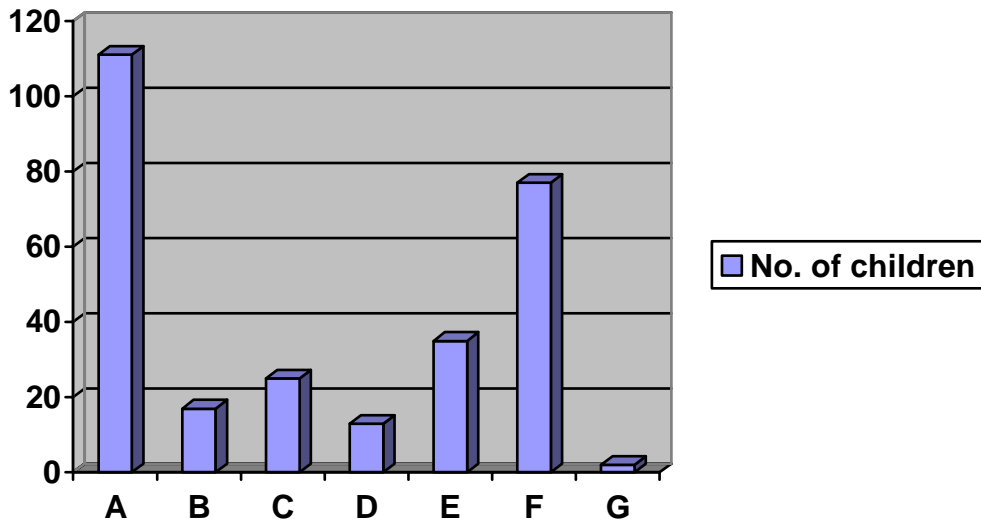
Two points of interest seem to emerge from this table. First, FGCs have held a steady role in supporting families and in supporting kinship care. Secondly, the decline in permanency plans runs against the increase overall in service use, suggesting that either permanency away from home is an option families are exploring less or the use of permanency plans away from home is an option Camden is using less frequently. Finally, the uneven pattern in relation to youth justice and contact may simply reflect the emphasis being placed on these areas by the service, something indicated by information gathered from the service.

The status of the child at the point of referral does not necessarily indicate the whereabouts of the child. Sometimes this is not evident from the data available on the referral/record sheets. However, the status of the child at the time the meeting was held is as follows (a child may have more than one 'status' for example being both on the CP register and with parents):

**Figure 3: Status of child at point of FGC**

<b>Status</b>	<b>2001</b>	<b>2002</b>	<b>2003</b>	<b>2004</b>	<b>2005</b>	<b>2006</b>
A With parents - no order	8	13	19	14	45	11
B Kinship care – no order	2	3	6	1	5	2
C Kinship care – order	-	5	7	8	2	3
D Accommodated	-	5	-	3	3	1
E Formal Order (interim, full)	1	5	6	7	12	4
F Child Protection Register	2	13	15	20	17	10
G Other	-	-	-	-	2	-

(Combined chart of all children and all status)



As the graph and table indicate, children with their parents and children on the child protection register form the majority. Without comparative data, it is not possible to establish whether the trends shown here reflect more generally the trends with Camden for planning meetings for children. However, the data does indicate that, as well as supporting families in need, the service is also responding to more acute needs that have required formal intervention, and that FGCs are not restricted to informal preventative provision. (The broad use of FGCs is of national and international interest, with evidence indicating a mix of highly targeted services and broader 'patch' based provision. The research would suggest that no one area of need is more or less responsive to the use of FGCs (Marsh and Crow 1997). However, some areas do provoke greater anxiety about the use of FGCs than others. For example, FGCs in domestic violence and sexual abuse both seem to raise questions and concerns for professionals (Burford, Morris and Nixon 2007) irrespective of their effectiveness.

## Outcomes from the FGCs: Analysis of plans

The term 'outcomes' in this context refers to the recommendations of the FGC. Only through a process of ongoing tracking would it be possible to establish whether these outcome recommendations became the actual outcomes. The outcomes are grouped into two overall types:

- Outcome recommendations by arrangement for child/children
- Outcome recommendations by ECM category

### ***Outcome Recommendation by Arrangement for Child/Children***

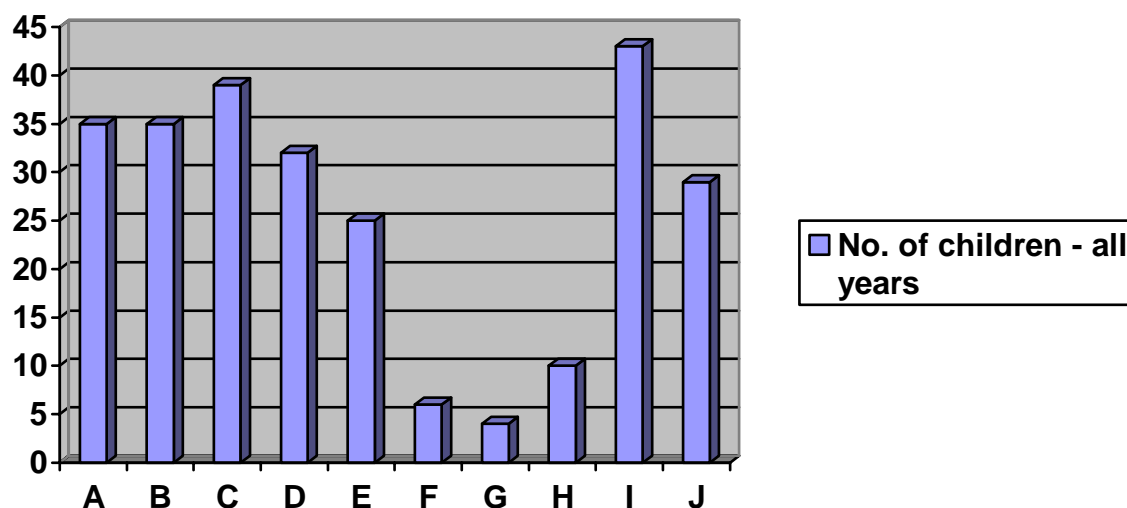
The service currently does not have a mechanism for routinely recording outcomes by arrangements for the child. (For example, by the use of preset categories that co-ordinators could complete and return.) The following is, therefore, based on an analysis of family plans, which at times demanded an interpretation of the implications of the plan for the whereabouts of the child, which was at times less than obvious to those not familiar with the child or the family.

