

**The Boys and Girls Welfare Society's
Family Group Meetings Service
An evaluation for Cheshire Children's Fund**

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Summary

Introduction

The Children's Fund is a national initiative established as part of the Government's wider strategy to promote multi-agency working in preventative services for children and young people at risk of social exclusion. Cheshire Children's Fund is the local response to the national initiative, and supports a county-wide programme of preventative work with children. One service, commissioned in respect of the theme of supporting families, is the Family Group Meetings Service, co-ordinated and managed by the Boys and Girls Welfare Society in collaboration with Cheshire County Council. This Service is based on a model of family group conferencing that differs quite markedly from traditional approaches to the management of child welfare problems in that families play an active and pivotal role in deciding the most appropriate way to meet their child's needs. Internationally and nationally, there is evidence to suggest that this can be an effective model of provision. However, locally, the Service has experienced difficulties in establishing and maintaining a caseload of appropriate referrals that were effectively taken through the family group meeting process. The aim of the evaluation was to explore why this was the case by studying the implementation of the new Service in relation to the process of referral and mechanism of delivery.

Methods

Five family group meeting co-ordinators from the Boys and Girls Welfare Society and four social workers who had made referrals to the Service were interviewed. A semi-structured interview format was used to explore:

- perceptions of, and responses to, family group meetings;
 - experiences of delivering the Service;
 - perceptions of the impact the Service had on those using it.
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With the consent of the interviewees, the interviews were tape recorded, transcribed verbatim and analysed thematically. The analysis was focused on seeking to understand the implementation of the Service and the difficulties experienced in relation to managing effective referrals. Ethical approval for the study to take place was obtained from the Centre for Public Health Research Departmental Research Ethics Committee in February 2004.

Main findings

Starting out: preparation and training

Whilst briefing sessions had been held, frontline staff reported receiving little information, preparation and training prior to the implementation of the Service. They reported that senior managers had received information about the Service but professionals reported that this had not been effectively disseminated. This meant that they had limited awareness of the Service and lacked a detailed knowledge of its delivery mechanisms and their role in this process.

Maintaining adequate referrals

Professionals raised a number of issues in relation to the problem of maintaining and processing adequate numbers of referrals:

- difficulties in generating appropriate referrals;
- the time taken to progress a referral;
- securing family engagement;
- professional anxiety and uncertainty over roles and responsibilities;
- the location of service provision.

Most of these issues could be traced back to professionals having limited detailed knowledge and understanding of both the model and the referral process as implemented in the county due to their limited preparation and training. The location of the Service outside the county of Cheshire was perceived to have made the referral process difficult since it made

communication and liaison between parents, social workers and family group co-ordinators more problematic.

Organisational issues

The limited funding of the Service was perceived to be a problem in that a fulltime co-ordinator dedicated to the project was seen as necessary. The short term nature of the funding was also identified as difficult since it was articulated that family group meetings services take time to develop and become embedded into mainstream practice.

Conclusion

Family group conferences encourage children and young people's participation in issues that affect them and are based on a model of professionals and parents working together to resolve child welfare problems. At a local level, the Family Group Meetings Service has made some progress in implementing this model. However, it poses challenges for professionals in that it requires a shift in emphasis in the power dynamics of professional practice towards the development of early proactive and participatory relationships with families. In these circumstances - as with the introduction of any innovation that requires changes to professional practice - preparation and training is an essential stage in the process of implementation and a major determinant of successful delivery. A further matter that was revealed was the extent to which the environment within which professionals work can make it difficult for both frontline staff and senior managers to prioritise new ways of working, in spite of encouragement to do so. Whilst the Service experienced difficulties, interviewees articulated a commitment to the family group meetings process. The challenge for the future lies in harnessing these positive predispositions so that a new model of working is actively embraced in pursuit of the current policy agenda and with the ultimate aim of improving the lives of families.

Chapter 1

Introduction

1.1 Background to the study

The Children's Fund is a national initiative established as part of the Government's wider strategy to promote multi-agency working in preventative services for children and young people at risk of social exclusion (National Evaluation of the Children's Fund [NECF], 2003). The Fund is focused on the development of local partnerships to improve the life chances of children and young people between the ages of five and 13 years. It aims to promote the development of local programmes of work, which are underpinned by the principles of prevention, partnership, and children and young people's participation. Supporting change in the organisation of preventative services is a cornerstone of the Children's Fund.

