Family Group Conferences and Black Minority Ethnic Families: A study of two community-based organisations in London

Ravinder Barn, Chaitali Das and Alice Sawyerr
Acknowledgements

This study arose from a concern that few minority ethnic families were being referred for family group conferences compared with the rest of the population. We are grateful to the Family Rights Group (FRG) for commissioning this important study. In particular, thanks are due to Cathy Ashley (Chief Executive, FRG), Sean Haresnape (Policy Advisor, FRG) and Tana Thomas (Policy Advisor, FRG) for their ongoing support throughout the course of this study. Without the active involvement and participation of the families, co-ordinators, trainers, managers and other professionals this study would not have been possible. We would also like to extend our thanks to the Steering Group and the Black Perspectives Committee whose ideas and input helped shape this study and keep it on course. Particular thanks are due to Lakhy Khan (Hopscotch), Hazel Ellis (Claudia Jones), Andalina Kadri (Slough FGC Service), Liz Leicester (London Borough of Camden), and Sukti Niogi (Thomas Coram Institute). We would also like to express our thanks and appreciation to Priya Davda for her involvement in some data collection in this study, and to Mike Doolan for reading, and providing invaluable comments on an earlier draft of this report.
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1. Introduction

Family Group Conferences (FGC) are a family-led decision-making process that provide a practical approach to partnership between families and professionals. The FGC approach, as a way of working with vulnerable families, has its roots in the Maori cultural tradition in New Zealand. FGC began as a valid method of family work in New Zealand in the 1980s, and became incorporated in their child care and youth legislation in 1989.

Family Group Conferences provide a framework for professionals and families to work together to achieve family-led sustainable solutions to presenting concerns about a child’s welfare. FGCs involve professionals meeting with families to identify and indicate their concerns. Families then discuss remedies and resolutions that best suit their context and create a family plan to address the concerns. This plan is then shared by the family and where appropriate or requested, professional support is provided to bolster the family plan. The FGC process is discussed in further detail on page 11.

Family Group Conferences have increasingly become popular as a model that promotes working in partnership with families and have been employed in different international contexts. In Britain, there has been increasing interest in the FGC approach since the 1990s (Morris 1995, Marsh and Crow 1997, Nixon 1998, Lupton and Nixon 1999, Beecher 2001, Brown 2003, Ashley et al 2006, Smith 2008). However, it would be fair to say that in spite of direct references to it in key government legislation and policy guidance – for example, Working Together (2006), Care Matters: Time for Change (2007), and Children Act 1989 Regulations and Guidelines: Vol 1, published in conjunction with the Public Law Outline (2007), its use remains haphazard, patchy and incremental.

While FGCs lend themselves to working with diverse families, it seems that the FGC approach remains under-utilised in relation to BME families living in Britain. This project aims to in part address this by piloting the FGC approach with two BME community organisations.
Background

There is a dearth of knowledge and understanding about the use of FGCs with minority groups in the UK. Research evidence from the USA also suggests that fewer minority ethnic families are being referred for FGCs compared with the rest of the population (Merkel-Holguin 2003). In Britain, it would also appear to be the case that minority ethnic families are not only under-represented in support services, but they are possibly also under-represented in the referral and take up of FGCs services across the country (Lupton and Stevens 1997, Thoburn et al 2005, FRG 2005, Barn 2006, Chand 2008).

It could be hypothesised, however, that it is not merely referrals to FGCs that may be lacking, but that lack of engagement and understanding on the part of service providers and families, coupled with the mistrust of statutory services that may be contributory factors leading to the isolation of BME families, and preventing access to FGCs.

Based on this hypothesis, in 2005, in recognition of the low numbers of Black Minority Ethnic families (BME) receiving a Family Group Conferencing (FGC) service, Family Rights Group (FRG) entered into an active working partnership with two community-based organisations in London. The goal was to embed the FGC services within BME communities through voluntary organisations that had a presence in the community, were well known and could be in a position to deliver FGCs in a culturally sensitive manner. This would enable better access for BME groups in the community as well as help minimize mistrust of statutory systems. The primary purpose of this initiative was to ensure capacity building of the community-based organisations to help attract and engage with BME families in the area of support and preventive work. A Research team from Royal Holloway, University of London was commissioned to undertake a study to evaluate the approach taken.

This study makes an important contribution to addressing the gap in knowledge in this arena. The Royal Holloway Research Team, led by Professor Ravinder Barn, and supported by Family Rights Group designed and implemented an appropriate strategy for the evaluation of family group conferences with minority ethnic families. This
evaluation was conducted in the two community-based organisations working with Black, Asian and other minority ethnic families in need – namely Hopscotch in Camden, and Claudia Jones in Hackney.

Family Rights Group (FRG) is a national charity with a long track record of promoting innovative family-centred solutions for families where there are concerns about the care of children. Family Rights Group advises, advocates and campaigns for families whose children are involved with, or require, social care services. It has promoted the introduction of FGCs in this country and runs the national FGC Network.

**Community-based organisations**

**Hopscotch**

Hopscotch is a community-based organisation that was established over three decades ago to support Asian families of Bangladeshi origin in the London Borough of Camden. At its inception, the purpose of this organisation was to assist and support with the settlement of new migrants from the Indian sub-continent. Over the years, the service remit of the organisation has broadened in recognition of increasing need in the areas of health, education, social services and English language skills. Hopscotch has also served to influence mainstream service providers to ensure greater access to their services by Bangladeshi women and their families. The organisation perceives itself as a bridge between the local Bangladeshi community and the mainstream services.

Hopscotch employs a range of staff to provide a diversity of services to families and children. Over the years, there has been tremendous capacity building to ensure that there is a wealth of skills, knowledge and experience in dealing with special issues relating to the rights, welfare, advocacy, empowerment and support and access for women and children. The organisation has expanded its repertoire of services to offer advice and information in a variety of areas including child and family welfare, education, employment and training, housing, disability, immigration, sexual health and adult services. Support staff are provided with training to conduct joint assessments with mainstream services, provide counselling to isolated families, and run individual and
group services. The majority of the staff are multi-lingual and possess the cultural competence and literacy to work with a range of families from diverse backgrounds.

**Claudia Jones**

Claudia Jones organisation (CJO) was established almost 30 years ago in the London Borough of Hackney. This community-based organisation works with Black families (primarily Caribbean, West African families and dual heritage). The range of work carried out by CJO includes advocacy and mediation for families and members of the wider community.

The organisation has a skilled team of staff, trustees and volunteers with a successful track record of working with the community to deliver high quality education, information, training, support and advice to service users. The staff team include 17 full and part-time individuals ranging from Director to parental involvement officers to education co-ordinators, administrators and volunteers.

The key aims of the organisation remain the promotion of education among the Black community, and to act as the first point of contact for families in need. CJO works not only on issues of child and family welfare, but is also seeking to support older people.

Both community organisations report a range of service provision to the local Black minority ethnic communities. Our study focused only on one particular service, namely the family group conference approach. In the remainder of this report, we document our findings about the implementation of this model of family work.

**Partnership between FRG and community-based organisations**

To instil and promote capacity building, FRG worked in partnership with the two community-based organisations, namely Hopscotch in Camden and Claudia Jones in Hackney. FRG supported and trained the community-based organisations to develop and run FGCs for Black minority ethnic families at risk - for example, where there was a risk of child(ren) becoming subject to care proceedings, playing truant from school, and engaging in risk-taking behaviour leading to school exclusion or criminal activity.
The partnership aimed to develop a model for increasing accessibility of family group conferencing that can be evaluated, and replicated nation-wide.

What were the key ingredients of the partnership between FRG and the community-based organisations?

FRG set out to support the setting up of a pilot FGC service within the community-based organisations.

- A partnership agreement was drawn up between FRG and the community-based organisations setting out the responsibilities of each organisation in developing the pilot project FGC service for black and minority ethnic families.
- FRG provided the community-based organisations with initial and on-going consultancy support to develop and run an FGC service. This involved key tasks such as drawing up protocols, and co-ordinator job descriptions.
- FRG trained staff and volunteers in these organisations to enable them to run an FGC service and co-ordinate FGCs.
- There was ongoing contact between the FRG policy advisor and the community-based projects to assist in the development and implementation of the service and to advise on ongoing practice issues.
- The community organisations and their local authorities entered into discussions in order to agree a system for referrals. The situation differed in the two authorities, in that the London Borough of Camden, unlike the London Borough of Hackney, already had an established child welfare FGC service.
- A protocol was agreed between Camden’s children’s services department and Hopscotch with regard to referral of appropriate families – see Appendix 7. This included an agreement as to which families could be appropriately referred to the community-based FGC service and which should be referred on to the local authority-based FGC service.
- A quarterly steering group was convened involving representation from all participating agencies to explore issues as they arose in the development of the work.
The experiences of the partnership between Family Rights Group and the community-based organisations has revealed the enormous challenges that are presented in setting up such a service. It has long been recognised that BME community-based organisations carry out an invaluable role in working to support BME families (Patel et al 1998, Barn 2006). Such organisations have demonstrated creativity, innovation and the ability to engage BME families. Mainstream services are often advised to work in partnership with such third sector organisations to learn about good practice and to inject much needed financial and human resource.

The financial and human resource challenges experienced by BME community-based organisations in this study were palpable from the accounts of the families and the workers. Additional hurdles included addressing perception and reality about the needs and concerns of BME families and how these can be best met. Claudia Jones and Hospotch faced a range of challenges during the life of the project, which impacted upon their planning, capacity, staffing, and types of referrals.

It is evident that whilst mainstream services are better financially resourced, they cannot work in isolation from the BME third sector organisations. The cultural competence possessed by BME community-based organisations is an invaluable asset, and mainstream organisations would do well to form meaningful partnerships. This could include developing clearer protocols on FGC referral criteria, as well as other arrangements such as secondment of workers.

Aims and Methods

In conjunction with FRG, and the two community-based organisations, the study aimed to identify information to be recorded for an effective evaluation of the working of the FGC model within these settings. The evaluation team sought to contribute to the design of the evaluation materials for the working of the FGC. The perspectives of the key players including families and young people, FGC co-ordinators, community-based organisation staff, trainers, and other professionals were deemed to be essential in understanding the introduction and implementation of FGCs in these BME voluntary agencies.
In undertaking this task, the research team met with key personnel in the two community organisations, and participated in advisory group meetings involving relevant staff from FRG and the community-based organisations. Regular meetings were also held with the black perspectives committee which included experienced FGC managers from established projects, for example, Andalina Kadri from the Slough FGC service. It should be noted that the Slough FGC service has been at the forefront of innovative practice with BME families and has demonstrated the importance of engagement to achieve effective and sustainable outcomes.

Key profile information was collated on the families who participated in the FGCs and one-to-one and focus group discussion interviews were carried out with families, co-ordinators, FGC trainers, and other professionals including education welfare officers, FGC managers, and social workers.
2. Family Group Conferences and Minority Ethnic Families

Background

In Britain, there has been increasing interest in the FGC approach since Family Rights Group first began to champion this approach in the early 1990s (Morris 1995, Doolan 2002, Ashley et al 2006). The FGC method seeks to operate within a social network matrix to focus on family and friends as an invaluable resource. The idea is to gather a family’s network together at times of need and difficulty to find positive solutions within the network. The FGC model places the family at the centre of the planning process. They are offered an opportunity to formulate a plan that in their view best addresses the needs and concerns of the child. The family plan is informed by information and advice shared by professionals.

Social welfare professionals operate as conduits in a process of problem solving. Their role is to present the family network with the professionals’ concern, and provide clear and concise information, including what potential resources may be available to assist the child. The agency should agree, support and implement the plan as long as it is legal, safe and addresses the agencies’ key concerns.

There are essentially five stages to the family group conference (Ashley et al 2006). Figure 2: 1 represents these and the associated key activities in relation to each stage.

Stage 1 - Process of referral: This involves an agency making a referral to the FGC service about a situation of concern regarding a child or young person. Two key factors inform whether the FGC occurs, that is, the local agency’s criteria for referral to the FGC service, and whether the adult\(^1\) with parental responsibility agrees to the referral. At the point of referral to the FGC service, an independent co-ordinator is assigned to work with the family. It is considered good practice to offer families the

\(^1\) Or young person if they are over 16 or the local authority, if there is a care order and thus the authority has parental responsibility
option of a co-ordinator that best reflects their ‘ethnicity, language, religion or gender’ (FRG 2006:9).

**Figure 2.1 The Family Group Conference Model: Stages and Activities**

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<td>The Conference</td>
<td>Implementation</td>
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- **Activities**
  - Referral to FGC Service
  - Allocation of Independent Coordinator
  - Liaison with Referrer/other agency to clarify concern
  - Identification of family networks
  - Information giving/preparation of family members
  - Clarity on “bottom line”
  - Agreement on FGC date/time/venue
  - Arrangements for creche/refreshments etc.
  - Agreement of adult with parental responsibility to the referrer
  - Preparation of the child
  - Reinforcement of Stage 2, e.g. “bottom line”
  - Private family time
  - Discussion and agreement of family plan between family, coordinator, and other professionals
  - Implementation of family plan within agreed timescales
  - Clarity on role/responsibility
  - Clear process of review
  - Appropriate amendments as necessary by the family and co-ordinator

**Stage 2 – Preparation:** The co-ordinator’s role is crucial, at this point, in three important ways:

(a) the co-ordinator must work actively with the child/young person and the family to begin to identify the family network (relatives, close friends) who could potentially be involved in the family group conference. The child/young person should be offered the support of an advocate to help them participate in the FGC.

(b) the co-ordinator must ensure that family members have been provided with the appropriate information. This will involve liaising with the referrer and other agencies to clarify concerns, and identify any ‘bottom line’. The term ‘bottom line’ is used to indicate what may or may not be
acceptable, from the agency’s perspective, in terms of a plan for the child. For example, it may not be acceptable for the child to have access to a particular family member. The referrer must be clear about the resources and services that could be made available to support the child and/or the family and the co-ordinator should ensure that those with the relevant and appropriate information are present during information giving time.

(c) the co-ordinator must negotiate an appropriate date/time, venue, and other practical arrangements such as crèche and refreshments.

Stage 3 - The conference: This is a key aspect of the FGC and constitutes three distinct elements that are critical to the process. The ‘information giving stage’ entails a robust and clear reinforcement of Stage 2(b) when the family are provided with clear information from the referring agency about their concerns and the support that may be available to the family. In ‘private family time’ the family meet without the presence of the professionals, drawing upon their unique knowledge and resources to formulate a plan. Private family time is one of the most essential parts of the FGC where the family discuss the child welfare concern in private and formulate a plan which addresses the concerns by identifying appropriate resources from within the family network, and those required from the agencies. The family plan is then discussed and agreed with the referrer in the third part of the meeting. In this latter ‘plan and agreement’ stage the family present their plan to the agencies for approval/agreement. There is a process of negotiation by which the family plan is amended if necessary. For plans to be successful it is important that there is clarity in terms of resources, role, function, expectations, time-scale, contingency plans, and review and implementation.

Stage 4 – Implementation: Having agreed the plan, it is critical that all those involved ensure that the plan is implemented appropriately and within agreed timescales.

Stage 5 - Review of the Plan: How the plan is to be reviewed needs to be clear to all, so that parties can meet together if necessary to consider the effectiveness of the plan and make further decisions if required.
The FGC model has been well received and is used increasingly in a variety of settings and with a diverse range of service users (Crow et al 2004, Burford, Morris and Nixon 2007). In the area of child and family welfare, FGCs has been employed in many contexts including as a means of protecting children from abuse and neglect, preventing young people from becoming involved with risky behaviour such as substance misuse, criminal activity, sexual exploitation; and diverting children and young people from local authority care.