The outcomes are grouped into categories. These categories were arrived at through the analysis of the plans and are, therefore, grounded in the family plans rather than predetermined categories into which family plans have been allocated. The outcomes evident in the plans are:

- Family support arrangement to prevent breakdown (*decision is made to maintain child with primary carers with additional family and/or professional help*)
- Involvement of kinship network to support home care (*family help is utilised to support ongoing care of child by parent(s) or return home*)
- Arrangements for safe care within family network (*informal arrangements are made for child to remain with family members with enhanced protection*)
- Informal kinship care (*a child is placed informally with extended family members – no order needed or sought*)
- Formal kinship care (*a child is placed formally with extended family members – order needed or sought*)
- Accommodation (*child becomes looked after by the LA*)
- Formal care arrangements (*FCO, ICO, Permanency*)
- Restricted access to resources (*family is seeking additional access to resources but plan is focused on gate-keeping the resources*)
- Arrangements to support family's capacity to offer some form of nurturing to child (*family plan is focused upon finding ways to ensure they can offer a caring/nurturing connection to their child even if in some circumstances the child cannot live with them*)
- Contact Arrangements (*primary focus of the plan are informal or formal arrangements for contact with child – may or may not involve a looked after child*)

**Figure 4 Outcomes by Arrangement**

Outcomes for child	2001	2002	2003	2004	2005	2006
A Family support arrangement to prevent breakdown	4	3	11	4	5	8
B Involvement of kinship network to support home care	5	3	3	11	10	3
C Arrangements for safe care within family network	3	6	5	8	10	7
D Informal kinship care	3	9	5	2	10	3
E Formal kinship care	1	5	8	3	5	3
F Accommodation	2	0	0	0	4	0
G Formal care arrangements (FCO, ICO, Permanency)	0	1	0	1	1	1
H Restricted access to resources	1	2	1	2	3	1
I Arrangements to support family's capacity to offer nurturing to child	4	4	11	7	8	10
J Contact arrangements	0	1	1	7	12	8



The plans do not reveal whether or not children's names remain on the child protection register. This is a professional decision making process that families do not engage in during the FGC. (This issue of registration is picked up further within the section focused on longer term outcomes.)

## **Discussion**

As the national and international evidence would echo, FGCs in Camden frequently arrive at the following:

- The involvement of the kinship network to support home care of a child/children

*'All agree that F continues to live at home with her mother...F and G (her mother) have agreed to try counselling...Family and friends are to provide support to both F and G....F wants to stay at her grandmothers in XXX in the near future for holidays and weekends. She will travel there by train sometimes or J and her grandfather will sort out transport by car.....'*

- Arrangements for the safe care of the child/children within the kinship network

*'T and U (grandparents) are willing to take care of V for the foreseeable future. They have applied for a bigger house as they only have a one bedroom flat at the moment. They hope to have this within 6 months. Y (their other daughter) will give 100% support.'*

- Kinship support arrangements to prevent the breakdown of the immediate family

*'All members of the L family who attended the meeting explained clearly that they would be very concerned if D were taken away from C. They also stated strongly that they are ready to support T in the care of D and herself'* (This family plan then went on to set out in detail the exact nature of support and help that would be provided).

- Plans for contact – both informally and formally between the children and the adult family members.

*'Contact between fathers and family members for child access only. Contact among everyone to be kept at a minimum for the time being to avoid conflict in front of the children. This includes no arguing, shouting in front of the children....and includes no repetitive texting/emailing/phone calls'*

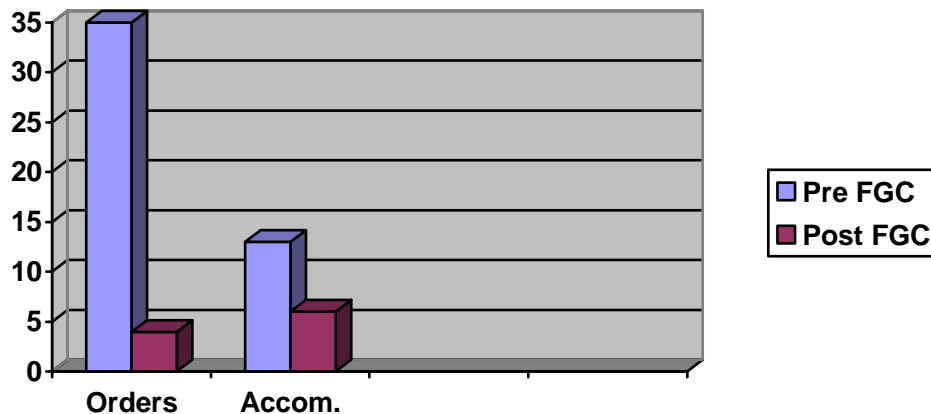
These outcomes can be seen to illustrate the value of the service in enabling children to live within their kinship networks, and the capacity of this model of decision making to harness the expertise and resources of the family in meeting the needs of the child/children. It is not possible to compare these outcomes with other professionally driven planning processes, unless Camden now decided to use these categories of outcomes and to interrogate the data from, say, child protection plans. However, because the outcomes identified are part of the findings from the analysis of the plans, these categories can now be used to monitor FGC outcomes in future years and will, therefore, enable a comparison within the service over time.

Family plans also avoid use of a number of options, in particular:

- Minimal use of formal care arrangements
- Minimal use of Local Authority accommodation for children.

If the data about outcomes is set alongside the data about the original status of the child, the impact of the FGC on levels of formal orders and accommodated children becomes apparent:

**Figure 5 Comparative Status** (combined chart – all children, all years)



This would suggest that the service is having a marked impact on the numbers of children who are the subject of formal proceedings. In the section exploring the tracing returns, consideration is given to the particular evidence that emerges about the impact of the service on Interim Care Orders, which seems to indicate a significant reduction in ongoing proceedings. As before, without comparative data about decisions about formal proceedings emerging from other planning processes, it is not possible to set these findings against other outcomes. However, this data would seem to indicate the effect of the FGC service on reducing the numbers of children going through formal care proceedings, and offers a benchmark against which future service development can be considered. It is worth sounding a note of caution. Without very long-term tracking of children, it is not possible to know whether the decision to cease or discontinue proceedings led to ongoing good outcomes for the child. Nor should the use of FGCs be seen as an effective gate-keeping mechanism for proceedings. This presets the families an agenda which research suggests families respond to negatively, feeling constrained and disempowered by professional agendas.