Cheshire Children's Fund is the local response to the national initiative. Services have been commissioned in respect of three main themes: success in schools; supporting families; and, promoting social inclusion. One service, commissioned under the theme of supporting families, is the Family Group Meetings Service, co-ordinated and managed by the Boys and Girls Welfare Society (BGWS) based in Stockport, in collaboration with Cheshire County Council. Family group meetings¹ offer a model of child welfare support that focuses on the family as the key player in planning for children's welfare (Morris, 1996) and in this respect alone represents a quite radical departure from the more traditional and professionally-led approaches to child welfare provision. The model is based on "partnership-based practice" (Marsh, 1996, p. 20) in which families actively participate in, and, within limits, control, the process of decision making. In this

¹ Family group meetings are more commonly referred to as family group conferences (FGCs) in the literature. The decision to use the word 'meetings' in place of 'conferences' for the local service is discussed in Section 1.2.

respect, it is a model that is highly consistent with the principles of the Children's Fund and, as Hughes (1996) has pointed out, effective child welfare work. This latter point has particular resonance in the current policy context relating to the Children Act 2004, Every Child Matters (2003) and the Protocol for Judicial Case Management (2003), which all emphasise the importance of a swift resolution of family difficulties through processes which are based on active participation of children and parents.

1.2 The Family Group Meeting Service in Cheshire

The Family Group Meeting Service is co-ordinated and managed by the BGWS, a well-established voluntary sector organisation based in the North West of England. Cheshire County Council, through the Social Services Department, is the main partner in the delivery of the Family Group Meetings Service and provides some funding. The Service is new, having been commissioned as a pilot project by Cheshire Children's Fund in 2003, under the theme of cross cutting family support, and is available to families with children between the ages of five and 13 living in Cheshire. The model of service delivery is based on that outlined in Chapter 2 (Figure 2.1.1) and is described in detail in the BGWS Social Work Services Policy and Guidance Document (n.d.). In Cheshire, the Service includes five group co-ordinators, one project manager, and social workers (the Social Work Service is a relatively new service that started in September 2003). All the co-ordinators and the project manager are employed by the BGWS and are independent of all the other agencies involved in a family group meeting. The outcome for the Service is stated in terms of providing families with the support necessary to develop their own strategies to overcome problems.

Prior to the implementation of the Family Group Meetings Service a number of events were held to raise awareness and explain the implementation of the new service, details of which can be found in Appendix 1. One outcome from the

first event was the decision to use the word 'meetings' rather than 'conferences' in the name of the service (A. Feeney, personal communication, 24th June, 2005). This decision was made on the basis of feedback from service users who said that the word 'conferences' was strongly associated with child protection procedures and would therefore inhibit people from engaging. Other events were held with a variety of senior managers in order to raise their awareness of the Service and gain their commitment to, and participation in, the initiative. In addition to work with senior managers, a countywide briefing with frontline staff was held, supplemented with offers to attend team meetings and for a family group meetings co-ordinator to be based in two of the area offices. All the BGWS co-ordinators were trained before any referrals were accepted. All of these strategies were designed to raise, and then maintain, awareness of the Service, as well as prepare frontline staff for their roles and provide opportunities to raise questions and queries about the process. Keeping the profile of the Family Group Meetings Service high in Cheshire has remained a source of concern amongst members of the Steering Group for the project (A. Feeney, personal communication, 24th June, 2005).

1.3 Aims of the study

Evaluation is a core component of many local Children's Fund programmes. The Centre for Public Health Research, at University College Chester, was commissioned by Cheshire Children's Fund to carry out the evaluation of the local programme. One element of the evaluation has focused on the development and impact of specific commissioned services, as identified by the Partnership Board. This report focuses on the evaluation of the Family Group Meetings Service.

The purpose of this evaluation was to explore the dynamics of the Family Group Meetings Service specifically in relation to the process of referral and mechanism of delivery. Early informal feedback from service providers

suggested that the Service had encountered difficulties in establishing and maintaining a caseload of appropriate referrals that were effectively taken through the family group meeting process. This was against a background of evidence, explored further in Chapter 2, which suggested that family group conferences can be successful in managing child welfare issues and safeguarding children. This was the starting point for the study, which set out to understand these issues by exploring the perspectives of professionals involved in the co-ordination and delivery of the Service.