Much of the previous research has focused on the process of FGCs and on the experiences of those taking part. The evidence-base on the impact on longer term outcomes is still relatively weak, however, there is some research evidence which points to the effectiveness of the FGC approach. Crow and Marsh (1997) reported lower re-abuse rates for children who were involved in an FGC – 6% compared to 16 – 25% for others. Social workers assessed that FGC produced plans led to better outcomes for children in terms of preventing 32% of cases going into care and preventing court proceedings in 47% (Smith and Hennessey, 1998).

Lupton and Stevens (1997) found that 78% of professionals thought FGC plans were successful after 18 months to two years.

The FGC approach attests to greater engagement with families. Research evidence shows that 93% of main caregivers/parents attended all of the family group conference, compared to 36% attending all or part of a child protection conference (Crow and Marsh 1997). The approach has led to a higher rate of attendance by fathers and father figures at FGCs than at statutory meetings, such as child protection conferences (Ryan, 2000).

However, despite a rapid growth in the development of local authority FGC services since its initial inception (Brown, 2003) it would appear, that FGCs are still not part of mainstream provision. Significantly, there is some evidence (Family Rights Group, 2008) that minority ethnic families are less likely to be involved with the FGC model.
Minority ethnic children and families

There is a plethora of evidence documenting the social exclusion, marginality and vulnerability experienced by Black and minority ethnic families and children (Modood et al 1997, Barn et al 1997, Qureshi et al 2000, Barn 2006). Research evidence over the last five decades has repeatedly documented the disadvantaged position of some BME groups in a range of areas, including employment, health, housing, education and social services. Many families from BME communities are living in ‘severe and persistent’ poverty (Platt 2002, Platt 2007). The impact of unemployment and low incomes on family life is extreme.

The infant mortality rate is high among some BME communities, particularly those of Caribbean, Pakistani and Bangladeshi background. Black minority ethnic families with a disabled child have lower incomes than their white counterparts and are less likely to be in receipt of benefits such as disability living allowance (Fazil et al 2002). Minority communities’ health experiences remain poorly understood. There is increasing evidence that some groups are more likely to suffer poor health than others. For example, Pakistani and Bangladeshi people are five times more likely to be diagnosed with diabetes than white people; East African Asians, Indians and Caribbeans are three times more likely. In addition to understanding the impact of parental ill-health on child care, it is also important to understand the health problems experienced by some minority ethnic children and young people, such as type 2 diabetes, sickle cell disorder and thalassaemia (Barn 2006).

The disproportionate representation of some Black and minority ethnic children in such domains as children ‘in need’, children with local authority child protection plans, children looked after, school exclusions, educational under-achievement, youth justice, homelessness, and unemployment is well documented (Barn 2001, Madge 2001, Barn 2006, DCSF 2007). There is considerable evidence to show that children of Black African/Caribbean, and Mixed-Parentage background are disproportionately represented
among those in need, with a child protection plan and among children and young people looked-after (Barn 2006, DCSF 2007). Children of Asian background are the most likely to be in need due to reasons of disability - over a fifth of Asian children are considered to be in need due to reasons of disability compared with 14% of whites, 9% of Caribbeans, and 8% of those of mixed parentage (DCSF 2007). Given the reported poverty among Asian families of disabled children, it is a particular concern that their needs are not being met adequately. Over the years, policy makers, practitioners and researchers have focused on the role and function of helping agencies in a battle to ameliorate the poor situation of vulnerable BME families and children.

The response of helping agencies

Research and anecdotal evidence into the experiences of minority ethnic groups in contemporary multi-racial Britain suggests that social care services are attempting to address the social problems being experienced by these groups (Thoburn et al 2005, Barn 2006). However, it would appear that there is an array of factors at play which lead to fragmented and poorly developed services. Moreover, some minority groups may well be under-served, or over-represented as service users. For example, research indicates that mainstream services to older minority ethnic people and those with disabilities are lacking in cultural sensitivity and remain under-utilised (Patel, Humphries and Naik 1998, Bignall, Box and Otoo 2001). On the other hand, child welfare and mental health services are two prime examples of over-representation leading to criticism that social care services are failing to provide timely support to obviate crisis situations (Barn 2007, Barn 2008).

Use of and access to welfare service provision has been a long-standing concern for policy makers, practitioners and researchers. Research evidence confirms that use and access are determined by a range of factors, including the general perception of social care agencies’ abilities to meet diverse needs, familiarity with the range and nature of services, language skills, and the availability of appropriate services and personnel. It is increasingly evident that families would like not only better access to existing services, but also services that recognise ethnic, cultural and religious diversity. The importance of family support and preventive services has been well documented. Ghate and Hazel (2002) found that compared to white parents, minority ethnic parents report fewer than
average support networks. It would also appear that a lack of adequate support structures and social capital, and a poorly co-ordinated and fragmented response from mainstream social care services may have led to the emergence of an informal sector of BME community organisations that attempt to provide support, advice and social care for their members (Patel et al 1998, Salman 2007).

Previous studies have identified the impact of migration and discrimination and the importance of the extended family within Black and minority ethnic communities (Hylton 1997, Barn, Ladino and Rogers 2006). Studies on parenting practices and diversity have demonstrated the relevance of ‘collectivism’ – a communal activity guided by cultural heritage and beliefs (Dosanjh and Ghuman 1996, Hylton 1997, Maiter and George, 2003). Collectivist cultures have been described as those that organise their behaviour beyond the nuclear family (Garcia Coll et al., 1995) to include the extended family, the kinship network, the religious group or the country of origin (Triandis, Brislin and Hui, 1988). That is, flexible family roles and group values rather than individual independence is emphasized, and identity is defined by group membership, adaptability and change (Thomas, 2000). In collectivist cultures, parenting greatly relies on interdependence, respect for elders, relationships with others, obedience to parents, spirituality and religion. This approach differs from dominant forms of parenting in Western societies which tends to place a higher value on individuality and personality traits. Studies on parenting have reflected that most South Asian and African cultures have been described as collectivist (Maiter and George, 2003).

Given the importance of the familial contextual framework within Black minority ethnic families, the family group conference approach could be ideally placed as a means to work in partnership with families to achieve effective outcomes to prevent social exclusion. For example, we know that there is a disproportionate number of some BME children and young people in the care system. We are also aware that children and young people cared for by their extended families or social networks do at least as well as those in foster care settings (Broad 2004, Farmer and Moyers 2008, Hunt et al 2008). Moreover, a stable foundation in the context of continuity of care and secure attachment is also well recognised as crucial in safeguarding children’s psychological well-being. It is curious that given the FGC model’s strong rootedness and belief in the importance of
family and family-centred solutions, and cultural sensitivity, that the FGC model appears to be under-utilised with BME communities in the UK.

It may be worthwhile to consider however that with the continual process of immigration/emigration, some BME families may have minimal extended family social networks. For some BME families in Britain, their extended family relations and friends may be based out of the UK, for example, as a consequence of grandparents returning to their country of origin (Berthoud, 2000). Such situations may require flexible and creative ways of implementing an FGC approach. Some BME groups are in fact familiar with ways of working consistent with the FGC approach, where family disputes are discussed and resolved within the family with elder family members acting as mediators. In the absence of such social networks and support, along with the additional vulnerabilities of being in a new system, BME families may be unable to access and employ the FGC method. People from BME groups may not understand and also feel misunderstood within the UK systems due to cultural and linguistic differences. These can be further exacerbated by a multitude of factors including poverty, poor housing, unemployment, immigration rules and regulations, health, education and parenting conditions. These can result in further vulnerabilities especially for ethnic minority women (Wilson, 2006; Goel, 2005; Walker et al, 2004). Introducing FGCs to such populations can also pose difficulties and require in-depth understanding of gender relations, community values and aspects of stigma and shame (particularly in minority communities that may differ from mainstream culture) that influence and can compromise the FGC process and its outcomes. For example, some BME families may not want extended families to know about their private family matters and be involved in an FGC. Similarly, the dynamics of communication processes between men and women within the cultural framework of families needs to be understood such that everyone is able to participate in the FGC process in an empowering manner. FGC co-ordinators need to be sensitive to these issues and incorporate these in their planning and preparation. However, for many BME groups, there is a strong collectivist traditions explored earlier which can also be a source of strength, solidarity and support for BME communities that can be usefully employed within the FGC method. An FGC service embedded within the community may thus serve as a crucial access point for such families by recognising the context of BME families in their entirety and introducing
services with a high level of understanding of different cultural processes and how they interact.

**Engagement with families and implementation of the FGC model**

...despite the origins of FGCs as ethnically sensitive interventions in New Zealand, to date there is very little evidence on how they are being used with, and viewed by, minority ethnic families...(Chand and Thoburn 2005:175).

There is a dearth of knowledge and understanding about the use of FGCs with Black and minority ethnic groups in the UK. Research evidence from the USA however is inconclusive. Whilst some studies indicate significantly high involvement of groups such as Black and Native American families (Velen and Devine 2005, Gunderson et al 2003), other studies do not document such ethnic disparities in the use of FGCs (Merkel-Holguin 2003). In Britain, it would appear that minority ethnic families are not only under-represented in support services, but they may also be under-represented in referrals to and the take up of FGC services across the country (Lupton and Stevens 1997, Thoburn et al 2005, FRG 2005, Barn 2006, Chand 2008, FRG 2008).

One study which was published ten years ago suggested that ‘there may be an issue about its use with families from UK minority ethnic communities’ (Lupton and Nixon 1999:121). The researchers fail to elaborate on this point or to provide sufficient evidence for this supposition. In another study also from the late 1990s, we are informed that there may not be an issue of under-use of FGCs among some groups (Marsh and Crow 1998). In their study of 80 FGCs, these researchers document that 13% of the children from 60 families were from a BME origin predominantly ‘Afro-Caribbean, black British or mixed parentage’ (Marsh and Crow1998:79). The researchers do not offer any analysis about under or over-representation but suggest difficulties concerning the engagement of Asian families.

Given the evidence base of the experiences of vulnerable Black and minority ethnic families and children, what then are the perceptions of minority ethnic groups of local authority social care services? Research evidence points to the following areas in regard to obstacles and perceptions:
• Fear and mistrust of mainstream agencies leading to lack of help-seeking resulting in lack of early intervention/crisis situations;
• Lack of awareness and understanding of a range of service provision leading to limited use and access;
• Inappropriate services;
• Language skills;
• Lack of interpreters;

We know that rates of poverty and social exclusion among minority groups are significantly higher and that those on the margins of society require the greatest help and assistance from social care services (Modood et al 1997). We also know that faith, culture, spirituality and racial and ethnic identity are integral to people’s lives (Hylton 1997, Beishon et al 1998, Barn, Ladino and Rogers 2006). Given such knowledge and in a climate where emphasis is placed on evidence based policy and resultant service provision, it would seem that efforts need to be made to learn about the perceived and/or actual barriers to service provision amongst members of minority ethnic groups.

Successful engagement with families is crucial in the implementation of the FGC approach. The professional’s belief in and ability to work in partnership to promote empowerment of families is a prerequisite to genuine success (Doolan 2004). Some of the key strengths identified in the successful engagement with families are - for practitioners to be well-trained, to be involved in careful planning, to obtain appropriate and adequate management support, to show flexibility, to make use of research to inform practice, and to trust in the process of the family group conference. In our evaluation of the FGC approach at the Hopscotch and Claudia Jones voluntary agencies, we explored such key issues highlighted by previous research studies.

It may also be prudent to note the context and scope of this project. The project was a small-scale time-bound project for 3 years. These three years were inclusive of training, negotiating FGC referrals with statutory services, capacity building of the organisations to deliver the services, as well as advocacy of the service in the community as well as other organisations and agencies that could provide services or referrals. Furthermore, since the project was live within a dynamic environment, the FGC programme had to be
flexible to meet needs of families as well as the capacity of organisations. Some of these constraints are further elaborated in the analysis and the limitations of the project.
3. Methodology

The study utilised existing data already available to the projects such as profile information on families in need, and collated new data to assess the effectiveness of family group conferences.

The process of data entailed the following -

- Detailed Profile Questionnaire for FGC selected families at the initial stage of the intervention (See Appendix 1). This helped to build on the data already collected by the agencies to include aspects relevant to family need, and the FGC method. Eleven referral forms were provided by Hopscotch. From these, 5 referrals resulted in an FGC. Data were also collated from agenda reports during the FGC, Family Plans, review plans as well as feedback forms that organisations had developed and collected as part of the process.

- Members of five FGC families from Hopscotch, and two FGC families from Claudia Jones were interviewed. Family members interviewed included mostly mothers, 1 father, siblings, children themselves, and other relatives (n=17). There were four one-to-one interviews with individual family members from different families. Data from four families were independently collected as a family unit after their respective FGCs. Two FGC young people were also part of the focus group discussion on two separate occasions. Family interviews were carried out at the community-based organisations or in families’ own home in English or via a Sylheti-speaking interpreter (see Appendix 2 for the interview schedule employed with families).

- Observation of the FGC process with the consent of the family and professionals – to include observation of preparation, information giving, and planning and agreement (but NOT private family discussion). Four FGCs and one review meeting were observed by researchers directly. Researcher notes were generated.
from these observations which provided insights and themes which were explored during the family and co-ordinator interviews. These observations also provided familiarity and understanding of the family context. Presence of the researcher at the site of FGC was also useful in building rapport with the family in some cases and in an early introduction to the family.

- Semi-structured interviews were carried out with co-ordinators in each of the 2 projects (see Appendix 3 for the interview schedule). Respective managers at Hopscotch and Claudia Jones were also interviewed. Twelve interviews were carried out with 8 staff/associated members from Hopscotch and Claudia Jones. Of these 8 staff, 5 were FGC co-ordinators who conducted the FGCs at Hopscotch and Claudia Jones, one was an external co-ordinator who conducted FGCs at Hopscotch and one was another staff member who initially headed the FGC programme at Hopscotch. These interviews sought to obtain their perspectives on the FGC process as well as in response to the FGC that they co-ordinated at the agencies.

- FRG trainers (2), and any other relevant personnel to the implementation of the FGC method (1).

- Focus group discussions with London-wide FGC co-ordinators (n=8) and managers (n=12).

- Professionals (for example, an educational welfare officer, teacher, counsellor, and pastor from a Pentecostal Church) who were involved and attended FGCs at both Claudia Jones and Hopscotch were also interviewed to understand their perspectives about the FGC process. Six professionals who were involved in FGCs in these two organisations were interviewed.

The majority of the formal interviews were tape recorded with the consent of the respondents. Respondents were requested to sign the informed consent form. Some families were willing to be interviewed, and did not object to the interview being tape recorded. However, despite reassurances of anonymity and confidentiality in English and in their own languages, some family members were less willing to be involved and/or
sign a piece of paper giving their consent (see Appendix 6 for the English version of the informed consent form). The bureaucracy and the perceived ‘authority’ of the information gathering may have been a daunting challenge for some of these families.

Many other additional conversational interviews were also carried out with agency staff to obtain an understanding of the work process and family cases. These interviews were however, not recorded but have aided the understanding of the case scenarios and FGC process.

The following table illustrates the range of data collected from the sources indicated above, including personal interviews, observations as well as focus group discussions.