A further category became evident from the analysis of the plans. This category is less tangible, but given its prevalence, it seems important to families and, therefore, to understanding the outcomes and impact of FGCs. Families repeatedly used the FGC to make statements about their '*ethic of care*' (Williams 2002) – in other words, their intention to do right by their children.

### **Examples Demonstrating Ethic of Care**

- a) Child A has parents whose care was very uneven, at times very poor. The parents failed to acknowledge the real extent of their neglect and the social worker states that *'The family find it very difficult to understand why social services have concerns about their care and this impacts on their ability to engage and their commitment to bring about long term change'*.

The FGC was attended by the mother, the father, an uncle, an aunt, the grandmother, the keyworker and the health visitor. The family plan involved the extended family in enlisting the support of the paternal grandparents in monitoring the home environment through extended family arrangements, in parents ensuring they attend appointments, in requesting help with housing and in continuing to utilise family support services. They say:

*A has been our number one priority. He is our only son ..... We have all the support from B's family therefore we are in a better position than we were a year ago, we also have close family friends for help and support.....*

- b) Children A and B were the children of parents with significant drug problems, and as a result, the Local Authority was considering adoption for both children. The grandparents had been given the opportunity to care for the children, but final plans had yet to be agreed upon. The family plan was to support long-term care by grandparents, to facilitate, if possible, a relationship between the children and their parents and to utilise support from extended family to support the placement. The family plan says:

*'Obviously we would like X and Y to get better and live happily ever after but we live in the real world and our first priority is the children (family emphasis)...A and B have a strong family and are very much loved... We are fully aware of the commitment needed for A and B's future and are prepared to raise them into adulthood if necessary.....we do identify future possible difficulties and would deal with these as any family would do....*

***Just to say which is imperative A and B needs will always be put first. They are much loved children. (Family emphasis)***

- c) Child C was placed with the local authority because of her mother's chaotic lifestyle and imprisonment for prostitution. She needed a long-term stable placement, something her grandmother wanted to offer. The family plan says (written by the grandmother)

*'I want to care for C full time, give her love and support that she needs .....she is my flesh and blood and I will do everything to help her. I will take her to nursery or play groups*

*I will go with her to see places.....I will teach her all the things she needs to know*

*We all as a family want what is best for C, we want her to learn how to read, write and interact with other kids. I want her to be herself as C.'*

Figure 4, with its accompanying graph, shows the frequency of this outcome, the most frequent according to the analysis of the plans. Families are using the FGC as an opportunity to arrive at statements and arrangements to support the family's capacity to offer some form of nurturing care and/or connection to the child, even when direct practical care was not possible. Indeed, it could be suggested that the FGC provides an opportunity for a 'safe space' in which to plan and articulate their working ethics for the care of their children. Given what is known about the well-being of children and their ongoing needs for positive connections with their networks, FGCs would seem to have a role to play in this process. This has important implications for how families are worked with, and how children's needs are met. In particular, further understanding is needed about the professional perspectives in relation to this aspect of family plans. If, for example, professionals are not anticipating or recognising this capacity within families, valuable opportunities to enhance children's well-being may be lost or missed. Together with this may be a reluctance to refer to the service if professionals are unaware of a family's capacity to utilise the FGC to 'do right' by its children and to seek to find ways to nurture their children. Professionals may not anticipate this aspect of family life with the families with whom they work and, therefore, may make assumptions about how the family will respond to the opportunities presented by the FGC. Through further examination, it may be appropriate to consider the training implications of this finding, and to weave some consideration of this dimension of FGCs into any FGC training Camden supports.

### ***Outcome Recommendations: ECM Outcomes***

Before considering the outcomes by ECM category, it is worth noting the following:

By their very nature, almost all family plans can be seen to be concerned with the safety of their children, whatever form this may take.

Family plans often go beyond the simple outcomes of ECM. For example, they may focus on adult needs to enable children's needs to be met. They may be concerned with practical matters that are not adequately captured by the ECM outcomes such as informal contact arrangement, and yet all these arrangements may be key to the maintenance of a children's placement. Likewise, some plans place considerable emphasis on the children's cultural and ethnic identity, including faith, and these dimensions of the children's well-being are not easily captured by the ECM outcomes.

Some judgements have had to be made about the allocating of the plans to the different ECM outcomes. Specifically, two categories have been subdivided to ensure the nature of the family plans are reported appropriately:

- Economic well-being is subdivided into (a) any plans for work, any arrangements to address family finances etc. and economic well-being and (b) requests for financial assistance to enable family plans to be taken forward.
- Making a positive contribution is also subdivided into (a) generic plans that enable children to become involved in family and community matters, or take up roles and responsibilities and (b) the attendance by the child at the FGC which is seen as indicating that the child has made a positive contribution by participating in planning their future arrangements.

The ECM outcome categories with illustrative commentary are set out below. As before with outcomes, the analysis and categorisation is grounded in the data from the family plans:

*Staying safe (ECM 1):* Family plans identify and respond to safety and protection needs, including domestic violence, child protection concerns, concerns about legal status, concerns about unsafe/unstable care arrangements and concerns about anti-social behaviour.

*Being Healthy (ECM 2):* Families identify or respond to issues about the child's physical or mental health, the health implications of the child's environment and responses to children with complex needs arising from disabilities.

*Enjoying and achieving through learning (ECM 3):* Family plans respond to needs concerned with schooling, learning activities, enabling the child to develop new skills or fulfil his/her potential using existing skills.

*Economic well being (ECM 4a):* Theoretically, (few if any plans provide illustrative material) family plans identify changes in economic circumstances of the child through increased family income, changes in family arrangements to enable economic changes.

*Economic well-being: Requests for assistance (ECM 4b)* Plans that request or seek additional income or financial assistance to enable the needs of the child to be met.

*Making a positive contribution (ECM 5a):* Family plans seek to involve the child in activities that contribute to community and/or local well-being.

*Making a positive contribution – involvement in FGC (ECM 5b):* A child has participated in the FGC and so demonstrated his/her capacity to make a positive contribution to his/her own and the family's well-being.