It was anticipated that the study would contribute to a better understanding of multi-agency working in the provision of family support using a new and innovative model of child welfare provision. Furthermore, it was likely that any conclusions regarding the specific service would have wider applicability to similar situations in which a new and innovative model of provision involving multi-agency delivery was introduced. It is the intention of this report to draw out such specific and general learning from the evidence generated through this piece of work.

Chapter 2

Literature review

The development, implementation and evaluation of family group conferences in child welfare provision

2.1 The emergence of the family group conference model

The idea of family group conferences (FGCs) has its origins in New Zealand where the model is enshrined within their 1989 Children, Young People and their Families Act (Connolly, 1994; Swain & Ban, 1997). The Act requires that whenever an investigation reveals a child to be in need of care or protection, a family group conference must be convened (Sundell, Vinnerljung & Ryburn, 2001). Whilst there has been considerable interest and use of family group conferences in several countries, Australia and New Zealand are the only two countries in the world to formalise this:

..... by legislating for FGCs to take place following State intervention into the lives of families. (Swain & Ban, 1997, p. 36).

The fact that the family group conference model originated in New Zealand is relevant to understanding its underpinning values and premises. The model emerged from widespread concern about the over-representation of Maori children in the state care system and the way in which practice was dominated by white cultural norms of decision making and family life, the consequence of which was the marginalisation of family members (Sundell et al., 2001). The model that emerged after a national consultation process was based on traditional Maori values associated with the family as a resource, the rights of the family to participate in decision making, and extended notions of the family and kinship (Ryburn, 1998; Sundell et al., 2001; Swain & Ban, 1997). The model also emphasises the importance of cultural sensitivity (Sundell & Vinnerljung, 2004; Waites, Macgowan, Pennell, Carlton-LaNey & Weil, 2004) in child welfare practice. Morris (1996) has described in some detail the family group

conference model that has been used in the United Kingdom (UK) and which is illustrated in Figure 2.1.1.

Figure 2.1.1 Four stage family group conference model

(Adapted from Morris, 1996, p. 2-3).

Stage	Process
Stage 1 Agreement	<ul style="list-style-type: none"> • There is agreement between the family and professionals that there is a need for a family group conference. • The independent co-ordinator receives the referral and convenes the meeting. • The co-ordinator consults with the child and family to identify the wider family network. • The meeting is held at a time and place convenient to the family.
Stage 2 The meeting	<ul style="list-style-type: none"> • The meeting is attended by the family network and relevant professionals, and is chaired by the case co-ordinator. • This provides professionals with time to share their concerns about the child, and it also gives the family a chance to voice their concerns and ask any questions.
Stage 3 Family meets in private to plan way forward	<ul style="list-style-type: none"> • The family are given time alone in order to consider how they may go forward and consider how to best provide for their child to ensure his/her care and protection. • In this time they will also look at how they will review their plan, and put measures in place in the event that the plan is not successful. • The co-ordinator is available to assist with information or to help if required.
Stage 4 Meeting to agree plan	<ul style="list-style-type: none"> • The family meets with the co-ordinator and professionals again. • The plan is agreed and resources negotiated, together with their plans for review and contingencies. • The plan will be rejected only if the child is considered to be at risk of significant harm.

This process reveals that families are perceived as being best placed to make decisions regarding their child, and, as such, should play an active and pivotal role in deciding the most appropriate ways to meet their needs (Crow, 1996). However, as Morris (1996) and Lupton (1998) have pointed out, a key component of the model is the shift in power away from professionals towards families, who are brought centre stage, because they are seen as having strengths on which they can draw. In this model, professionals assume the role of facilitator and enabler rather than directing decisions according to professional priorities. Marsh (1996, p. 20) describes the model as emphasising and valuing child-family links, as well as offering a promising option for "partnership-based practice", that is, professionals working collaboratively with families, notions that are highly consistent with the current family policy context.