**Table 3.1 – Research respondents from the two community-based organisations, and London-wide FGC co-ordinators and managers.**

<table>
<thead>
<tr>
<th>Respondents</th>
<th>Claudia Jones</th>
<th>Hopscotch</th>
<th>London-Wide</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Management personnel</td>
<td>1</td>
<td>1</td>
<td>14</td>
<td>16</td>
</tr>
<tr>
<td>FGC Co-ordinators</td>
<td>2</td>
<td>3</td>
<td>8</td>
<td>13</td>
</tr>
<tr>
<td>No. of FGC families interviewed (does not indicate no. of family members)</td>
<td>2</td>
<td>5</td>
<td></td>
<td>7</td>
</tr>
<tr>
<td>Professionals involved in FGC</td>
<td>4</td>
<td>2</td>
<td></td>
<td>6</td>
</tr>
<tr>
<td>FGC co-ordinator trainers</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Observations of FGC process</td>
<td>2</td>
<td>2</td>
<td></td>
<td>4</td>
</tr>
<tr>
<td>Observation of a Review process</td>
<td>1</td>
<td></td>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Total</td>
<td>12</td>
<td>15</td>
<td>24</td>
<td>51</td>
</tr>
</tbody>
</table>
**Table 3.2 Number and ethnicity of family members who participated in FGCs**

<table>
<thead>
<tr>
<th>Ethnicity</th>
<th>Number of families</th>
<th>Number of family members</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangladeshi</td>
<td>5</td>
<td>11</td>
</tr>
<tr>
<td>African-Caribbean</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>17</strong></td>
</tr>
</tbody>
</table>

**Data Analysis**

Interview data were analysed using a qualitative data analysis (ATLAS\textsuperscript{t}i) to identify and understand the major themes in this study.

For data analysis, participants from whom data was gathered were grouped separately namely: family perspectives, co-ordinator perspectives, perspectives of different professionals, management and trainer perspectives.

Following familiarisation, data were categorised and coded across each of these 4 identified groups.

Key themes that seemed to emerge were then generated and compared across these four groups. These key themes relating to the FGC model included:

- Reason, process and goal
- Benefits
- Challenges/difficulties
- Ethnicity and culture

This enabled exploration of different dimensions of the key themes by allowing different perspectives to emerge.
The methodological design adopted in this study ensured the collection of a range of data from a variety of sources. Such a triangulated approach was useful in the consolidation and verification of themes and helped towards a better understanding of the FGC approach in its introductory stages in a community setting. The challenges posed for the community organisations and for the evaluation team and the ways in which these were addressed should help others in a similar situation.

**Shortcomings of the evaluation study**

1. Due to the relatively small number of families, co-ordinators, and other FGC staff who engaged in the FGC process, it is not possible to extrapolate any overall generalizations. The findings are nevertheless useful in providing a rich account of the views and experiences of BME families who did participate in the FGC approach with BME community-based organisations.

2. The low number of family members and others in the family network who were involved in these FGCs is a concern. This raises important questions about the challenges of identifying and adequately preparing and encouraging members of the family network to participate. However, it needs to be noted that referral criteria was decided in partnership and in negotiations with local statutory authorities such that one of the organisations was to provide family support services rather than deal with high risk families. This may have had an impact on the low number of families that engaged due to lower severity of the cases.

3. In embedding an FGC service within an existing community-based service this raises complex issues as to how the service relates to the external local authority agency and other local FGC services. It would have been useful to have data exploring these complexities.

4. To conduct interviews with some families, the research team employed interpreters located within the community-based organisations for reasons of ease and convenience. Although such individuals exercised independence and autonomy, the neutrality of the exercise may be called into question.

5. Researchers are often not based in their research sites unless there is extensive ethnographic work which forms a key dimension of the methodological framework. Given the difficulties of communication and the short notice at which the researchers were invited to interview FGC families, professionals and co-ordinators, it might have been useful to have had a researcher based in the
community-based organisation as an observer/volunteer for a fixed amount of time. This may have provided more in-depth information about the organisation and delivery of the FGC method in such settings.

6. The FGC process and outcomes may also be influenced by limitations with regards to funding. Since this FGC programme was a pilot project for both organisations, funding may not have taken account of situations and tasks that require additional resources such as promotion of the service, use of advocates for children with special needs, etc.
4. Family Perspectives

This chapter presents the perspectives of the families who were involved in the FGC process in our two community-based organisations - Hopscotch in Camden and Claudia Jones in Hackney. The findings presented in this section are based upon individual, and group interviews carried out with seven families. A total of 15 family members (including mostly mothers, siblings, children and other relatives) contributed to the data generated for this chapter. The chapter also draws upon observational data gathered from sessions which focused on some of the key stages of FGC outlined in Chapter 2. These included - preparation, information giving, and planning and agreement (but not private family discussion). In almost all cases, families gave their consent for such observation to take place.

The needs and problems presented by families included a range of issues, for example –

- Child behavioural difficulties at school;
- Truancy;
- Risk of school exclusion;
- Support for children with disabilities.

As discussed in Chapter one, the community organisations and their local authorities entered into discussions in order to agree a system for referrals. The situation differed in the two authorities, in that the London Borough of Camden, unlike the London Borough of Hackney, already had an established child welfare FGC service. A protocol was agreed between Camden’s children’s services department and Hopscotch with regard to referral of appropriate families – see Appendix 7. This included an agreement as to which families could be appropriately referred to the community-based FGC service and which should be referred on to the local authority-based FGC service. It would appear that the rate of referrals for FGCs to the community-based projects was very low. A partnership agreement and protocol was negotiated between the organisations and the statutory local authority. However, this was modified such that families needing support and on the lower risk scale would be referred to the community organisations and excluded referrals of high risk cases with families on the brink of care. This may have had an impact of lower number of cases being referred. In addition, the implications of
such criteria may be that families were less likely to engage in the FGC process to deal with issues that they may regard less seriously and feel that they could resolve without a formal FGC. This has been discussed in further detail under analysis of the FGC process.

As discussed in Chapter 2, the FGC approach is considered to be an empowering, engaging and an effective model of preventative work to help tackle problems sensitively and in a timely manner to ameliorate situations in the best interests of the child and the family (Kalil 2003).

**FGC process: goals and outcomes**

Almost all the families interviewed recognised the reasons and goals for the FGC. For all these families, the reason for referral was concern over the welfare of a child in the family. Most families were motivated to participate in the interests of their children.

The goal or purpose of the involvement of family members was also common and there was a commitment to improve things for the child involved and address the concerns raised.

“I was involved for my son, for him.” (Family member)

“Because x hasn’t been behaving and he should be in primary school, so we’re looking for ways to make it better.” (Family member)

It was encouraging to note that most families reported being sufficiently informed and prepared, and believed that the format and process of the FGC had been clear. Families expressed clarity and insight about the FGC being an opportunity to discuss the needs of the child, and create a plan to address those needs.

“I thought we would be discussing Y’s needs and to get ideas from people...the benefit is that you also get to know more from others about your child and also what needs to be done.” (Family member)

Families involved in the FGC were thus keen to address the issues for their children and improve the context for the child.
Barn et al’s (2006) qualitative study on parenting practices in ethnic minority families has also highlighted the high regard and interest that minority ethnic families have in child care and ensuring the security, progress and welfare of their children.

Most families had received information about the process from the co-ordinator.

“When I first met A (co-ordinator), she explained it to me, and I know that by coming here... I know that if she didn’t explain it to me, I wouldn’t, you get me, I had great hopes before I came to be honest. I am grateful for it.” (Family member)

“Basically she (co-ordinator) told me what it was going be like...it was well explained by her.” (Family member)

The co-ordinator thus plays a crucial role in preparing and encouraging the family to engage in the process. Waites et al’s (2004) study on cultural responsiveness to the FGC process from African, Cherokee and Latino groups in North Carolina indicated that ‘trust building’ was important to operationalise FGCs in minority communities. The study highlighted that it was very important to some members of minority groups to work with a co-ordinator from their community, who understood their culture and was able to relate to them. The authors of the research also highlighted the need for cross-cultural and bilingual co-ordinators as well as the building of community outreach and educational programmes that could understand ethnic minority families, their values and the way different systems interact in their context.

As discussed in Chapter 2, Black community-based organisations have built up a good reputation in working with local BME communities who demonstrate a lack of confidence and scepticism in mainstream social service provision (Patel et al 1998). Over the last 30 years or so, the community-based organisations that took part in this evaluation had expanded not only in their portfolio of services offered to the community but had also gained the trust and confidence of the local BME communities. Both community organisations were embedded into the community and were able to cater to the specific needs of people from BME groups and had an in-depth understanding of their cultures, languages and context. The organisations were thus in a position to offer the FGC programme within the partnership paradigm that FGC is based on by focussing on empowering families and supporting them to resolve concerns. The issue of building
trust and linking services to address language and culture needs has been previously discussed in the background as aspects that are critical in engaging BMI families in the UK context.

Families interviewed gave very positive feedback about their participation at the FGC.

“I like everything that happened in the meeting, that everyone involved my son, they talked about it.” (Family member)

Most families found the FGC process to be beneficial and appreciated the fact that their child was at the heart of the discussions. They believed that the process enabled and empowered them to address the issues by:

1. Expressing themselves, getting information and seeking clarification from co-ordinators, and other professionals.

“It gave us an opportunity to speak and raise questions. It also gave us an opportunity to express our views”. (Family member)

2. Obtaining useful suggestions and support for resolving family issues and concerns.

“We wrote in the plan the people who need to be involved...I know some of them already, so it was nice to have them here.” (Family member)

“We know there is support and we can contact professionals for help.” (Family member)

In addition to the co-ordinator and their role as the key facilitator, families appreciated the presence of professionals and the opportunity to meet them as they were involved in their children’s welfare.

“...yes, definitely, especially being able to talk to the teacher.” (Family member)

In addition, families felt empowered and were able to take ownership of the plan created. Families also believed that this made the plan more achievable and realistic.

“...because the plan came from us so it’s realistic.” (Family member)
“I’ve got more ideas now. My plan I am able to explain... I was able to decide how I can spend more time with him.” (Family member)

The FGC was thus able to provide information through the presence of professionals in a non-threatening manner and able to empower the family to deal with the concerns.

A vital aspect of the FGC process was that families positively embraced their involvement in the decision-making process including developing the plan which focused on appropriate goals and outcomes.

Some authors have recognised that families are able to make good decisions about their children when given the opportunity and the information to do so (Family Rights Group 2005; Marsh and Crow 1998). The FGC process thus enables sharing of information by professionals, and provides the family with a collective, private and cultural space to address and resolve concerns about their children.

Chand (2008) also recounts the Guidance on the Children and Young People’s Plan (DfES 2005) which emphasises the need to give people from minority ethnic groups equal opportunities to participate in developing plans for young people. Findings of this evaluation illustrate how minority families can participate in planning for their children as well as being accountable for such plans, enabling both partnership and empowerment of these communities.

Families praised the FGC method for galvanising internal family support networks, and for helping to bring family members together to collectively resolve difficulties. They also expressed their happiness for being afforded the opportunity to meet and discuss problems and concerns with other family members within the FGC framework.

“I think it’s good, because we hardly meet up with each other and just converse on the phone. We don’t really come together to make things better. We’re going to make sure X will do better in school. So, it’s really good for us all to come together. To know...yeah...we’ll do this and that. It was really good.”. (Family member)
**Challenges/Difficulties**

From our interviews with families, we identify some key areas which were a challenge or a difficulty in the context of the FGC model. As described above, families generally welcomed the FGC approach and were able to understand and appreciate the positive benefits in terms of clarity in goals and outcomes within a consensual framework.

A few areas of concern included the low number of family members that were involved in the FGC, the venue of the meeting, child participation and the lack of sensitivity demonstrated by some professionals towards children. In addition to raising areas of challenge and difficulty, families were also able to identify what would have helped. It is crucial to note however that the number of family members who participated in this study is small (n=17). Therefore, our findings should be understood in this context and cannot be seen to be generally representative of BME communities. Also, the newness of the FGC service in the two community-based organisations for both workers and the families should also be understood as a key factor to help make sense of families’ views and experiences.

Many family members expressed the view that it would have been useful to have greater involvement of the wider family in the FGC process. However, they also suggested that it was not always possible for the extended family to be involved due to their other commitments.

“...it’s a good idea for them to come, but everyone’s busy with their own family and busy with their own thing, so it is not always possible.” (Family member)

“... I’m not criticizing how few family members are here today, but I think in the future with the children we work with, the more family members that are there, I think that that will have an effect on the child, making them recognize how important, I mean if grandmas and granddads were here today ...you know...it shows that we all care about you. So the more family that is here, the child realizes how important and loved he is by all these people that have turned out.” (Co-ordinator)

Our evaluation findings indicate that family members would like greater involvement and participation of extended kinship, as well as others in the community including friends, community leaders, and role models. It is evident therefore that a successful
FGC approach could help build and sustain family networks and informal support structures that can benefit families.

Though there is little literature on the implementation of the FGC method with minority ethnic families in Britain, other studies have highlighted the collective aspect of decision making, high importance given to values of respect and obedience as well as the role of elders within family contexts (Waites et al 2004; Barn et al 2006; Medora et al 2000). A North American research study by Waites et al (2004) revealed that African, Cherokee and Latino community representatives were familiar with the idea of the FGC method as it was normative within their culture to involve extended family members and make collective decisions to resolve problems within a community context. However, it is important to note that in the context of migrant families, institutional, cultural and individual barriers exists which can make it difficult for traditional problem solving approaches. For example, in Britain the fragmentation of the extended family system due to immigration laws may mean that the wider support structures are less extensive and stable amongst some BME families rendering greater challenges for family group conferencing (Barn, Ladino and Rogers 2006).

Even where it is indeed the case that there is a tradition of community involvement in decision-making in families we should not make the assumption that this is how the individual family will engage in decisions. The tendency for some cultures to be more communally orientated does not necessarily mean that parents will be naturally be more receptive to the extended family being engaged by professionals in decisions about their children. Notions of shame and stigma are powerful among some cultures and it is possible that vulnerable mothers and fathers may not wish to discuss their situation with others in their wider network. Indeed they may reflect such sharing as a reflection of their failure as a parent, which may be of significant importance to their wider status.

Tse (2007) lists the barriers for help-seeking that exist for minority ethnic immigrant women suffering from family violence to include language barriers, racism, culturally insensitive systems, lack of service options, loss of community and familial networks as well as loss of self esteem. Though Tse’s (2007) study concerns immigrant women in New Zealand, the contextual problems she identifies may be applicable to families in Britain. In fact, other studies have also highlighted some of these barriers of loss of
family networks, unfamiliarity with the western system, and racism and discrimination which are structural challenges for BME families in Britain (Buchanan 2007; Box et al 2001; Evandrou 2000). Chand (2008) through his review of The Government’s Every Child Matters policy and the directives following from it, also highlights the particular issues that children of minority ethnic families face in terms of cultural and racial barriers which form their contexts and need to be taken into account.

In addition, contexts of poverty and discrimination shape minority experiences in Britain leading to an over-representation of minority children and young people in the care system, and higher statutory intervention (Chand 2008). Not only do contexts of poverty and discrimination present as risk factors for families (Kalil 2003), but minority families are often viewed as culturally deficient/defective (possible leading to further undermining of capacity or ability) or through a lens of cultural relativity (undermining the agency and action, even towards protecting the vulnerable) (Barn 2007, Chand 2008).

Another challenge and/or difficulty encountered in family group conferencing entailed the place at which the FGC was held. Some families expressed the view that the family home may be a more conducive environment in which to assemble family members to ensure greater involvement and participation. This idea seemed to be located in the notion of being in one’s ‘own territory’, and the comfort and ease which this may provide to family members.

“...practically... we would’ve preferred it to be at home. Today, also some of us were busy like my brothers and sisters. At home, there may have been more involvement of others in the family. It would’ve have been good for our other siblings to be here as well.”(Family member)

Waites et al’s (2004) study on responsiveness to the FGC process from members of ethnic minority communities also illustrated that almost all cultural representatives in the study believed that the location of the FGC was important. The study showed a preference for neutral sites such as churches or community centres. The findings from this study suggests that some participants may prefer the FGC to take place in their homes as it may allow better participation of family members.
However, holding the FGC in the home of the family can present difficulties for the FGC process. This may offer a more familiar venue for some family members but we cannot be sure that it does not impinge on the power relations within the family particularly if there are conflicts within the family. Some family members may decline to attend if the meeting is held at the home of other family or indeed may not be invited for the same reasons. Similarly family members may feel pressured to offer hospitality to a large group; or it may place them in a difficult position regarding inviting professionals into their home. There is also the problem of where professionals go when the family are in ‘private time’. Most projects to date have thus resisted this idea and rather would work with the family to find a neutral venue that was acceptable to all.