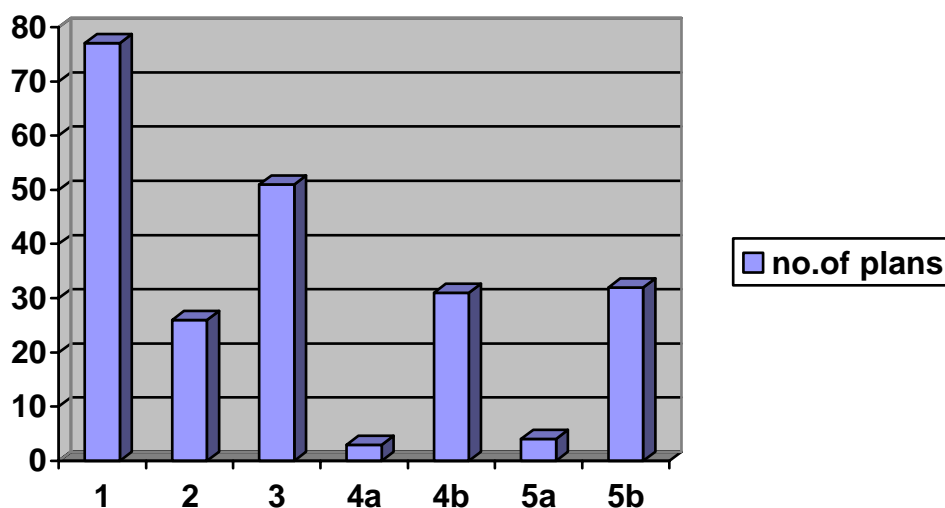
The following table and chart set out the analysis of the family plans using the above ECM categories. (Family plans may speak to more than one outcome or

may not seem to fit within any ECM categories. Therefore, numbers in total will vary from the numbers set out in terms of take up and outcomes in the earlier section.)

**Figure 6 ECM Outcomes**

ECM Outcome	No. of Plans
1. Staying safe	77
2. Being healthy	26
3. Enjoying and achieving	51
4a. Economic well-being	3
4b. Economic well-being	31
5a. Making a positive contribution	4
5b. Making a positive contribution	32

**Graph: ECM Outcomes**



*ECM 1: Staying Safe.*

As suggested above, it could be argued that all plans are concerned with safety, be that security of placement, safety from harm, long-term security through kinship care or family commitments to reducing adult harmful behaviour (drug and alcohol abuse being common examples). The analysis indicates that plans most frequently reflect the 'stay safe' ECM outcome. Families plan to address safety both in terms of direct physical risk and, more obliquely, through intentions

for long-term security and certainty for the children, which is reflected in the frequency of this outcome. However, safety issues are often raised in the preset questions that professionals develop for the family which may have influenced the emphasis being placed on this outcome. Families often seek to manage individual family members' behaviour to help ensure the safety of the children:

*'A needs to stick to the injunction order against B. The family will help her as they realise that their children's safety comes first...different family members will accompany A to the court'*

*'D to have access to the family home for supervised visits with the children providing she is not under the influence of drink or drugs....if for what ever reason the supervised visits in the home do not work out the family will inform social services so that arrangements can be made elsewhere'*

### *ECM 2: Being Healthy.*

As the analysis indicates, far fewer family plans talk about or make reference to the health of their children. (It could be argued that plans that address long-term stability are addressing children's mental health needs. However, this outcome is not explicitly referred to in the family plans.) Apart from specific health care arrangements that respond to early years' monitoring, needs arising from disability or from unsafe behaviour, families do not, as a matter of routine, explicitly plan for the health needs of their children. This may indicate that children's health needs are not high on the agenda of either families or professionals or it may simply be a matter of how plans are interpreted and how families express their plans.

Family plans do, however, more frequently refer to adult health needs as a means of ensuring that children's needs are met, and family plans do respond to offers of therapeutic intervention:

*P agreed to individual therapy for herself and for X to have play therapy. Everyone agreed that family therapy should also take place.*

*Y will visit her doctor to find out about therapy for Z.*

### *ECM 3: Enjoying and Achieving through Learning.*

Enjoying and achieving is the second most frequently reflected ECM outcome. Families are concerned with arrangements for children to attend school, to reach their potential and to have practical plans in place that enable learning to occur. Families also want to ensure that children are able to join in with activities that they enjoy and are situated within family arrangements that make this possible. Families seem to drive this emphasis. The preset questions from the professionals do not place a heavy emphasis on this outcome, suggesting that for families, irrespective of the professional concerns, it is important that children are able to fulfil their learning potential.

*A and B to be involved with C's school and be involved with her progress, by attending parents evening and any other school activities.*

*C to have the opportunity to take up hobbies such as joining a maths club, taking up trampolining and a health and beauty course.*

#### *ECM 4a and 4b: Economic Well Being*

The analysis indicates that very few family plans address economic well-being, despite poverty being an evident reality for many families. Family plans seek to work around the barriers and challenges that poverty brings, but rarely explicitly address how pathways out of poverty can be achieved or the help needed to reduce economic deprivation. As the analysis shows, a number of plans do request financial assistance - in cash or in kind - to enable care of the child. Beyond this, plans to alleviate poverty and material deprivation are rare.

*'The family members all agree that A and B will take C on condition that financial help is available: The financial support consists of:*

- initial costs (bed, wardrobe etc):*
- child minding costs*
- school holiday costs*
- joining the family holiday costs*
- day to day living costs (clothes, toys books etc)'*

(Interestingly, this family, at the subsequent review meeting, felt that they needed to become foster carers rather than pursue the kinship care option because of the low level of financial help forthcoming from Camden and the strain this placed on their capacity to offer care.)

#### *ECM 5a and 5b: Making a Positive Contribution.*

The extent to which families consider any opportunities for their children to make a positive contribution is relatively infrequent. The difficulty here is that the family plans often capture the *adults* making a positive contribution – making kinship care commitments, shoring up families in difficulty – rather than the children becoming active in 'citizenship' type activity. However, more frequent is the involvement of children in the FGCs, demonstrating how FGCs can provide an opportunity for children to actively engage in planning for their futures. The following extracts from a family plan are the contributions made by a 14 year old and a 13 year old to the family planning process:

*'Firstly I would like to live with my sister because I love her. Secondly, I would like to live with my Dad in XXX because I have not seen him for a long time – he would be my second choice. I would like to stay with my mum too, if she gets better. I love my mum. I am happy at XXX School'*

*'I would like to live with XX or my auntie. I would like to live with XXX because she is my closest relative, other than my mum. I would like to say thank you to everyone for looking after me. I love my family.'*

A primary feature of FGCs and their resultant plans is the location of children within their networks – emotionally, physically and culturally. The ECM outcomes could be seen to 'dislocate' children somewhat from their networks by placing the emphasis on child level outcomes rather than family outcomes. It is, therefore, difficult at times to map across from a family plan to the ECM outcomes, suggesting that Camden may need to arrive at ECM indicators that recognise the value and impact of FGCs, possibly through the outcomes that are concerned with safety and health. (These outcomes can accommodate broader indicators such as family well-being and/or family connections in the context of a child's mental health or security needs.) It may also be that the ECM outcome indicators used to capture making positive contributions can recognise the value of FGCs in addressing this outcome.

## Longer term outcomes

### ***Data Collection***

The research focused on contacting families and social workers from FGCs held during 2004/5. Initially, attempts were made to contact an adult family member, who was written to by the co-ordinator undertaking the fieldwork and then received a follow-up telephone call. Those willing to participate in the research (only one family member contacted refused) then took part in a telephone interview (see appendix 1 for the interview schedule). Likewise, the original social worker or current social worker, if the family still had an allocated worker, was contacted and asked to take part in a telephone interview.

The process of finding the families and the social workers proved to be time consuming and challenging. It is to the credit of the staff that helped with this part of the research that so many responses were obtained. The cohort of responses is relatively small, and is not necessarily a representative sample. It would have been impossible in the circumstances to arrive at a sample that accurately reflected the characteristics of those using the service because of the difficulty in securing responses. However, the number of responses is sufficient to provide some indicative findings, and given the paucity of longer term data about FGCs, it is of value to the local development of the service and, more generally, to the body of knowledge about FGCs.

The data collected:

*Total interviews completed = 47 responses*

*Joint returns (social worker and family member interviews about an FGC) = 36*

*Single returns: 8 social work only interviews  
3 family only interviews*

The interviews asked about:

- the original reasons for the FGC
- the original plan and FGC
- the events since the FGC
- reflections on this approach
- what might have happened without an FGC

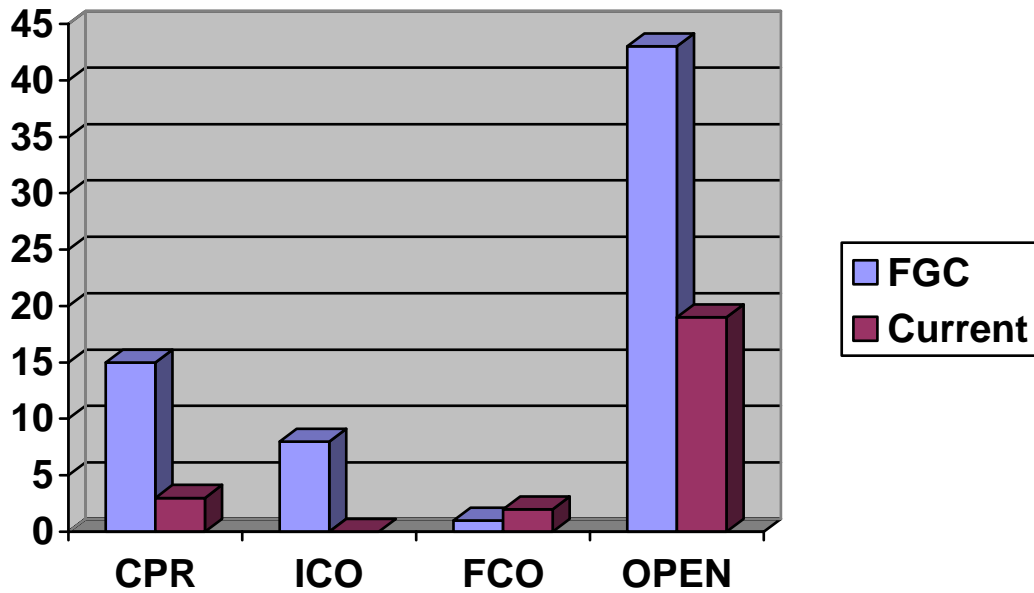
The following analysis draws together emerging themes from the interviews and uses the data to identify any trends or patterns in outcomes. The data from the interviews is also used in the second report which focuses on the messages for service development.

**Figure 7: Outcomes by Child**

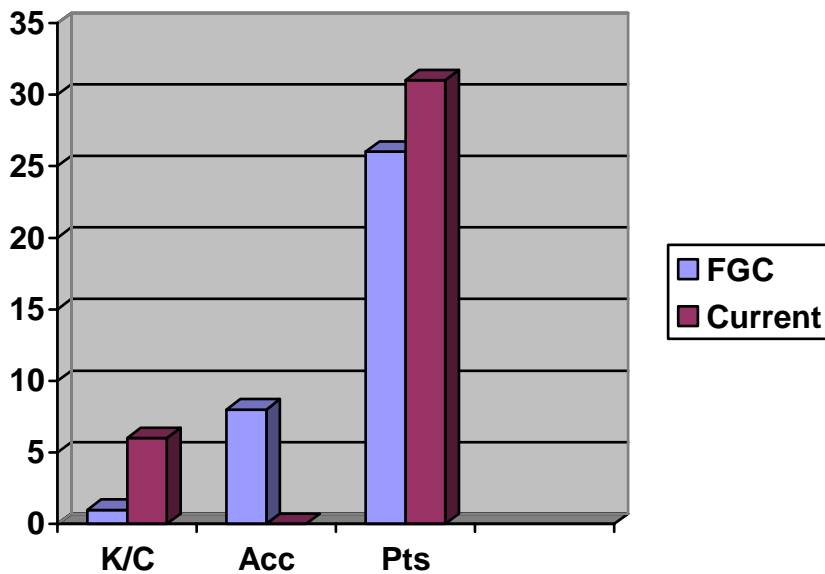
**Outcomes (by child)**

<b>Status</b>	<b>At FGC</b>	<b>Current</b>
CPR	15	3
ICO	8	0
FCO	1	2
Case Open	43	19
<b>Whereabouts</b>	<b>At FGC</b>	<b>Current</b>
Kinship Care	1	6
Accommodated	8	0
With Parent(s)	26	31

**Status Chart:**



### Whereabouts Chart:



### Outcome Discussion

Overall, there is evidence that the FGC service is having a positive impact on the longer term outcomes for children. Specifically, the data shows that there is a significant reduction in the number of children formally engaged with social work services. A minority of respondents felt the FGC had had little or no impact; however, the majority did see the FGC as having value and influence.