Due to the context of migration, it is can be difficult for other family members, and family elders to participate in the FGC method if they are overseas (Berthoud 2000; Barn et al 2006; Tse 2007). This may also contribute to ethnic minority families having fewer support networks as Ghate and Hazel (2002) found in their study, even though minority ethnic families may be otherwise considered as strongly knit large families. Thus understanding of families has to take into account their context and accept the diverse experiences of BME families whilst also challenging myths and stereotypes (Chand 2008) or making assumptions.

One family also highlighted issues of child participation wherein the FGC meeting and the involvement of professionals should be handled in a way that does not scare or intimidate the child involved.

“...but you don’t wanna put the fear in the child…it’s good to have family members present to support the child but not professionals that can scare the child.”(Family member)

**Ethnicity and cultural issues**

In the interviews, families were asked to comment on whether they felt that the FGC process was sensitive to their cultural and ethnic needs. Families presented their own interpretations and insights about this as it related to their own family.
One family member indicated that having a co-ordinator who would understand her culture was important to her.

"I think it's important because some people from the same ethnic group will understand me". (Family member)

This family member also highlighted the need to have a co-ordinator of the same ethnicity so that language barriers could be minimized.

"... because I can’t speak English, I studied, but I can’t speak English. So having a Bengali worker present helps a lot. “(Family member)

Barn (2006) also suggests that familiarity with services, addressing linguistic barriers are important elements that influence use of services by BME groups. Many research studies have discussed how language barriers may lead to inaccurate assessments, and prevent access to services and participation in the wider community for minority ethnic groups (Humphreys et al 1999, Chand 2005, Kriz and Skivenes 2009). Furthermore, structural issues such as racism, unfamiliarity with the system as well as loss of extended family members can get compounded and increase the vulnerabilities of ethnic minority families, especially women (Tse 2007, Ahmad et al 2004, Menjivar and Salcido 2002, Wilson 1979, Wilson 2006).

FGC-related research also highlights the need for connecting with minority groups through local communities and through the use of community-based organisations that can offer services from staff who are bilingual and bicultural (Waites et al 2004). Chand (2008) in his discussion of Every Child Matters policy initiatives and guidelines for practice emphasises the importance of consistent, high quality interpretation services being developed by local authorities for those families who speak little or no English.

A family member also highlighted some cultural aspects present within family dynamics which may be important knowledge for co-ordinators to consider.

"I don’t think I could speak very much in front of my father because of the respect and then I would just listen. So my father did lead the discussion that way ...(if my sibling were present), since they are older than me, they would have more say and lead in the process and discussion.” (Family member)
These dynamics present implications for the FGC process and its practice. Drawing from the quote presented above, it is clear that family dynamics and cultural protocols play an important role in the process of participation and possibly decision making. It is therefore crucial to recognise these dynamics and work in culturally sensitive ways to elicit best participation of all family members involved. One possibility could be identifying key decision makers in families and working alongside with them to provide opportunities for other family members to contribute to the FGC process. In fact, within this study, FGC staff and families pointed out that the FGC method was not new to them and in their home communities processes similar to the FGC have been in place to resolve difficult family situations. For example, one family commented that the FGC process reminds them of community elders in the Caribbean helping the younger generation to resolve childcare and relationship issues with dignity. Waites et al (2004) and Kelso (2003) also indicated that African-American and Caribbean groups highly regard the involvement of family elders and that it reflects their cultural model of problem solving in the family.

It is critical to identify the cultural needs of families and respect their traditional structures which can be useful in implementing the FGC process. For example, multi-generational families can be a source of support and protection for BME families where available (Kalil 2003). Such features within BME families if appropriately identified and employed can result in positive examples of working and engaging within a multi-cultural framework (Barn et al 1997).

The familiarity of the African Caribbean and Asian community worker/FGC co-ordinator with the family’s cultural background was perceived and experienced by families as a crucial factor in building rapport and sustaining a positive relationship. It was emphasised that workers’ understanding of the cultural nuances and immigration issues was extremely helpful and supportive. The concept of trust was very much at the heart of the relationship between the family members and the community worker/FGC co-ordinator. Families expressed a feeling of trust and confidence in talking openly about their faith within an FGC and that the FGC allowed for respect for their religious worship. Families said that they felt comfortable talking at the FGC about their church, for example, and how they received support and prayers for personal issues at their
Pentecostal churches, which they wouldn’t have disclosed at a professional-led school-based meeting.

FGCs can provide a basis for building family resilience by focusing on supportive resources, social connectedness and through acknowledgement of families as beneficial structures that help children develop their identities and create stability (Kalil 2003; Family Rights Group, 1994; Marsh and Crow 1998). Kalil proposes that family resilience can help mitigate risk and promote protective features for children’s development. A family-centered approach to problem solving should build family strength, encourage the provision of holistic services, and the engagement of families in preventive or early intervention services as well as build community-based collaborative partnerships between professionals and families (Kalil 2002). Other researchers have also argued for the need for community-based organisations that can fill gaps in communication as well as help build trust amongst ethnic minority families in addition to providing services in a culturally relevant manner (Chand 2008; Waites et al 2004). The findings of this evaluation provide some support and evidence from families’ perspectives concerning their faith and trust in community-based organisations and highlight the need to obtain relevant services which meet their needs in a sensitive and accessible manner.

As outlined earlier, many BME families may have extended relatives resident abroad whose input in FGCs may be particularly valuable and who may be able to exert significant influence on decisions and help resolve situations. Involvement of these members can be sought through use of technology such as phone, and the internet although the implementation of these technologies is dependent on the availability, access and expertise of such equipment and relevant support for family members abroad. Though, some of these methods may have been employed in selective cases, there is little recorded evidence on their use, suitability and impact. However, there remains a case for the possibility and consideration of such methods.

Conclusion

Interviews with families revealed that most families provided good positive feedback about the FGC process. Families were keen to participate to resolve issues for the benefit
of their children and expressed a commitment to seeing the developed plan through. They enjoyed participating in the process and took ownership of the plan they developed.

They were also particularly pleased with the opportunity to communicate with professionals and with their help in developing an action plan.

One family highlighted the challenges in involving children in the process without intimidating them. Though this theme is identified by only one family and may not be generalisable, it may be important to consider that other families may share similar concerns or their perceptions of childhoods may be different. This thus has implications in terms of preparing families for FGCs. Others also commented that the presence and participation of more family members may have been useful but this was not always possible due to other commitments and the inconvenience of the venue.

Finally some participants highlighted certain aspects of ethnicity and culture such as language, family dynamics within cultural contexts and the importance of familiarity with their culture to enable better understanding of the family’s ideas and contexts.
5. Family group conferences in community-based organisations: perspectives of co-ordinators and other staff

There is little research into the views and experiences of Family Group Conference co-ordinators, managers, or other professionals involved with this model of working in relation to Black minority ethnic families. The partnership between Family Rights Group and the two BME community-based organisations provided the evaluation team with an opportunity to ascertain the perspectives of staff closely associated with the FGC approach.

As discussed in Chapter 1, FRG worked in partnership with the two community-based organisations, namely Hopscotch in Camden and Claudia Jones in Hackney to instil and promote FGC capacity building. FRG provided intensive, on-going support and training to the community-based organisations to develop and run FGCs for Black minority ethnic families at risk - for example, where there was a risk of child(ren) becoming subject to care proceedings, playing truant from school, or engaging in risk-taking behaviour leading to school exclusion or criminal activity. The partnership aimed to develop a model for increasing accessibility of FGCs that can be evaluated, and replicated elsewhere.

A total of 15 staff participated in semi-structured one-to-one interviews. This process of data collection included 5 co-ordinators, 2 managers, 2 trainers, and 6 other professionals. The latter included a teacher, an education welfare officer, and a church pastor. Due to the small number of staff in some of the categories and in order to maintain confidentiality and anonymity, we do not attribute verbatim quotes in a way that may reveal the identities of our respondents. However, due to the centrality of their role we believe that it is important to specify the accounts of the perspectives of FGC co-ordinators. Also, as there was a total of 5 co-ordinators any concerns about anonymity are less pronounced compared for example to one education welfare officer or church pastor. For reasons of anonymity and simplicity, the findings are therefore delineated along three lines – views and experiences of FGC co-ordinators, FGC community-based organisation staff, and professionals who were information-givers at an FGC.
The chapter is divided along the following themes:

- FGC goals and outcomes;
- Challenges and difficulties;
- Ethnicity and cultural issues;
- FGC co-ordinator support and training

**FGC Process – Goals and Outcomes**

According to the accounts given to us by the FGC co-ordinators in this study, the major types of family concerns and difficulties for which families were referred for an FGC involved communication and relationship difficulties. These generally included challenging behaviour from children and young people. Some words used to describe problematic child behaviour included ‘defiance’ and ‘out of control’, ‘disruptive’, and ‘on verge of being excluded from school’.

“I think communication is a big thing. Even though they all live together, they’re not communicating. This is why they’ve got lots of issues. Sometimes they’re carrying baggage from different siblings and there’s jealousy.” (Co-ordinator)

“It’s the same as most families, child has no set boundaries, parents are struggling, because we’ve been told that we can’t smack our children anymore, we can’t do this, can’t do that. It’s about finding out how to control your child safely without getting yourself into trouble with social services, the police, etc.” (Co-ordinator)

The process of communication is an integral aspect of the FGC process. Research with experienced co-ordinators in New Zealand indicated the importance of effective communication and the provision of appropriate information to families (Connolly 2006). The process of getting families together and addressing issues has also been shown to have a key significance for child participants. In their study involving 17 children and young people, Holland and O’Neill (2006) highlight the value that children and young people place on the process of FGC and not merely its outcomes. MacGowan
and Pennel (2001) also emphasise support for the process of FGC as an empowering process that encourages group work, and social responsibility.

Most co-ordinators believed that the FGC process was a good preventive model that could achieve realistic goals with the active participation of the family and was preferable to more interventionist legal options.

“... the hearing was happening sometime within a week or so, and we had to have an FGC to find out who was going to support the family, who is there to look after the children... instead of getting the statement for the court to say that the children should be removed from mother.” (Co-ordinator)

Co-ordinators and other agency staff involved in promoting FGCs in the community also believed that the FGC was effective in resolving issues which may not have been possible otherwise. In other words, rather than adopting more formal legal options, the FGC provided a platform which was perceived as conducive for mutual problem recognition and resolution.

“We can take a family to court and have them fined, but the situation won’t improve”. (Co-ordinator)

FGC co-ordinators were also asked to comment on the kind of issues or types of families that would best lend themselves to the FGC approach. Most co-ordinators indicated that FGC process was good in dealing with child-related concerns.

“Child protection, children in need definitely... it is good to keep children in the family even if they are not with the parents because of domestic violence or any kind of violence or anything. So the FGC helps because the extended family can also engage.” (Co-ordinator)

Some staff involved in the project indicated that FGCs could be used for any problem and any family as long as there was consent to participate, an acknowledgement of concerns and a will to resolve them.

“... this model can fit almost any situation where decisions need to be made really. ... it doesn’t need to be restrictive, it can apply just as equally as a preventative model...There needs to be consent, and there needs to be a problem
that needs to be resolved. And the family needs to recognize that there is a problem..." (Staff involved in promotion of the FGC project in the organisation)

The FGC method was described as useful in its ability to address multiple inter-linked issues that may contribute to the presentation of a problem. Indeed, Connolly (2006) highlights that FGC are increasingly used to address a large range of problems which can be inter-linked. This is because as the FGC practice gets more streamlined, co-ordinators receive fuller referrals which are more inclusive of detailed information highlighting complexities as well as details of other professionals who are involved and can contribute to the FGC process.

Our study shows that the cases referred to the community-based organisations, on the whole, tended to be on the ‘softer’ end of referrals, in line with what would be described as ‘family support’ issues. This reflects the agreement that was negotiated with the community-based organisations by local authorities as presented in the early chapters. Sundell et al (2001) also report that though most social workers in the UK seem to have a positive attitude towards FGC, these attitudes do not always translate into referrals for an FGC. Sundell et al believed that this may be because social workers are reluctant to share decision-making powers with families due to fear and mistrust, and/or lack of confidence and belief in the approach. Other researchers have also added that in child protection cases associated with domestic violence, or other high conflict scenarios or cases for example in which parents may be suffering from mental illness, there may be additional variables and safeguards that need to be considered and families need to be appropriately prepared to deal with such situations although if such preparation is put in place then FGCs can prove extremely effective (Pennell 2004; Connolly 2006). Nevertheless these may be some of the concerns that may have influenced the referral process in this project as well.

Most FGC staff stressed that the FGC process enabled families to link with a range of professionals involved with the family situation and that no other model is able to achieve this synthesis and levels of communication to arrive at commonly agreed solutions.

“There is no other service that sits down family members and professionals and resolves ...there is none of that link...none of that link between the professionals, let alone the
The nature of the FGC approach and the involvement of different members in the family does allow a democratic decision-making process (Holland et al 2005). FGC co-ordinators also emphasised that the process empowered families and gave them the opportunity to make decisions for their children which were realistic and achievable.

“FGCs help to empower the family, particularly the children, to have a voice and help make decisions about what happens to them.” (Co-ordinator)

The role of FGCs in giving the child a voice was highlighted by several FGC co-ordinators. It was deemed to be crucial to actively involve children as key contributors in decisions which are going to impact upon them and their future.

“We want to help the children have a voice. That’s the role of the FGC.”(Co-ordinator)“It’s basically to give everybody a chance to get their point of view across and there’s no right or wrong answer to the conversation, each individual has a different view point, and it’s giving them a chance to get their point of view across, and it’s also key for the child himself to say what’s bothering him. Even though sometimes the parents are aware of it, they kind of suppress that, and they’re kind of not tuning in to what’s going on. But in this kind of session, you kind of highlight what the problem is, so I find that is very important, because without that, it would not be possible to move forward.” (Co-ordinator)

This is an important aspect and strength of the FGC. Indeed, Crow and Marsh (1997) documented that children attended 60% of FGCs compared to only 11% of child protection conferences. However, the participation of children within the family can, at times, be a challenge. Holland and O’Neill (2006) highlight a number of concerns raised by child participants in the FGC process including exposure to parental conflicts, lack of participation or empowerment despite high expectations for this, and concerns of being shouted at or being undermined. However, it is suggested that the benefits of their participation outweighed most risks as most children felt positively about the process and the reunion of their family and almost all participants in the study felt they were listened to (Holland and O’Neill 2006). Nonetheless, only very few children in Holland and O’Neill’s study felt they had a lot of influence and the researchers discuss that this may have been indicative of tokenistic participation. It would be helpful to explore the
issues around children’s involvement from the perspective of cultural traditions. Participation of children, their agency and construction of childhood within the western context may also be different from perceptions, experience and agencies of children in other contexts (Nieuwenhuys, 2009). Children’s agencies are very much imbibed within their cultural context and this needs to be considered when seeking participation of children in ways that are not congruent with their culture. For instance, children show great sensitivity to notions of family privacy and may hesitate to share details with outsiders (Smart et al, 2001; Smart and Wade, 2002). This provides further credence to the FGC process which is able to take these aspects of family privacy and child participation within an appropriate cultural context. It is also important to be vigilant to ideas that portray minority families as authoritarian which don’t take children’s views into account (Barn et al 2006).

Some co-ordinators further outlined the dimensions along which the FGC process can empower – these included receiving information, understanding issues and communicating this within the family as well as with professionals.

“It will help the family to understand and they have knowledge about the child...introducing all the professionals who are working with the child and how to contact them and what kind of support they are going to provide the family.”

(Co-ordinator)

Holland et al (2003) found that families felt better about the FGC process than other social work meetings. Also, whilst some families wanted professionals to be present and their expertise to be available if things got heated, other families took pride in the process and making decisions as a family.

In our study, a number of professionals who attended the FGCs (including education welfare officers, teachers, church pastor), believed that the goals and plans were realistic and achievable.

Another important feature of the FGC model was that it helped to safeguard the rights of families and hold social workers/other professional staff accountable by making them specifically articulate their concerns.
“Who’s the professional network that needs to be there and what do they need?...If the social worker says ‘we don’t want the child to be with this person’, we need to be clear about why they have taken that position, can they justify their position.” (FGC community-based organisation staff)

Professional responsibility and concern over the problem is a driver towards supporting the family in the FGC plan. Co-ordinators often play the role of facilitators and mediators ensuring that the FGC remains focussed in the interests of the child and the family plan addresses the concerns for the child (Connolly, 2006).

**Challenges/Difficulties**

Though most professionals recognised the benefits of the FGC model and process, they were also aware of the challenges and difficulties.

**Participation and Acceptance**

FGC co-ordinators highlighted the difficulties of meaningful participation. Obtaining acceptance and willingness to engage with the model from families including children and professionals was perceived to be an important challenge.

Most co-ordinators expressed that it was difficult to get families to consider the idea of the FGC and to understand the process. It was suggested that families struggled to understand the concept of the FGC often resulting in wariness and reluctance to engage.

“They just thought oh! It was a meeting or something...to be honest, the biggest barrier is that fact that they just don’t understand. I think where they don’t...whenever our community don’t understand something, they are very much reluctant...they are like why do we need it? It’s not important or something like that.” (Co-ordinator)

Explaining the concept to other professionals and family members was perceived as an important challenge. Other studies have also suggested that professionals may be wary of the FGC process due to issues of confidentiality within extended families, powerful members dominating the FGC process or the de-professionalization of the plan by the family (Gallagher and Jasper 2003). Studies also suggest that professionals’ involvement
in the care plan can vary and while some professionals allow the family to develop their own plan, others do provide structures and tasks to help the family devise the plan or to alter the plan with the family (Holland et al 2005). After the family meeting, at the third stage, the family presents their plan to the professionals which provides an opportunity for discussion in terms of clarification, bolstering the plan and providing relevant support. The agreement of this plan between family and professionals enables partnership working with families whilst supporting the family’s autonomy.

One of the ways FGCs was explained to families and professionals was by renaming it to make it more acceptable and familiar, that is, the idea of bringing family members together for a meeting. Both community-based organisations adopted this approach.

“...sensitised some of the people to the process, the social workers, and at meetings and whatever, I take the leaflets. On our leaflet, the cover doesn’t say FGC, it says ‘Connecting Families’. FGC seems so... we felt it was softer, in that some families can relate to, so it was done.” (Co-ordinator)

In addition, professional staff also found it difficult to engage many extended family relatives due to issues around privacy and families’ willingness or otherwise to allow participation of other family members. This is further discussed under ethnicity and culture.

There was a varied understanding of how many family members should be involved. Some co-ordinators thought that more participation would enable more discussion, networking, resources and available support within the informal network. However, others believed that too many family members can usurp the agenda thereby making the FGC unwieldy and difficult to manage. Experienced co-ordinators from New Zealand in Connolly’s (2006) study also pointed out that while for some families bringing the extended family together may be a strength, this may not be the case for other families. Nevertheless, the FGC process envisages that it is the family, in particular the child and parents that determines which family members need to be involved and invited in the FGC. It is particularly important to respect the privacy of families. Sharing information with other family members may present concerns of stigma or negative labelling by extended family or network supports. However, as discussed, it may be the case that
some families may want to involve more family members but may be unable to do so as they may be overseas or living further away.

Co-ordinators also found it difficult to engage with professionals from the local authority and schools. It was reported that such professionals demonstrated a lack of understanding of the process or were too inflexible to engage with the FGC process.

“I found the agencies a bit harder to deal with because they’re not flexible. It’s quite ‘this is what we want’ and we’re not quite flexible enough to accept that the family has the right to have an input. ... I don’t have a problem with any agency, apart from social services, which I find very rigid.” (Co-ordinator)

“...alot of professionals don’t understand, or know what an FGC is. Sometimes they’ll say it’s a network meeting, sometimes they’ll say it’s another conference to do something else. But it’s still a long way to be recognised. With professionals...there is a gap.” (Co-ordinator)

In their study of health visitors engaged in FGCs, Gallaghar and Jasper (2003) indicate that other professionals may not always feel prepared and able to participate and support the FGC. They recommend training and involving other professionals within multidisciplinary teams to understand the FGC process. The FGC toolkit by Family Rights Group, endorsed by the then Department for Education and Skills and Welsh Assembly also outlines the importance of such promotion and the time it takes to build community awareness of it. The data from co-ordinators in this study also highlight the difficulties in educating and promoting the FGC service to other agencies. This is both a time consuming process and one that requires resources. It is nonetheless an important aspect of embedding FGCs within a community and subsequently for organisations to deliver it within a multi-disciplinary framework and for families to access this service.

Almost all FGC community-based organisation staff impressed upon the need for the child to be involved and have a voice.

“In my experience that’s critical, that the child’s view is very clearly presented, it cuts across everything, and can really alter the outcome.” (FGC community-based organisation staff)
However, in actual practice there were several barriers to realising this including the speed at which the FGC was sometimes conducted and the lack of time to organise child advocates. In most practice scenarios, advocates are employed on a case-by-case basis depending on the necessity for such an advocate in view of the presenting concerns and context. Advocates are normally appointed to support a child or family member who may be identified as particularly vulnerable by the co-ordinator. However, a range of people can serve as advocates, such as other family members. Horan and Dalrymple (2003) in their research argue that all children should be given the option of an independent advocate as children are more likely to feel unable to represent themselves in what they may perceive to be an adult-led situation. In line with previous research, co-ordinators in this study expressed their concerns that at times children and young people believe the FGC process to be adult-led.

“We do try... say if you don’t want to talk for yourself, you can get an advocate to talk for you, but they are still wary about doing that. A lot of the children really don’t think they’re going to get anything out of FGCs. Families do, but children don’t. The children themselves still feel that it is adult-led, and not about them.” (Co-ordinator)

Commitment and boundaries

There were other challenges that co-ordinators believed were present within the process of the FGC process.

The process cannot work without the commitment of the family and professionals to adhere to the plan.

“Sometimes the decisions are good, and sometimes they’re not, because a lot of them are not followed by some professionals. You get some families who will only say what they think in the meeting and will not themselves follow through what they have come up with.” (Co-ordinator)

In addition, in community-based organisations which also offer other services, there can be an over-reliance on the services of the agency itself with the families and professionals expecting more input and involvement. Although access to such services is also clearly potentially one of the benefits of this approach.
“And the family will often put a lot of pressure on you to stay in, saying ‘why can’t you help us out’...” (FGC community-based organisation staff)

“...some professionals think, because at our agency we have support workers, like today, they (local authority) wanted us to get involved and support the family further. But we have to say you have to refer the case back to us, because this was an FGC referral (not a family support referral).” (Co-ordinator).

Black minority ethnic community-based organisations remain over-stretched and under-resourced. Last year, Hopscotch services were used by approximately 500 families ranging in need from advice, advocacy and support in a number of disparate areas including immigration, disability, education, employment, housing, and domestic violence. Similarly Claudia Jones Organisation undertook a range of activity including dealing with 3960 telephone calls, providing 92 children with supplementary/complementary classes, supporting 56 families, holding 28 empowerment classes, and 40 sessions for the over 50’s. Arguably, increased expectations by service users and increased pressure by other professionals without additional resources place such community organisations in greater difficulty.

Connolly (2006) highlights this issue about resources where participant co-ordinators talked about factors that either enhanced or undermined the family strengthening capacity of the FGC process. Some argued that the lack of support services and funding to facilitate the implementation of the family plan threatened to undermine the FGC as a family strengthening process.

The accessibility and availability of culturally sensitive community-based resources being on hand for the family and accessed through the FGC is clearly also potentially an advantage of the embedded nature of the service. However, as with many community-based services this can also lead to the isolation and separateness of the service from mainstream services and potentially inhibit families receiving local authority services. It is important at the outset therefore that there are clear lines of communication and understanding between the community-based service and local statutory agencies. These relationships need to elucidate the pathways for families to receive services.
In co-ordinating and running FGCs in such community organisations, where the role of the referrer/service provider and co-ordinator may become blurred, there are important concerns where the family may question the neutrality of the service. Interestingly, staff at both organisations conceptualised their own premises as ‘neutral’, and believed it was acceptable to run the FGC from there.

“All FGCs should try to be neutral, but it’s how independent is independent, how neutral is neutral. The reason we use is that as a neutral place is that it’s not a statutory service, that’s what we mean by neutral.” (FGC community-based organisation staff)

As reported in Chapter 4, one family expressed the desire to have the FGC in their own home to ensure greater family involvement. Though this view was presented by only one family, it is possible that other families may also share this view in certain situations. It is possible that community-based organisations will have to explore this territory to consider different options to respond to the concerns that families have. Family participation cannot be guaranteed if fears and apprehensions begin to act as obstacles. Co-ordinators demonstrated understanding and awareness of these issues, and stressed that they incorporated families’ wishes in terms of timing and date of the FGC. A concerted effort was made to prioritise the scheduling of the FGCs on convenient days and times for the families taking their work schedules into account. For example, this involved the scheduling of FGCs on a Saturday morning in one of community organisations. This not only enabled the attendance of key extended family members but also community professionals, for example, Black school professionals and mentors whom the family trusted and respected and who were said to play a pivotal role in their children’s lives at school and in the community. The willingness of co-ordinators to accommodate and prioritise these requests by families adds to co-ordinators being perceived and experienced as neutral by families.

Issues of time and resources

Concern was expressed by one co-ordinator that some FGCs may not have adequate time for preparation due to the urgency of the need for decisions or the sequence of events in the child’s life. It is important to note that there are always time pressures on referrals,
and it is crucial that projects establish clear practice standards about how they deliver the model and embed these expectations in relations with referrers.

“...school were going to break up for holidays and the child would have his GCSEs next year so it was to do it (FGC) before that. So that’s why it was rushed...Because of the timing of the school year.” (FGC community-based organisation staff)

As pointed out above, the issue of resources was also an important consideration for these community-based organisations. It was believed that when the referral is from elsewhere, for example, from the local authority children’s services – then the costs of the FGC should be borne by the referral agency. However, community-based organisations also risk becoming marginalised which may minimise their access to resources.

“Being a voluntary organisation...delivery of FGC is a challenge. You are isolated, you don’t have access to the same level of resources that other organisations have. If you don’t have a big pool of facilitators then you’re not getting the peer support.” (FGC community-based organisation staff).

Lack of funding also impacted on the quality and accessibility of the service, which may thus act to exclude disabled parents and children. The process of the FGC in terms of child’s participation through the use of advocates, when required, can also be compromised. One member of staff illustrates this point wherein lack of resources limit capacity of agencies to deliver FGC services to families or children who cannot communicate or have special needs. Similarly, resourcing for advocates can also present a challenge, often requiring other family members to fulfil roles of advocates for children.

. People who can’t communicate are not really offered FGCs. They (community agencies) wouldn’t have had the resources/capacity to do that... We were looking at advocates, but funding wasn’t available. Some FGC projects do use advocates, some FGCs projects use core people, some FGC projects use family members (FGC community-based organisation staff).

Ethnicity and cultural issues
FGC co-ordinators raised a number of ethnic and cultural issues they had to deal with in response to co-ordinating FGCs with Black and minority ethnic families. Some of these reflected the positive responses of families in terms of the co-ordinators’ familiarity with their culture and language.

Most co-ordinators believed that understanding the culture of the families was important as it provided an interface through which families’ preferences for food, dress, gender relations, language requirements could be explored and their needs respectively addressed.

“Because if you’re familiar with certain sects then you’ll know what their liking would be, say in terms of refreshments.” (Co-ordinator)

“So, if you know about the culture, it makes the process easier...there are men who may not want women, and want an FGC co-ordinator who is male. So to know all of the cultural stuff is the best thing for FGC.” (Co-ordinator)

Co-ordinators were mindful of these subtleties and acknowledged that whilst having an overall framework of cultural understanding was useful, each family was different and needed to be treated as such. Thus, a more nuanced approach involving faith, culture and gender was crucial.

The ability of services to communicate and cross language and cultural barriers was perceived to be key to building the trust and confidence of BME service users. Trust is an important part of the FGC process (Pakura, 2005) and can be decisive in obtaining participation from family members and in the implementation and follow up of the FGC plan. Moreover, minority ethnic families in multi-racial contexts may not always understand the host systems and may demonstrate mistrust through lack of engagement (Waites et al 2004). The ability to communicate with families to achieve trust was considered to be vital, and a skill that may even be more significant than a knowledge and understanding of culture. However, the two are not mutually exclusive. Good communication skills can help one to act in a culturally empathic/sensitive manner. Similarly, knowledge and understanding of culture can ensure empathy and sensitivity.

“Once you’re able to communicate at a certain level with families and make them feel at ease and like they can trust you I don’t think culture plays a major part.” (Co-ordinator)
Some professionals from outside the community-based organisations who were involved with FGCs believed that BME families were poorly understood by other professionals.

“…they (professionals) think they know everything... they do not understand our community. Because even for us, for black teachers in school, you open your mouth and you're aggressive, but you're not being aggressive ...that's our culture, you know what I mean.... That's an example, they could not understand their own colleagues, how could they understand a black woman with her child? Especially a black boy, who’s going through all those issues a black boy has to go through” (Professional)

In regard to language, an important form of empowerment of families was how interpreters were used in the FGC process. That is, instead of employing an interpreter who interprets for the family, it was considered culturally sensitive to employ interpreters for professionals. Thus, the idea is that the FGC would be conducted in the family’s language and it would be the role of the interpreter to explain to the professionals involved in the situation.

“I would like the FGC to be delivered in Sylheti, and the translator to be there to translate for the professional in English. That’s what I want to see in the future. Because I think for the family... day after day, people are translating for them. I think we need to turn the tables the other way... we want to say... let’s translate for the professionals and lets facilitate in our own language. So that’s what maybe the model needs to be coming to. And I think the family should be given a choice.” (FGC community-based organisation staff).

Some staff also felt that familiarity with the community-based and voluntary organisations was also useful in engaging with minority ethnic families. This cultural familiarity was one of the primary strengths of these agencies. Since voluntary agencies were based within community settings, and were not of a statutory nature, they seemed able to gain the trust and confidence of BME groups to be able to facilitate processes such as FGC

“Social workers come to family homes, knock on the door, people say we’re not going to open it. But when a family support worker comes from the voluntary organisation they don’t have that fear. They have that confidence there. So we have that relationship with the community, that’s the strength we have. “ (FGC community-based organisation staff)
“...they (BME families) have a big resistance to government agencies, so you have to persuade them quite a lot that you’re not social services...immigration is a big issue with black families. Also, not understanding how the process works... it is all about the communication that we use.” (FGC community-based organisation staff)

As discussed in Chapter 2, Black and minority ethnic families may be suspicious and fearful of mainstream organisations. Low levels of trust may lead to poor engagement and worsening of situations. Therefore working with BME families to ensure participation in FGCs is a challenging task. Key areas of work may include reassuring families, providing adequate and timely information, choosing comfortable locations for FGCs and providing refreshments that are culturally familiar and appropriate.