### Status

The data indicates a significant reduction in the number of children whose names remain on the child protection register. Without data about the longer term outcomes for children on the CPR who did not have an FGC, it is difficult to make any comparative commentary about this finding. However, the data does indicate that FGCs are having a positive influence on the safe care of children – something echoed in the comments given by respondents:

*'It helped us all sit in the same room and communicate, it calmed things down a bit and having the other people there helped. It was good for K to have a voice; he had an advocate with him at the FGC. Since we set boundaries K's dad's behaviour has improved'*

The reduction in ICO without a corresponding increase in FCO suggests that FGCs may have been helpful in diverting children out of proceedings. Nevertheless, without comparable data from children who didn't go through the FGC service but were the subject of an ICO, it is difficult to assess the relative impact of the service. However, as with the levels of registration, the commentary from respondents does suggest that FGCs were useful in helping children remain within their networks without formal orders.

*'Well the second, well, we agreed that - first and foremost we were saying that these children are our grandchildren, we don't want them to go to any foster, they said that we can't foster them because of their relationship, we can't foster them. So we said okay, we are not going to let these children go anywhere, we'll keep them.....Within the family, and they wanted to find out , being our age, how are we going to get help? So we said our daughter - all of all children they're all chipping in, they're going to help.'*

The reduction in open cases is an interesting finding – and is linked by respondents to the use of the FGC. However, as before without comparable data it is not clear whether this rate of case closure occurs in Camden irrespective of whether an FGC is held. Respondents that did link the closure of the case with the FGC saw the service as having enabled settled solutions to be found for children:

*'While the children's mother was in prison extended family members supported father to care for the children, this is was the family plan agreed at the FGC. All the children are now with their parents and they attend school – no further involvement with SW.'*

### **Whereabouts**

The overall trend within the data about whereabouts is away from local authority care towards kinship or parental care. These findings don't capture the role of the FGC in maintaining children at home, who may otherwise have become Looked After, as these children don't show up in data about changed whereabouts.

What the findings also show is that children left accommodation provided by the local authority and became cared for by either their parents or their extended family. There was also some movement between parents and kinship carers with children going from parents to extended family without having to enter the public care system – something respondents saw the FGC as being helpful with:

*'I had a really successful FGC last year with F family. Three children who could not remain with mum. The FGC identified mum's cousin and the children are now living with her.....even if the FGC does not identify anyone suitable it gives us ( social workers) a better understanding and helps us to plan'*

## **Alternative Outcomes**

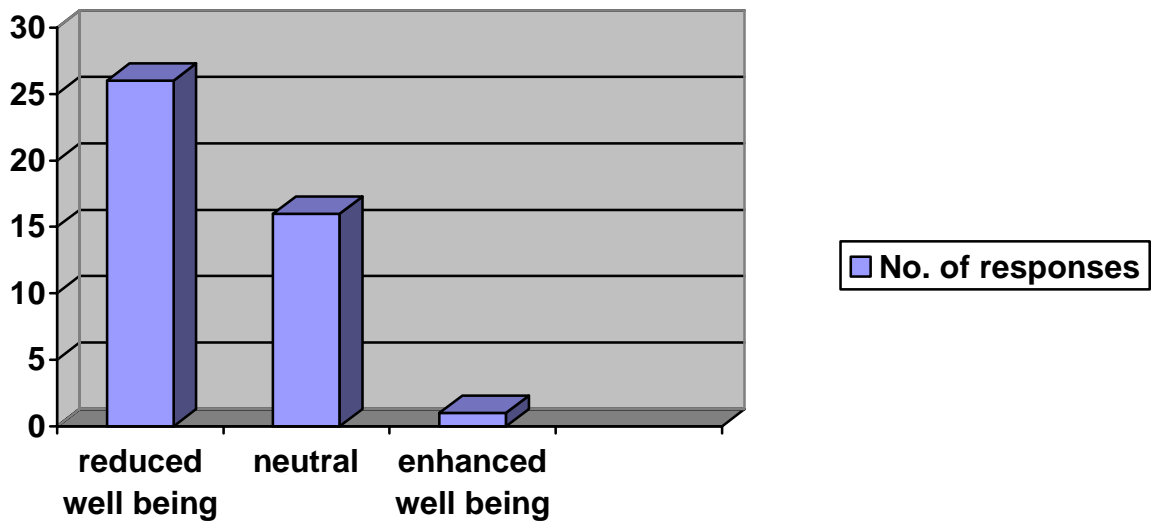
**Figure 8: Predicted Outcomes without an FGC**

Outcome without FGC	Social Worker	Family Member	Total
No difference	5	2	7
Child would have become Looked After	5	4	9
Increased risk to child	2	3	5
Less help and support	1	3	4
Less extended family involvement	2	2	4
Better – FGC made situation more difficult	0	1	1
Don't know	1	8	9
Reduced engagement by family with services	3	1	4

As this table indicates, the numbers are very small, and it is, therefore, difficult to go beyond seeing these as indicative findings that suggest areas for future consideration. There does seem to be a sense amongst respondents that the FGC helped children remain cared for within their networks rather than within the public care system. Nevertheless, a number of social workers felt that the meeting made no difference – a view not shared by the majority of family respondents. This is an interesting difference in perception and may be worth further examination. However, families often felt that they didn't know what might have happened without an FGC. This is not a surprising finding given the complexity of the situations families faced and the changes they were experiencing over time.

In terms of overall outcomes, these findings do indicate that FGCs were perceived by the majority of respondents to have been helpful and to have influenced positively the outcomes for the children. Both families and social workers saw the possible outcomes without the FGC as less than helpful:

**Figure 9 Predicted Overall Outcomes without FGC:**



### ***The Impact of using FGCs***

The responses to the questions about the effect of the FGC in retrospect generated a number of common themes:

- *Difficult process but helpful*

It is evident from the data gathered that FGCs are a difficult process to engage in, but one that generates important results:

*'It was a very painful time that I want to forget about, but the FGC was good and very useful.'*

This reflects national and international research that indicates that FGCs are not necessarily easy experiences, nor do they make families nice places to be. This is outside of the remit of the FGC. Instead, they offer, as Doolan suggests, a different context for resolution.

- *Effective but needs commitment*

Families and social workers talked about the commitment needed from all participants to ensure the FGC has an impact, both on professionals and family members. Within this was also some concern about circumstances changing and the capacity of the FGC process to reflect and work with these changes. Failure to do so was seen to dilute the impact:

*'Mum says FGC is a good way forward if the family can stick together, but it did not completely work for her as the family circumstances changed.'*

Some families recognised the value of the original plan, but described this plan breaking down over a period of time.