One co-ordinator also felt that the community that she worked with already understood the FGC process:

“Because we have that in our community, it’s a different name, but it happens in our community.” (Co-ordinator)

However, engaging with the FGC process which is still operating within the broader statutory frameworks still presented difficulties for families. The same co-ordinator also notes that some families did not necessarily understand the system and this could affect their level of co-operation.

“...the system itself was hard, because they didn’t understand the system. I tried to tell them about the system, it was hard, but... sometimes the families are easy, they know the system, they easily cooperate.” (Co-ordinator)

Another professional felt it was of critical importance for the co-ordinator to engage with the family to clarify the goals, purpose and process to all family members participating in the FGC. However, once they understand it or get help with it, they do engage.

“I work with Asian families, Irish communities, travelling communities. Once you give them the structure, most families take it on.” (FGC community-based organisation staff)
Other community issues that were raised by professionals included family and gender relations and the importance of familiarity with particular issues that may exist in some Black communities and the possible impact of these on children and families. A key stress was placed upon the absence of the father figure in some Black communities and the importance of male role models for children and young people especially boys who may be at risk of social exclusion. It is important to note that there is a danger that such views may be seen to further pathologise communities that already feel stigmatised and discriminated against. On the other hand, there is the belief that such concerns need to be directly confronted to help children and families, and to effect positive change (Sewell 2007, Izekor 2007). The need for Black mentors in the lives of Black young people was considered to be crucial by FGC co-ordinators and other FGC staff.

“I think for this situation, it was important for him (child) to have Black people around him, because I think most Black people would recognise what he’s going through...because I think one of the problems you do face as a Black community is absent young men, absent fathers”. (Professional)

“A lot of our young men are being left without a father figure, might be a man just impregnated girlfriend or wife and just running off.” (Professional)

“And the drugs situation, we are facing that right now, a lot of our Black youth identifying themselves and finding their acceptance in gangs due to it, because of the problems that we are having.” (Professional)

Religion and spirituality have always featured prominently in the lives of Black Africans and Caribbeans in the UK (Beishon et al 1998, Barn, Ladino and Rogers 2006). It is important that this is acknowledged by social care professionals. In our study, an African parent and her teenage son were able to invite their church pastor to the FGC. This was significant and indicative of the family’s trust and confidence in the community-based organisation’s knowledge, understanding and familiarity with the culture, values and beliefs of its Black community.

One common issue recognised by FGC co-ordinators and other professionals was family’s reluctance to involve extended family members because they did not get along with them, or wanted to retain the privacy of their family unit, or sometimes to prevent gaining a bad reputation in the community. The issue and impact of shame within traditional extended family structures has been highlighted as a barrier to some
'collective’ families engaging in social care services (Tse 2007). However, how the co-ordinator works with the issue of who to involve and reaching consensus about this is central to every FGC.

“...So sometimes there’s that dynamic is difficult, as we get parents who don’t always get on with the grandparents, so they are left out of the loop.” (Co-ordinator.

“...a lot of Asian families will withdraw themselves from relatives and community because of reputation. Because people will make a comment. And you know how our community will make vicious comments.” (Professional)

Training and supervision of co-ordinators

As discussed in Chapter one, Family Rights Group provided the community-based organisations with initial and on-going consultancy support to develop and run an FGC service. FRG trained staff and volunteers in these organisations to enable them to run an FGC service and co-ordinate FGCs. Following the three-day intensive course on family group conferencing, there was ongoing contact between the FRG policy advisor and the community-based projects to assist in the development and implementation of the service and to advise on ongoing practice issues.

A total of 14 individuals were trained as FGC co-ordinators – 11 in Hopscotch, and 3 in Claudia Jones Organisation. It is important to point out that retention of trained co-ordinators was a particular challenge for Hopscotch where a number of the trained co-ordinators left the organisation for a variety of reasons including a move to another job, pregnancy/child birth, or some other factors. Such high turnover of staff is not uncommon in community-based organisations due to their reliance on volunteers, and freelance/sessional staff.

The evaluation team explored FGC co-ordinators’ perceptions about the adequacy and efficacy of the training they had received to help them to prepare families, and organise and run family group conferences.
The general views expressed was that training had been beneficial, and that it had helped co-ordinators to understand and appreciate the FGC process. Training was said to have been interesting and enjoyable.

“I think the training was straightforward and good... it was very involving.” (Co-ordinator)

In the context of continuing professional development, co-ordinators suggested the need for on-going training to develop their expertise further and in response to system changes.

“There should be further training, just to build up. When we go to training we get the certificate and that’s it. If we go to other training maybe it would help us to carry on and get new ideas. The system changes.” (Co-ordinator).

Co-ordinators believed that specialist training in particular areas, for example, family disruptions, cultural differences, and special needs would also be useful. But this was hampered due to resource constraints.

“They could work more on special needs and how to handle disruptive influences. Because you can get the family to come, but if something kicked off, unexpected, I don’t think we’re trained to know how to pursue, how to prevent it from getting worse, apart from terminating the FGC, so I think training for knowing how to handle if there is a need, and dealing with special needs, that could be better than it is now.” (Co-ordinator).

“FGC didn’t address much of the culture differences.. and it didn’t address special needs, because we have a lot of families with special needs.. . I don’t think the training gave me the ability to be able to handle special needs families.” (Co-ordinator).

The key issue here is about the supervision structures within projects as these are often the first port of call for resolving ongoing practice issues. In this study, there was also the black perspectives group, which was set up for the purpose of exploring such concerns. In addition to this, the national FGC Network provided a forum for the discussion of such issues in the context of ongoing training and an accredited framework that is available to projects through FRG.
In addition to ongoing support from FRG, it was envisaged that co-ordinators would use peer support and meetings for supervision to assist them in developing skills/address practice issues in running FGCs. However, this was hampered by resource and staffing pressures within the community organisation which impacted upon the employment status and availability of staff.

**Conclusion**

The perspectives of co-ordinators, community-based organisation staff, and other professionals associated with the FGC process highlight a number of important issues and concerns.

It was strongly believed that the FGC process was a positive way forward that took into account the diverse needs of BME families whilst giving them the opportunity to make appropriate decisions and plan interventions for themselves. This model was much preferred to more intrusive statutory interventions. However, co-ordinators also indicated challenges within the process in terms of seeking participation from families and professionals alike for the model to work. Other constraints in terms of time and resources also featured in their discussions.

Ethnic and cultural aspects were identified and the importance of incorporating these with sensitivity to help provide adequate support was stressed by staff. Crucially, it was highlighted that workers must demonstrate an understanding and appreciation of cultural norms, linguistic background as well as the diversity of families and the impact of these on family dynamics and situations.

Co-ordinator training was identified as a crucial element. Most co-ordinators believed that the training they had received covered key elements and aspects of the FGC process. However, some co-ordinators added that some additional features such as dealing with disruptions, special needs as well as follow up programmes might enhance the capabilities of co-ordinators further. Such training is available from the FRG and it is incumbent upon projects to identify their particular needs so that these can be met.
6. Professional perspectives from London-wide services

To understand the organisation and delivery of family group conferences across different boroughs in London, the evaluation team carried out a consultation exercise with London based FGC managers and co-ordinators. This took the form of focus group discussions, and self-completion questionnaires (see Appendix 4 and 5). Given the focus of the study on issues of ‘race’ and ethnicity, the areas of exploration in the focus group and in the questionnaires included:

- racial/cultural matching of family and co-ordinator
- ethnic monitoring - ethnic break down of referrals, and families that proceed to FGCs.
- involvement of minority ethnic community organisations
- family involvement in steering group meetings
- responsiveness of FGC projects to cultural and linguistic diversity.

A total of 12 FGC managers, and 8 co-ordinators participated in focus group discussion and in the completion of Questionnaires. The findings below provide an account of the experiences and perceptions of these managers and co-ordinators.

Ethnic Monitoring

The majority of respondents within London projects collated some information on the ethnic background of families referred to their projects. However, respondents believed that there was limited use of these data to inform policy, practice and provision. It was encouraging to learn however that at the end of the workshop, managers reported that they had been persuaded about the benefits of collating accurate ethnic records for the development of service provision. Such a positive response resonated with what would generally be described as ‘action research’.
“...Information is kept but not analysed and evaluated in the way it should be. This will change, in the light of issues raised today.” (FGC Project Manager, London)

Consultation/liaison with minority ethnic community organisations

Notably, the London FGC projects reported a lack of involvement of minority ethnic community organisations in the process of referral, consultation and/or advice. It was suggested that the primary obstacles to undertake any outreach and collaborative work with this sector were lack of time and opportunity.

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

Other ways in which FGC projects engaged groups in the community in the interests of providing better services to families included consultation with specific groups regarding advice on cultural needs of families. Examples of groups involved in this fashion included:

- Asian Women’s Groups
- Islamic Groups
- Domestic Violence Groups
- Church Elders’ Groups

It was evident that this often entailed a considerable amount of outreach work which required much time and effort:

“I have investigated and found information about how to work with or just introduce the service to travellers. I have located an expert from the community that I may be able to take advantage of.” (FGC Project Manager, London)
Diversity among the Co-ordinator Group and Ethnic Matching

Almost all London FGC projects reported an ethnically diverse co-ordinator group. This was reported to have been achieved by a number of means including active links with BME community groups and/or ‘leaders’; ‘word of mouth’, and via independent providers able to supply the required diversity.

In a desire to provide what was believed to be an adequate and appropriate service, project managers highlighted the need for the intensification of cultural knowledge. One approach employed by FGC projects to address cultural issues was to increase the diversity of the pool of co-ordinators. Some projects reported that their co-ordinator group comprised individuals who were predominantly from a minority ethnic background.

Key strategies in the provision of a culturally relevant service included:

- ‘Pairing’ co-ordinators to identify cultural needs – that is enabling co-ordinators to work in collaboration to discuss and identify family history and its cultural context and significance to the family. Such an approach enabled a dedicated focus to understand the family dynamics, and the family ‘problem’ in an effort to progress in an empathic and sensitive fashion.
- Ascertaining referrer’s perception – It was considered vital to understand cultural needs as perceived by the referrer. An early meeting with the referrer was emphasised in the practice protocol:

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

- Consultation with the family – in the framework of the FGC approach, consultation with the family was identified as a key priority in enhancing knowledge and understanding cultural issues and concerns.
“Families are encouraged to state what will be the best way to proceed to with the FGC, ie, who to talk to first, who family sees as a patriarch/matriarch...how to manage gender issues...” (FGC Co-ordinator, London)

It is important to recognise the nature of many FGC projects in London, that is, there is usually a full time FGC manager, using freelance/sessional FGC co-ordinators. This lends itself to drawing upon a pool of diverse co-ordinators many of whom work for more than one local authority. However, this approach does not necessarily suit projects across the country, many of whom for sound pragmatic and practice reasons employ part or full time staff or only draw upon a small number of sesional staff.

**Ethnic Matching**

Providing families with the option of ethnic matching, the pairing of family and co-ordinator in an ethnically symmetrical fashion was considered to be an important matter to consider. Indeed, the Family Rights Group Family Group Conference Toolkit published in 2006 maintains that it is good practice to allow and accommodate the family request for a co-ordinator that best reflects their ‘ethnicity, language, religion or gender’ (Ashley et al 2006:9). The key consideration is that the family are provided the choice if at all possible.

Our focus group discussions with London-wide co-ordinators and managers indicate that it was generally believed that providing families with the option for matching leads to positive outcomes as the co-ordinator can demonstrate a more nuanced understanding of the cultural context of the family within a socio-economic and political framework. The underlying principles of empowerment, inclusivity and sensitivity were described as important in working within a culturalist approach.

Previous research has documented that though agencies may, in principle, make attempts to match the co-ordinator to the family’s ethnic, religious and linguistic background, such matching may not always be possible or desirable (Marsh and Crow 2003).
Our study shows that whilst providing families with the option of ethnic matching was considered to be key, there were other additional considerations put forward. Firstly, the need to actively engage with the family to ascertain their needs/wishes for an ethnically matched co-ordinator was deemed to be crucial. Unsurprisingly, it was asserted that some families may not wish to have a co-ordinator from the same ethnic background (Barn et al 1997, Marsh and Crow 1998, Barn 2006). Secondly, factors other than ‘ethnicity’ were also deemed to be significant in the matching process, for example, language, religion, gender, etc.

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

“…this issue is very important to me – my project does referral meetings with social workers beforehand where I ask them (social workers) who is best in terms of co-ordination. If the social worker is unsure, I ask them to ask the family before allocation. Additionally, I think ‘matching’ should include gender, religion, culture not just race or nationality. Because I am generally a curious person, I sometimes ask people in my personal network for answers to questions, if I’m unsure. I think London is so diverse it may be impossible to always match, but if widened out to include lots of other things we may be more successful in meeting the needs of a family.” (FGC Manager, London)

**Language and service use**

There was a diversity of approach in the provision of information about services in relation to language to increase accessibility and knowledge. Some projects reported that they routinely provided leaflets in different languages whilst others reported that they were in the process of doing this but had not as yet achieved this goal due to their newness. The challenge of a wide array of languages and the cost of translation was raised as an important challenge. A few projects operated on a needs based approach and responded to need as and when necessary. It was reported that such an approach was relatively efficient and effective as it was possible to be responsive within 10 working days.
It is crucial to recognise the complexities involved in doing cross-cultural work where there are linguistic barriers. It is believed that there are over 300 languages/dialects spoken in the London area. Given such linguistic diversity, there are enormous challenges in deciding which languages are given precedence over others in relation to translation of services. If translations are only done on an ad hoc basis or on the basis of expressed need, there are concerns about how families from some minority ethnic background can be reached. The needs and concerns of newly arrived minority communities also require consideration.

The use of interpreters was an important theme. Generally, projects attempted to achieve good interpretation services via community organisations, ‘community leaders’, co-ordinators’ networks and independent provider agencies. It was argued that some families may not want an interpreter from the same community for fear of a breach of confidentiality. It was considered important to be respectful of the family’s request without undermining minority co-ordinator sensibilities.

Language issues do present difficulties and the use of interpreters can also often create complex dynamics especially when the interpreter becomes directive and does not maintain a neutral stand (Connolly 2006). Since it is common to not receive verbatim interpretations, there are concerns about gaps in the understanding of co-ordinators, and other professionals involved in the FGC process (Kriz and Skivenes 2009). Moreover, there are certain words and phrases that may not lend themselves to an adequate interpretation and translation, thereby creating difficulties in understanding. Thus the use of language and interpreters is a sensitive and highly challenging issue. And, there are important policy and practice issues for interpreters, co-ordinators, and FGC managers. Training, experience, skill, sensitivity, and verbatim interpretation should feature strongly in any policy and practice framework.

The practice of FGC

Discussions with managers and co-ordinators revealed that there was a variation in FGC practice across the London projects (Nixon et al 2005). This ranged from differences in the use of terminology to more fundamental differences. For example, some projects
reported that they preferred to use terminology which they regarded as more acceptable and appealing to the family, for example, using labels such as ‘family meeting, as opposed to ‘family group conference’. The word ‘conference’ was said to carry negative connotations as it was largely a term used when there were child protection concerns within families. The term ‘family meeting’ was perceived to be less threatening. Others however, argue that the term family group conference is distinctive and differentiates the model from other meetings with the family.