- *Enables families to better care for their children (including keeping child within family)*

A prevalent theme was the suggestion that the primary impact of the FGC had been to enable the children to remain with their family:

*'I think my children would have been taken away by social services and put in care. With the FGC extended family members had a chance to express their feelings and wishes'*

However, this theme is complicated by a sense from a minority of respondents that they had to engage in the FGC process – that they were given little option. This didn't always result in a poor outcome. For some, this was in hindsight a helpful process and they were glad that they had been given the opportunity:

*'The FGC was helpful although I felt vulnerable. It was pretty upsetting and I was not equipped. I was not happy at the time and filled in a form to say it was useless. Now on reflection I know that the FGC was quite useful.'*

A minority of respondents felt disempowered and were dismissive about the FGC, which was seen as another meeting amongst many.

- *Allows families to make the decisions rather than the professionals, better for the child*

Social workers and families saw the FGC as a useful mechanism for the family to assert their expertise, but also as an opportunity for family problem solving to be allowed to lead the planning process:

*'I think it's empowering to give the family the opportunity to make plans and to tell us how they will address the problems'*

Again, these comments reflect the body of research about family experiences of FGCs and the perceived value of this approach (see for example Marsh and Crow, Morris, Nixon). What is not clear is the longer term impact of this positive experience. This finding indicates the potential value in further research exploring whether the experience of participating in an FGC impacts the family's capacity to engage differently with professional services and planning processes.

- *Helped ensure support*

The FGC was felt to bring families together and to be an opportunity for the knowledge and resources held by the family to be utilised in meeting the child's needs. Respondents identify this as an ongoing outcome from the FGC, and this suggests that potentially this is a longer term impact from using FGCs:

*'...the way things were going nothing would have been sorted out. I wouldn't be talking to my family and there would have been no access for us to my parent's house. We would still be isolated and*

*the relationship between me and my daughter would have been more difficult.'*

Extended family involvement has a significant impact, and is a direct by-product of using FGCs. This is evident from the responses and from the analysis of the plans. This appears to mark out this approach from other meetings, and the data indicates that this extended family engagement has ongoing benefits.

- *Is culturally appropriate and responsive*

Families who were interviewed described the FGC as being an experience that ensured their traditions, heritage and culture were not only respected but supported.

*'It reminds me of other cultural family meetings back in my country of origin. It was very important for all of us to have a co-ordinator from our own background, it made everything easy, and there was no barrier of language and culture'*

For some families, using other decision making processes would have been difficult but the FGC was seen as helpful and respectful and the nature of the meeting engaged family members who would not have attended the formal professional meetings:

*'Any family member could come, because I mean I prefer it that way because we've got a different culture, we've got a different, you know, family ties.... Yeah, because the reason why I'm saying this is you see we don't have that kind of differentiation and, you know, trying to say that this one is that, that one is that, that one is that, you see, they are my grandchildren, period.*

*No, they're not - the point is this, my grandchildren are not going to go under any child protection anymore, but if we are going we are just only going to go as sitting down to listen now, anything of that sort, because we don't want to - because we don't want anything of that nature to happen to us.*

*No, no, no. But a family meeting like this, we love to come, because I don't want to get these kind of ideas, no, no, no, I don't want, no, child protection.'*

- *No impact/negative impact*

For a limited number of respondents the FGC had no discernable impact, and for a small minority the FGC made a difficult situation worse. Social workers suggested that the plans for the child would have progressed with or without the FGC. Family members simply felt it to be one more meeting. The use of information from the meeting in other settings caused concern and the FGC was felt to have exacerbated difficulties:

*'I was told to do so many things and can't remember which meeting said what as I had to go to so many'*

*'I was told the Guardian had to be there, as she was representing the children. The Guardian in court told them about my attitude and facial expressions at the FGC – so the FGC did not turn out to be a safe place.'*

However, these critical reflections on the impact of the FGC are in the minority. The majority of families and social workers are able to articulate positive accounts of the meeting and of the impact of the meeting. Some of these are dramatic – families talk of children being adopted without the FGC or a young person going to prison sooner.

### **Reflections on FGCs**

The interview data suggests:

- some very positive reflections about the role of the FGC in enabling children to either remain at home or within the care of their extended family
- encouraging comments about the capacity of the FGC to generate an opportunity for extended family involvement and support to come into play
- some mixed experiences where the FGC was felt to have had potential but that this faded, either due to a lack of follow-up by the services or a change in family circumstance
- some evidence that the FGC made no impact and was viewed negatively as a result.

*'The FGC was not very helpful. It was a complete waste of time'*

- the majority of respondents would use FGCs again. Some are very keen to adopt this approach for planning for children:

*'The FGC gave the family a chance to be part of the decision making, enabled them to come together to say who would do what and to put their hearts and minds together.....it empowers families and helps families stay together'*

## Summary of key points

1. The status of the child at the point of referral does not necessarily indicate the whereabouts of the child. Sometimes this is not evident from the data available on the referral/record sheets **but may well be an important measure of the effect of the FGC on the child's life.**
2. As the national and international evidence would echo, FGCs in Camden frequently arrive at the following:
  - **The involvement of the kinship network** to support home care of a child
  - **Arrangements for the safe care** of the child/children within the kinship network
  - **Kinship support arrangements** to prevent the breakdown of the immediate family
  - **Plans for contact** – both informally and formally between the children and the adult family members.
3. The data suggests that the service is having a **marked impact resulting in reducing the numbers of children who are the subject of formal proceedings.** Particular evidence emerges about the impact of the service on Interim Care Orders, which seems to indicate a significant reduction in ongoing proceedings.
4. A further category became evident from the analysis of the plans. **Families repeatedly used the FGC to make statements about their 'ethic of care'** (Williams 2004). In other words, their intention to do right by their children. Families are using the FGC as an opportunity to arrive at statements and arrangements to support the family's capacity to offer some form of nurturing care and/or connection to the child, even when direct practical care was not possible.
5. **Family plans can be mapped across to the ECM outcomes.** Family plans most commonly reflect the ECM outcomes of staying safe and enjoying and achieving, although the FGC process can be seen as directly related to the outcome of the ECM making a positive contribution.
6. The ECM outcomes could be seen to 'dislocate' children somewhat from their networks by placing the emphasis on child level outcomes rather than family outcomes. It is, therefore, difficult at times to map across from a family plan to the ECM outcomes, suggesting that **Camden may need to arrive at local ECM indicators that recognise the value and impact of FGCs, possibly through the outcomes that are concerned with safety, health and positive contributions.** (These outcomes can accommodate broader indicators such as family well-being and/or family connections in the context of a child's mental health or security needs.) It may also be that the ECM outcome indicators used to capture making

positive contributions can recognise the value of FGCs in addressing this outcome.

7. **Family plans often go beyond the simple outcomes of ECM.** For example, they may focus on adult needs to enable children's needs to be met and they may be concerned with practical matters that are not adequately captured by the ECM outcomes such as informal contact arrangements. However, all these arrangements may be key to the maintenance of the children's placement. Likewise, some plans place considerable emphasis on the child's cultural and ethnic identity including faith, and these dimensions of a child's well-being are not easily captured by the ECM outcomes.
8. **Overall, there is evidence that the FGC service is having a positive impact on the longer term outcomes for children.** Specifically, the data shows that there is a significant reduction in the number of children formally requiring or engaged with social work services.
9. In terms of overall outcomes, these findings indicate that FGCs were perceived by the majority of respondents to have been helpful and to have influenced positively the longer term outcomes for the children. **The majority of both families and social workers predicted that the possible outcomes for children without the FGC would have been less positive and helpful.**
10. The responses to the questions about the effect of the FGC, in retrospect, generated a number of common themes:
  - *Difficult process but helpful*
  - *Effective but needs commitment*
  - *Enables families to better care for their children (including keeping children within family)*
  - *Allows families to make the decisions rather than the professionals, better for the child*
  - *A minority of respondents saw the FGC as having had no impact or having made matters more difficult.*
  - *Helped ensure support*
  - *Is felt to have been culturally appropriate and responsive.*

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## Appendix 1: Telephone Interview Schedules

### Family Member Interview

Name of interviewer

Date of interview

Language of the interview

Begin by introducing yourself and explaining the following:

- You are contacting them because they took part in an FGC. We think that they will be able to help the FGC service understand whether the FGC meetings are helpful and what happened afterwards once the plans were put in place. This information will be used to improve the FGC service.
- You want to talk with them about events since the FGC; in particular, you want to hear about what has happened to the child since the FGC.
- As you are talking, you will be taking notes of what they say to you.
- You will be writing up the information that they have given you and sending it to a researcher who will use this to prepare a report about FGCs. This report will not contain any details about the families that gave information.
- They do not have to take part – it is entirely up to them and it is fine not to agree to the interview. We fully understand that not everyone wants to discuss family events with us.
- We do need to let them know that the only people who will see the information that contains details about them is the researcher. However, if at any point something is said that causes concern about a child, we do have to share this information with the service managers.

### Descriptive Details: (you may already have these on file)

Name of interviewee

Relationship to child

Name of child/children

D.O.B

Ethnicity

Family's chosen language

Date of FGC (s)

Current status of child (subject of order, registration, accommodated etc)

Status of child at point of FGC

Social Worker details (allocated worker, case closed, known not allocated etc)

Describe a summary of the reasons for the FGC:

What was the FGC plan?

What happened for the child following the FGC?

What parts of the plan were useful?

What parts of the plan were unhelpful?

Can you tell me how things are now for the child?

If you had not had an FGC, what do you think might have happened?

Looking back, what do you think now about the FGC?

Camden FGC service would like to ask family members to come to a meeting about helping to improve the service. Would you be interested in joining this meeting?

## **Social Worker Interview**

Date of interview

Interviewer

Interviewee

Name of Child

Were you the social worker at the point of the original FGC?

- If yes, please describe the reasons for the FGC.
- If no, please summarise what you know about why the FGC was held.

Can you describe to me events for the child since the FGC?

What is the current situation for the child?

Had an FGC not been held, what do you think might have happened?

Can you tell me what you think about FGCs as a way of working with children and families?

Are you happy to refer, in future, to the FGC service – yes/no? Please explain your answer.

Any other comments

## Appendix 2: Case Study Interview Schedules

### Case study interview: Family Members

Date and venue of interview

Family Name

Children's names, gender and D.O.B

Ethnicity

Date of FGC

Name of interviewee

Relationship to child

Please, can you describe to me the reasons for the FGC?

Please, can you tell me who suggested to you an FGC might be held and what was explained to you about this way of working?

Please, can you tell what you thought about the idea of an FGC, what you hoped it might achieve and what you thought it might be like?

Can you tell me how the *reason* for the meeting was decided upon – was it possible to change or amend this? (Supplementary – did new understandings of the 'problem' emerge?)

Can you describe to me how the meeting was set up and how you were prepared for the meeting? (Supplementary questions might include who was invited? Was it the right people?)

Please, can you describe the meeting to me? What did being in the meeting feel like?

What was the plan and what did you think about the plan?

What has happened for the child/children since the meeting? Have there been any changes for the child or for the family?

Looking back, what do you think now about this way of working? Can you compare this to any other ways of making plans for the children?

Has taking part in an FGC impacted how you behave in other decision making situations or processes?

What do you think was done well and what do you think could be done better?

Any other comments/notes?

## Case Study: SW Interviews

Family Name

Children's names

Date of FGC

Date and venue of interview

Questions:

Can you tell me how you heard about the FGC service?

Can you describe for me how you think the FGC service fits with the other services Camden offers?

Please, can you describe to me the reasons for this particular FGC?

Please, can you tell me who suggested to you an FGC might be held and what was explained to you about this way of working?

Please, can you tell what you thought about the idea of an FGC, what you hoped it might achieve and what you thought it might be like?

Did you think that this family would be able to engage with this approach? Why/why not?

Can you describe for me how you thought this family approached 'parenting'? (Will need to ensure 'parenting' is understood as 'nurture' rather than specific mother/father relationship.)

Can you tell me how the *reason* for the meeting was decided upon – was it possible to change or amend this? (Supplementary – did new understandings of the 'problem' emerge.)

Can you describe to me how the meeting was set up and how you were prepared for the meeting? (Supplementary questions might include who was invited? Was it the right people?)

Please, can you describe the meeting to me? What did being in the meeting feel like?

What was the plan and what did you think about the plan?

What has happened for the child / children since the meeting? Have there been any changes for the child or for the family?

Looking back, what do you think now about this way of working? Can you compare this to any other ways of making plans for children?

Has taking part in an FGC impacted how you behave in other decision making situations or processes?

What do you think was done well and what do you think could be done better?