The wide variation in the practice of the FGC approach was of concern to participants and Family Rights Group. It seemed that across London there was an array of different practices in place, ranging from a fully considered FGC method which adhered to the principles of the original method; to situations where a meeting of the immediate family (mother, father and children) was deemed by some local authorities to be an FGC. Concerns were expressed within the co-ordinators and managers groups about the consistency and quality of some FGC practice. Such diversity in practice calls into question the skill and training of the co-ordinator, and the time and effort invested in meaningful family engagement. Such long-standing concerns nation-wide have led to the work of the FRG in developing clear practice standards along with partner agencies and in the development of the first postgraduate certificate in FGC co-ordination run in conjunction with the University of Chester.

One Manager who identified 3 categories of FGCs expressed the varied practices as thus:

- Gold – ideal in terms of adhering to the key principles of FGCs in terms of preparation, planning, FGC work within a context of adequate resources.
- Silver – some family preparation...
- Bronze – more a one off meeting, than an FGC.

A variability in the conceptualization and operationalisation of the FGC approach was in evidence in the boroughs across London. A number of factors ranging from individual professional preferences and understanding of good practice, to time pressures and resources were the determinants of the kind of FGC work carried out with families. It is
important to note that the above mentioned tiered-approach was not acceptable to the majority of co-ordinators and managers.

Conclusion

In conclusion the key issues that seemed to arise in the discussions included:

- Addressing and acknowledging cultural sensitivity and needs;
- Application of the FGC process in a culturally diverse context whilst maintaining consistency, quality and appropriate training.

In understanding and addressing cultural sensitivities, our study demonstrates the crucial need to record information from Black and minority ethnic families in terms of their referral and participation. Moreover, where there are barriers to this process of involvement with BME communities within the local context there needs to be more groundwork, time and resources. Lack of this can often lead to disenfranchisement from the process. However, there have been attempts to improve data recording practices as well as attempts to engage more productively with co-ordinators working with diverse families as well as grassroots’ and community organisations which work with such families. This seems to have taken shape in the form of more representation of groups working with these families in consultative meetings and discursive forums.

The importance of adequate and appropriate training to deliver the FGC in a culturally sensitive manner is critical. Significantly, the process of ‘matching’ co-ordinators and families in a context that involves the complexity of race, racism and migration but also the nuances of language/dialect, culture and faith is key. BME families should be given the option wherever possibly, but it’s important to acknowledge some families may not wish to be ethnically matched for a variety of reasons, including the fear it thwarts their privacy within the community. Other although not mutually exclusive suggestions include co-working between co-ordinators.

It is generally agreed that diverse professional teams are nonetheless an important tool in raising and improving cultural awareness. Furthermore, the diversity available in the city of London is also able to promote such a ‘work culture’ in teams and organisations. The
provision of culturally sensitive FGC services in communities where there is much less diversity in the population presents a range of other challenges which need further careful consideration.

7. Good practice in family group conferencing with BME families

Introduction

This chapter brings together the key elements of this evaluation study and identifies good practice in FGCs with Black and minority ethnic families. A summary of the major findings in conjunction with government policy in child and family welfare provides a useful context to understand and appreciate the possibilities of utilising FGCs in making decisions about children at risk. The chapter also highlights key recommendations arising from this study.

Background

The disadvantage and discrimination experienced by some Black and minority ethnic groups is well documented. The impact on family life is severe as a consequence of child and family poverty, unemployment, poor housing, and parental ill-health. Research evidence for some decades has shown the disproportionate representation of some Black minority ethnic children in such domains as children ‘in need’, local authority child protection registers, children looked after, school exclusions, educational under-achievement, youth justice, and homelessness.

There is considerable evidence to show that some Black minority ethnic children – namely those of Black African/Caribbean, and Mixed-Parentage background are disproportionately represented among those in need, on the child protection register and among children and young people looked after (Barn 2006, DCSF 2007). Asian children and families are disproportionately found to be ‘in need’ for reasons of child disability. Over the years, policy makers, practitioners and researchers have focused on the role and function of helping agencies in a battle to ameliorate the poor situation of vulnerable BME families and children.
This study was borne out of a concern for the increasing social exclusion of some BME groups and the low levels of engagement in use of FGCs. In recognition of the low numbers of Black Minority Ethnic families (BME) involved with Family Group Conferences (FGC), the Family Rights Group (FRG) entered into an active working partnership with two community-based organisations in London. The primary purpose of this exercise was to ensure capacity building of the community-based organisations to help attract and engage with BME families in the area of support and preventive work.

As explored in the literature, it appears BME families have proportionately lower referrals and access to FGC services, when compared to the proportion of minority children in the care system. It was hypothesised that this may be due to difficulties that BME families face structurally and culturally that prevent them from using this service in a meaningful manner. This project aimed to address this by trying to embed FGC services within community settings thus overcoming these barriers of access and providing these services in a culturally appropriate and sensitive manner that would enable families to participate in FGCs.

A Research team from Royal Holloway, University of London was commissioned to undertake an evaluation to consider effective practices in attempting to address this, including the merits and difficulties of utilising community-based organisations to run Family Group Conferences (FGCs) amongst different BME communities.

Major findings:

Families:

- The needs and problems presented by families included a range of issues including child behavioural difficulties at school; truancy; risk of school exclusion; and support for children with disabilities.

- Almost all the families interviewed recognised the reasons and goals for the planned FGC. For all these families, the reason for referral was concern over the welfare of a child in the family. Most families were motivated to participate in the best interests of their children.
- It was encouraging to note that most families reported being sufficiently informed and prepared, and believed that the format and process of the FGC had been clear.
- Families expressed feeling empowered and emphasised being able to take ownership of the plan created. They also believed that this made the plan more achievable and realistic.
- A vital aspect of the FGC process was that families positively embraced their involvement in the decision-making process including the plan which included the appropriate goals and outcomes.
- Families praised the FGC approach for galvanising internal family support networks, and for helping to bring family members together to collectively resolve difficulties.
- Families reveal that they would like greater involvement and participation of extended kinship, as well as others in the community including friends, community leaders, and role models.
- A few areas of concern included the low number of family members that were involved in the FGC and the venue of the meeting.
- One family expressed a preference for the FGC to take place in their home as it was believed that it may allow better participation of family members.
- Some families stressed that child participation issues within the FGC approach should be handled in a way that is sensitive to the child’s needs.
- Linguistic and cultural issues were highlighted by several families. The need to have a co-ordinator from the same ethnic/linguistic group so that language barriers could be minimized was particularly highlighted.
- Families reported finding the FGC process as empowering. They concluded that it reminded them of Community Elders in the Caribbean helping the younger generation to resolve childcare and relationship issues with dignity.
- The concept of trust was very much at the heart of the relationship between the family members and the community worker/FGC co-ordinator. Families expressed a feeling of trust and confidence in talking openly about their faith, in a way that they would not discuss in any school setting.
- The findings of this evaluation provide some support and evidence from families’ perspectives on their faith and trust in community-based organisations and
highlight the need to obtain relevant services which meet their needs in a sensitive and accessible manner.

Co-ordinators and other FGC staff/professionals

- The FGC process was perceived to be a good model that could achieve realistic goals with the active participation of the family rather than through the pursuit of more drastic action to protect the child, such as care proceedings.
- It was believed that the process empowered families and gave them the opportunity to make decisions for their children which were realistic and achievable.
- The role of FGCs in giving the child a voice was emphasised by several FGC co-ordinators in the community based organisations. It was deemed to be crucial to actively involve children as key contributors in decisions which are going to impact them and their future. However, these co-ordinators also indicated that children believed that the FGC process was very ‘adult led’ and this limited their participation.
- Obtaining acceptance and willingness to engage with the model from families, professionals and children was perceived to be an important challenge by the FGC co-ordinators. Issues around privacy and families’ consent to allow participation of other family members was an important challenge. Some professionals from social care services and schools were said to exhibit a lack of understanding of the process or were too inflexible to engage with the FGC process.
- Co-ordinators were clear that the FGC process cannot work without the commitment of the family and professionals to adhere to the plan.
- Co-ordinators at both agencies conducted the FGC at their own agency, which they considered was a neutral venue.
- The issue of resource was an important consideration for the community organisations delivering FGCs. These organisations believed that the cost of the FGC should be borne by the referral agency. However, because these voluntary organisations are outside local authority services, there is a risk to such organisations becoming disconnected which may minimise their access to resources.
• Most co-ordinators believed that understanding the culture of the families was important as culture was an interface through which families’ preferences for food, dress, gender relations, language requirements could be explored and their needs respectively addressed.

• The ability of organisations to communicate and cross language and cultural barriers were perceived to be crucial in building the trust and confidence of minority ethnic service users.

• In the interests of family empowerment, it was suggested that the FGC process could be conducted in the language of the family, and that interpreters could be employed to interpret for professionals rather than the family.

**Policy and Practice Implications**

Black and minority ethnic community-based organisations have been at the vanguard of BME community engagement and service provision for several decades. The potential for partnership between mainstream statutory and BME voluntary organisations has been stressed for some time. This evaluative study indicates that there are real possibilities for effective engagement of BME families when community-based organisations and professionals from mainstream services come together to provide family-focused solutions.

The capacity building of the community-based organisations by the Family Rights Group to deliver FGCs is an important initiative in this respect. However, the difficulties and challenges in setting up such partnerships cannot be under-estimated. Setting up an FGC service is time-consuming and requires commitment, knowledge and skill. For community-based organisations, there are competing pressures in regard to resources, community participation and partnership with mainstream organisations. It is crucial to understand that there are enormous challenges that require a keen and ongoing investment and commitment in the achievement of positive outcomes for families and children.

This evaluative study highlights the perspectives of those involved in the FGC method in the two community-based. The findings from the study may have relevance in a number
of policy and practice contexts within a range of services including health, education, social services and the criminal justice system.

Here, we would like to sketch out some of the legislative framework which provides the framework for engagement with BME families.

**Legal framework in ensuring good practice with BME families -**

- **1989 Children Act – sec 22 (5) (c)** – first piece of legislation in the UK to stress the importance of ‘race’, culture, language and religion in working with BME families and children.
- **Race Relations (Amendment) Act 2000** – strengthened and extended the Race Relations Act 1976 by placing on public authorities a new duty to promote race equality and race relations, as well as outlawing race discrimination in any of their functions, including the provision of services.
- **Every Child Matters policy agenda** – applies to all children and families regardless of race and ethnicity. Moreover, the emphasis upon universal prevention and early intervention makes it ideal for FGCs.
- **Working Together (2006)** – makes specific reference to the need for culturally sensitive and informed judgements and warns against myths and stereotypes about BME families.
- **Public Law Outline 2008** – encourages early intervention, and active family involvement with a focus on reaching resolutions before a case reaches court.
- **Care Matters: Time for Change 2007** - focuses on services to looked after children; stresses the importance of links with family/kinship and friends. FGCs are specifically mentioned as a means of engaging the support of wider family and friends at an early stage of concern about a child. Importance of ‘race’, ethnicity and culture.

It is clear that government policy aims to ensure that there is early identification of and engagement with the needs of vulnerable children and families. In today’s multi-cultural society, there is growing recognition to seriously consider the impact of ‘race’, ethnicity and migration and the intersectionality of this with other factors such as social class, gender and patriarchy, and disability. Early intervention is at the core of child welfare
policy. Although, the policy framework may not specify FGCs in any mandatory fashion as is the case elsewhere, for example, in New Zealand, it is clear that preventive measures such as FGCs are likely to be worthwhile and effective in attaining family focused solutions for the betterment of child and family welfare.

This evaluative study has shown that with the appropriate capacity building, community-based organisations can be adequately equipped to work jointly and effectively with families and professionals from mainstream services. By working creatively within the above policy framework, mainstream and community-based organisations can strengthen practice with families and children.

Below, we identify some key recommendations arising from this study.

**Recommendations**

This evaluative study demonstrates that the partnership between the Family Rights Group and the community-based organisations proved to be an important catalyst in preparing these BME voluntary agencies to undertake FGCs. The study indicates that BME co-ordinators had developed a good and clear understanding of the purpose of a Family Group Conference. And, this combined within a cultural-competence framework was effective in engaging with BME families and children. The long-standing trust and confidence such agencies have already built up with BME communities is clearly an important pre-requisite.

The following recommendations identify some areas of focus and how these could be strengthened to further improve practice.

**For policy makers:**

- The evidence seems to indicate that BME communities are utilising FGCs less than their proportion of BME children in the care population and that there may be barriers in how services are offered which may be contributing to this. More equal and accessible provision may be achievable if there is a legal requirement
for all families to be offered an FGC where there is a likelihood of the child being looked-after in the care system.

For Local Authority Social Care Services

- Any effective replication of the model described in this evaluation report needs to take into account:
  - the necessity for community organisations to be given the significant time and resources, including on-going external expert support to develop and run an FGC service, and that attempts to short-cut this process could significantly undermine the impact of the work;
  - That budgets need to include provision for offering children and vulnerable adults an independent advocate.
  - The need for a working relationship and protocol between community organisations, any local mainstream FGC services and local agencies.

For FGC co-ordinators:

- Flexibility in the selection of venue could help ensure the participation of wider kinship.
- Preparatory work with family members is essential to ensuring greater involvement of the wider family and community;
- That consistent with the family-centred nature of FGCs, where the entire family network speaks a language other than English, the FGC is conducted in the language of the family members, so that it is professionals rather than family members requiring interpreters. Such a practice should be reviewed and monitored for its effectiveness
- Development of systematic forms of support for co-ordinators, for example, shadowing, pairing, pre/post FGC supervision, and on-going consultation, support and training.
- Almost all FGCs in this pilot were with mothers. Whilst this reflects the general nature of family engagement within social work, it is imperative that greater efforts are made to secure engagement of fathers, and other male relatives. There
is clear evidence elsewhere of the effectiveness of the FGC approach in involving fathers and paternal relatives (Crow and Marsh 1997). Such outcomes are often dependant on sufficient time and resources being devoted to the planning stage of the FGC particularly when the father is living separately from the child.

- Family plan objectives/actions which have been agreed between the family and professionals need to have clear tasks allocated and timescales for implementation.
References


Holland, S. and O’Neill, S. (2006) ‘We Had to be There to Make Sure it was What We Wanted’: Enabling children’s participation in family decision-making through the family group conference. Childhood 13; 91 – 111.


Thoburn, J; Chand, A. and Procter, J. (2005) Child welfare services for minority ethnic families: The research reviewed, JKP


Appendices

Appendix 1: Referral Form developed by Evaluation team for community-based organisations

(a) Hopscotch Referral Form

REFERRAL FORM FOR FGC
HOPSCOTCH

1. Type of Referral:
   Internal □       Self-Referral □
   External □       Other □

Information about the Referrer
2. Name: ____________________________
3. Role: ____________________________
4. Location: _________________________
5. Agency: __________________________
6. Contact Details (Ph, Email): ________

7. Address: __________________________

Child & Family Information
8. Name: ____________________________
9. Date of Birth: ____________________
10. Gender: Male □       Female □

11. Living with (current care giver): ________________________________
12. Relationship with current care giver: ____________________________
13. Name, address and contact details of current care giver: ____________

14. Is current care giver also person with parental responsibility? □ (yes/no)
15. if answer is ‘no’ for above question, please list following details for person with parental responsibility (PR)
16. Other members with whom the child resides:
*Please list persons with whom the child shares residence only

<table>
<thead>
<tr>
<th>Name</th>
<th>Age (DOB if under 18yrs)</th>
<th>Gender</th>
<th>Relationship</th>
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17. Family Constellation (to include key family members and friends):
*Please list family and friends who are in close contact with the child/family

<table>
<thead>
<tr>
<th>Name</th>
<th>Relationship with child</th>
<th>Gender</th>
<th>Age/DOB</th>
<th>Address and contact details</th>
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17. Child’s Spoken Language: 

18. Child’s Ethnicity: 

19. Parents’ Ethnicity: 
   a. Mother’s ethnicity 
   b. Father’s ethnicity 

20. Parents’ Spoken Languages: 
   a. Mother’s Spoken Language 
   b. Father’s Spoken Language

21. Child’s Special Needs/disability: 

22. Is Child a young carer? (yes/no) 
23. Is Child on CP register? (yes/no) 
24. SEN statement: (yes/no) 
25. Is Child looked after by LA? (yes/no) 
26. School records of Child’s performance
27. Please provide a brief explanation of the nature of school identified problems, if checked above:


28. Please provide details of professional involvement with the child and/or family as applicable

<table>
<thead>
<tr>
<th>Professional Body</th>
<th>Contact details (ph, email &amp; address)</th>
<th>Nature of involvement</th>
<th>Is the involvement ongoing (yes/no)</th>
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<tbody>
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<td>GP</td>
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<td>Health Visitor</td>
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<td>Local Authority Agency</td>
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<td>Counsellor</td>
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<tr>
<td>Other</td>
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</table>

Current Situation/Concerns
29. Reason for FGC, Current situation/Concerns: What is the main presenting problem?

Please tick the following categories if applicable:
♦ Are there issues of parental domestic violence in the family? ❋
♦ Do any of the parents/care givers present any mental health issues? ❋
Do any of the parents engage in substance misuse?  

Is there any history of relationship conflict/family breakdown?  

Any other parental illnesses?  

30. Please elaborate on any checked boxes above and/or any other concerns as may be relevant to the case:  

31. Any deadlines for courts etc:  

32. Any specific situation to be accounted for within the family (divorce, address changes, immigration, asylum): please address the question sensitively and only if appropriate  

Preliminary Information Giving Process re FGC to Family prior to a decision to opt/not opt for FGC  

32. What outcomes do you expect form the FGC for the child and the family – what specific problem or decision needs to be made?  

33. Is family (which members) aware of Child’s referral?  

34. How aware are family (which members) regarding the FGC process/module? (please mark the most appropriate box)
Please add any further comments regarding awareness of the family about the FGC process

35. Who has informed family (which members) of the FGC process/module?

Has Parental Consent been obtained for this referral: [ ] yes/no
Name of Staff and Staff signature:
Date:
Name of Team Manager/Supervisor
(b) Claudia Jones Referral Form

REFERRAL FORM FOR FGC
CLAUDIA JONES

1. Type of Referral:
   Internal   Self-Referral
   External   Other

Information about the Referrer

2. Name:

3. Role:

4. Location:

5. Agency:

6. Contact Details (Ph, Email):

7. Address:

Child & Family Information

8. Name:

9. Date of Birth:

10. Gender:  Male
        Female

11. Living with (current care giver):

12. Relationship with current care giver:

13. Name, address and contact details of current care giver:

14. Is current care giver also person with parental responsibility? (yes/no)

15. If answer is ‘no’ for above question, please list following details for person with parental responsibility (PR):

<table>
<thead>
<tr>
<th>Name of person/persons with PR</th>
<th>Relationship with child</th>
<th>Current address and contact details</th>
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16. Other members with whom the child resides:

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17. Child’s Spoken Language:

18. Child’s Ethnicity:


   b. Father’s ethnicity

20. Parent’s Spoken Languages: a. Mother’s Spoken Language

   b. Father’s Spoken Language

21. Child’s Special Needs/disability:

22. Is child a young carer? (yes/no)

23. Is child on CP register? (yes/no)

24. SEN statement: (yes/no)

25. Is child looked after by LA? (yes/no)

26. School records of child’s performance

   Attendance

   Disruption

   On reports

   Exclusion

   Other
27. Please provide a brief explanation of the nature of school identified problems, if checked above:

28. Please provide details of professional involvement with the child and/or family as applicable

<table>
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Please add any further comments regarding awareness of the family about the FGC process
35. Who has informed family (which members) of the FGC process/module:

Has Parental Consent been obtained for this referral: [ ] yes [ ] no
Name of Staff and Staff signature:
Date:
Name of Team Manager/Supervisor
Appendix 2: FGC and minority ethnic families evaluation study - Interview schedule (family)

Explain the purpose of the study – to find out about family views and experiences of FGC, to see what’s positive and what could be changed to improve matters.

Ethics - Reassure of confidentiality, anonymity, informed consent etc.

Name:

Age:

Relation with child:

Reason for referral:

Outcomes of FGC meeting:

Areas of exploration:

1. Attendance

- Which family members attended the FGC?
- Reasons for their attendance?
- Reasons for the non-attendance of other family members?
- Did you feel that it was important to involve other members of the family?
- Did you feel that any significant member was missed out and should have been present at the meeting?
2. Understanding/awareness/preparation of FGC process

- How did you find out about the FGC process? (Who explained it to you?)
- What do you think of the FGC concept?
- What do you see as some of the benefits of this way of involving family members?
- What do you see as the problems/pitfalls of involving family members in this way.
- Did you have an opportunity to constantly get updates and answers to queries over the whole process?
- Did you want to be involved in the process? Why?

3. Intervention

- How was the FGC meeting itself? (Perceptions of the mtg, how it was conducted, what was helpful about it? What was not helpful about it).
- What did you think would be the solution to the problem? (Was the outcome different through the FGC process?)

4. Outcome

- What was the outcome of the FGC process?
- How do you feel about the outcome of the FGC process?
- Do you feel that the outcomes are realistic and sustainable?

5. Further family work:

- What additional agency support do you feel will be required further to engage in a sustainable outcome for the FGC?
- Were you happy with your involvement in the process? (could anything have been done differently for betterment?)
- Were you happy with the involvement of the child? (did you think this was appropriate and the correct thing to do?)
6. Ethnicity and culture

- Throughout the process, did you feel that your cultural values were respected and adhered to? In what way? Please give examples?
- Does the ethnicity of the workers help or hinder such family work?
- Was there anything that you would’ve done differently?
- Would you have any suggestions for the organizers and the staff who promoted this FGC?
- What is your overall feedback of the process, based on your participation?
Appendix 3: Training staff/Co-ordinators interview schedule

Staff role/Designation:

1. Nature of Involvement with FGC:
2. Since when have you been involved with the FGC concept?
3. Details of your own training with the FGC concept and reactions:
4. How many families have you been involved with that have gone through the FGC process? Please describe the case and FGC process
5. How would you perceive FGC concept as different from another ways of working with families i.e. information sharing, providing support and services?
6. Overall comment on the FGC programme at Hopscotch
7. Given your experience and involvement with families and FGC, what are your field comments on the process?
8. What do you think are the most important aspects to ensure successful outcomes following an FGC?

Hints:
   a. the nature of families that go for FGC
   b. process of preparing families for FGC
   c. involvement of members
   d. types of problems
   e. decisions in the FGC family meeting and outcomes
   f. follow up of outcomes

9. What do you think are the hardest/most difficult aspect of conducting an FGC?

Hints:
   o building trust
   o understanding the family context and multiplicity of issues
organizing family members and seeking their participation
preparing and explaining FGC concept to family members
combating certain cultural constructs which may inhibit participation of children/women in the decision making process
ensuring that the child has representation and an opportunity to participate and be heard in the FGC process
organizing the actual FGC in material terms
Support from other organizations to conduct the FGC and for further support and follow up

10. What is the easiest aspect of organizing and conducting an FGC?

11. How would you rate the success of an FGC and in light of the your experience with families that have undergone FGC? Please comment in terms of

- Participation of families
- Actual FGC meeting
- Outcomes of the FGC
- Follow up of the FGC

12. How successful do you think the FGC process is by far? What are the changes that you think should be incorporated further to make the concept more robust and culturally appropriate?

13. Do you think staff training incorporates necessary elements to prepare staff appropriately? Are there any elements or concepts that you would like to see added in your training or in the information/training that you give family members?

14. Do you feel the FGC process is adequately sensitive and flexible for diverse families? Please comment

For Hopscotch and CJ interviews

1. An organisational overview – their basic ethos/philosophy; nature of services offered to service users; where the funding is from?
2. Number of staff (full-time, part-time) and their respective job-titles, and role and responsibility
3. Profile of service users (family structure, gender, type of problems/concerns/needs)
4. Number of service users referred on a monthly basis, dealt with in a year
5. Issues/concerns re: organisational resources as expressed by staff, and as you observed
6. Strengths/obstacles within the organisation which may promote or hinder the FGC method.
7. Any other issues you believe to be relevant.
Appendix 4: Questionnaire (London-wide FGC Managers)

Department of Health and Social Care

Family Group Conferences and black and minority ethnic communities.

For project managers:

1. Name and geographical location of project?

2. Is the project placed within a service dedicated to that community?

3. Ethnic monitoring – Does the project keep effective records on ethnic breakdown of referrals, and those families that proceed to complete process?

4. Does the project involve local BME voluntary organisations on steering group? Which ones?
5. Does the project involve family members on steering group?

6. How does the project ensure, as much as possible, that the diversity of the community is represented in co-ordinators group?

7. Does the project make sure information is available in different languages to reflect diversity (leaflets)?

8. Do project forms reflect cultural issues (e.g. referral form, evaluation forms)? If so, what cultural information is recorded?
9. Does the project keep a register of people who can be approached to advise coordinators re: cultural needs of families? Please give examples to illustrate.
Appendix 5: Questionnaire (London-wide FGC Co-ordinators)

Preparation

1. Matching to culture of family – Is the family routinely offered choice about matching. If not matched what other people can advise the co-ordinator?

2. How are cultural issues addressed in planning with the family?

3. How do you ensure that family has clear and accessible information?

4. Do you consider ‘cultural advocacy’ for family – Do the family ever need support in FGC from a supportive agency?

5. Views about family’s cultural preference re:
a. Involvement of child - How do you approach child’s involvement in a culturally sensitive way?

b. Involvement of elders/community – What position do elders in community have in decision-making? At what point are they approached about the meeting?

c. Appropriateness of venue

6. Impact of asylum issues – What is your experience of how issues of asylum are bound up with the decisions about the child?

7. Is the co-ordinator able to get accurate information about the family and its membership? How?

8. How do you address the needs of family members who live overseas regarding the decisions to be made?
During FGC

9. Traditions re introduction to meeting – How do you address family traditions re: ways of beginning and ending the meeting?

10. Views about the cultural influences on decision-making. How do you take the following into account?

   a. Tribal/elder issues?

   b. Asylum?

   c. Child rearing?

   d. Gender issues?

   e. Religious traditions?
11. Language / communication issues – How are the family’s need for interpreters addressed?

12. Food – How do you ensure that the food reflects the family’s culture (and religious beliefs)?

13. Venue – How do you ensure that the family have some control over the choice of venue?

After the FGC

14. Does the project ever make use of a cultural advocate to follow up the decisions made?
15. How do you ensure that the family have opportunity to comment on the process?

16. How do you feed back any issues of concern back to the project?
Appendix 6: Consent to Participate in an Evaluation Study on Family Group Conferences

Investigator’s Name(s), Telephone Number(s):
Prof. Ravinder Barn, Department of Health & Social Care, Ph: +44-01784-443678
(r.barn@rhul.ac.uk)
Ms. Chaitali Das, Department of Health & Social Care, Ph: +44-01784-414630,
(c.das@rhul.ac.uk)
Ms. Alice Sawyerr, Department of Health & Social Care, Ph: +44-01784-414645,
(a.a.a.sawyerr@rghul.ac.uk)

Involvement of Organizations: Family rights Group, Hopscotch Community Organization, Claudia Jones Community Organization, Royal Holloway (University of London)

PURPOSE

You are being asked to participate in an evaluation study on Family Group Conference (FGC). We hope to gather your experiences of participating in the FGC. The study intends to explore the various processes of preparation, and involvement of family members, children and FGC staff and hopes to evaluate the project in view of its relevance as a strategy of intervention for Black & Minority Ethnic Communities.

PROCEDURES

If you decide to volunteer as a participant, you will be asked to answer questions relating to your
experience of the process of FGC including preparation, meeting and review;
extent and nature of involvement;
perceptions, opinions, feedback and comments on various aspects of the process
and of the personnel involved;

As part of the evaluation study, you may be asked to respond to questions pertaining to
the above indicated areas either in a personal interview or in a focus group discussion
(FGD) or both. Interviews are expected to take between 30-45 mins and FGD’s are
expected to take between 60 to 120 mins.

You may choose to withdraw at any stage of the research process and do not have to
provide a reason for it.

RISKS

The research is designed to not cause any harm to the participants. However, due to the
sensitive and personal nature of involvement of families and the FGC process, you may
be asked personal questions.

BENEFITS

It is possible that you will not benefit directly by participating in this study. The study
will, however, benefit other professionals and families that are undergoing or may
undergo an FGC in the future. Your responses may help improve the design and delivery
of FGCs for other families.

CONFIDENTIALITY & ANONYMITY
All data that you will provide will remain confidential and anonymous. Anonymity will not be threatened after the research is completed or in any related publications. Your identity will be protected at all costs and any references to your identity will be thoroughly concealed or will be completely disguised.

COSTS/COMPENSATION

There is no cost to you beyond the time and effort required to complete the procedure(s) described above.

RIGHT TO REFUSE OR WITHDRAW

You may refuse to participate in this study. You may change your mind about being in the study and withdraw your consent after the study has started. You also retain the right to withdraw from the interview even after it is initiated. You may also selectively withhold from answering/providing information on any questions during the process of interview. You do not have to justify or provide reasons for withdrawing.

QUESTIONS

Please feel free to ask any doubts or questions to have to the current investigator who is asking for your consent.

If you have any further questions at a later point regarding this research project, your rights and participation as a respondent or any other issues, please contact any of the investigators listed at the beginning of this document. Alternatively, you may also contact any of the participating organizations.
CONSENT

YOUR SIGNATURE, BELOW, WILL INDICATE THAT YOU HAVE DECIDED TO VOLUNTEER AS A RESEARCH SUBJECT AND THAT YOU HAVE READ AND UNDERSTOOD THE INFORMATION PROVIDED ABOVE. YOU WILL BE GIVEN A SIGNED AND DATED COPY OF THIS FORM TO KEEP.

Name & Signature of Participant
__________________________________Date_____________Time_____________

Name & Signature of Investigator
__________________________________Date_____________Time_____________
Appendix 7: Protocol Agreement between Camden Social Services and Hopscotch Community-based organisation.

Family Group Conference information leaflet for professionals:

Hopscotch Asian Women Centre now got some funding from the Big Lottery to work in partnership with Family Rights Group for Camden Bangladeshi families with under 18 years old children. Through this project, Hopscotch AWC will be able to offer FGC to families who do not reach these thresholds but would benefit from a community-based FGC.

Family group conference are solution focussed meeting of family members, others close to the family and agencies to work together acknowledging the needs of children or young people and make plans for them. Hopscotch AWC Family Group Conference Service offers FGC to Bangladeshi families who meet the Every Child Matter criteria of Levels of Need /Prevention.

You can refer the following Bangladeshi Families, children or young people to this project:

- Family who have difficulty accessing appropriate services
- Family who meet the Levels of Need,
- Universal Services,
- Low risk (ISA level 1)
- Support directed at vulnerable,
- Specialised community-based,
- Young People referred to Youth Inclusion and Support Panel.
- Young people experiencing difficulties in schools with peers or teaching staff.
- Families who would benefit from support from within their own family
- Family to whom you offer a time limited service who would benefit from an FGC before your organisation close the case.
- Isolated Bangladeshi Families.

To make referral to this project please complete CAF referral form in the Summary section focus on why an FGC is needed. Please also attach on a separate sheet information on key people in the young person life their names, relationship and contact. If you don’t not access to a CAF form please contact me by phone or email

Tel: xxxxxxxxx Email: xxxxxxxxxx

Family can also self refer themselves to this project- please contact us for a service users information leaflet.