2.2 The implementation of family group conferences

Since the early 1990s, family group conferences have been employed in many different countries - Sweden, Australia, America, South Africa and the United Kingdom, for example - and there has been particular interest in exploring their applicability among indigenous or ethnic minority communities (Thomas, 2000). Their introduction in England and Wales was due, in part, to the 1989 Children Act, which emphasised the importance of services working in partnership with families. Momentum for their introduction was further generated by support from the Department of Health and, in particular, by the Family Rights Group (Brown, 2003), which actively promoted the family group conference model believing it to be a "genuinely new model for extending the practice and philosophy of partnership" (Morris & Tunnard, 1996, p. ii). Family group conferencing has also been used in a number of different areas of child welfare: education; domestic violence; child protection (Edwards, 2003), and in youth justice (Jackson, 1998; Shore, Wirth, Cahn, Yancey, & Gunderson, 2002).

In 1992, a number of family group conference pilot projects were initiated in England and Wales and since then their numbers have increased. In 2001, approximately 38% of Councils had a family group conference project, with 24% of projects being judged to be 'established' rather than 'pilot projects' (Brown, 2003). This suggests that the model has become part of mainstream practice in some localities (Brown, 2003). However, there is some evidence to suggest that in England and Wales at least, there may be a slowing down of the rate of development of the model, leading Brown (2003, p. 338) to conclude that family group conferencing "remains on the margins of practice". Brown (2003) suggests that the Children's Fund may have given impetus to the introduction of family group conferences at a local level given its emphasis on innovation, multi-agency collaboration and partnership work with families. However, there have been a number of other, recent policy developments that require local social service departments to be able to access a family group meetings process. For example, the Protocol for Judicial Case Management (the Judicial Protocol), which came into effect in November 2003, specifically refers to the use of family group conferences as an alternative dispute resolution procedure that might be used to manage cases efficiently and with the minimum of delay (Practice Direction, 2003). Similarly, Every Child Matters (Department of Health, 2003) and other government policy documents identify the family group meetings process as important in active case management. This indicates that there is considerable pressure on local multi-agency partnerships to mainstream an effective family group meetings service and, furthermore, make them work.

2.3 The evaluation of family group conferences: process and outcomes

The family group conference approach to child welfare has generated much debate regarding its effectiveness. If success is to be comprehensively understood then it is valuable to give consideration to aspects of both implementation (process evaluation) and outcomes (impact evaluation). In terms

of the latter, it is also helpful to consider the different levels of impact, for example, in relation to the child, the family and the service.

Studying implementation can be useful because it can reveal why a service is working well or encountering difficulties. Implementation studies often focus on the perspectives of service providers in order to understand their views of the service and how it is working. This is important because service quality and success is, in large part, determined by the working practices and commitment of staff. Thus, implementation is related to outcomes since staff are the primary vehicles through which child and family outcomes can be achieved. In the case of the family group conference model, the understandings, attitudes and practices of those professionals who can refer to the service, their managers and the case co-ordinators, are important in understanding how, when and if referrals are made and how successfully such referrals are progressed. Therefore, in terms of understanding the success of programmes, a range of possible process and outcome indicators can be used that relate to the short, medium and longer term:

- the number of referrals in a given period;
- the time taken to establish a family group conference;
- attendance at the family group conference by (i) relevant staff, and (ii) family members;
- professionals' support for the plans generated by the families;
- degree of satisfaction with the family group conference process and outcome by (i) staff who have been involved and (ii) family members;
- effectiveness of the plan in improving outcomes for children and families, for example, a reduction in re-abuse rates and de-registration rates, and children being more likely to have a placement with the extended family;
- savings to services.

(Marsh & Crow, 1998)

A number of projects have been evaluated at a national or local level, but the main focus of such studies has been on implementation rather than outcomes and on perceptions of positive change (Brown, 2003). This evidence suggests that they have been implemented with varying degrees of success (Pugh, 2002; Thomas, 2000). For example, many projects experienced difficulty in maintaining adequate referrals from practitioners in an area (Brown, 2003). The reasons for this are likely to be complex and multi-faceted but central to understanding the issue are the perspectives of families and practitioners, since the model, by its very nature, requires clear understanding of the process by both these stakeholder groups, as well as their active participation and engagement in the process. Research in England and Wales indicates that preparation and training of staff are essential if professionals are to be active participants in the family group conference process (Gallagher & Jasper, 2003; Jackson, 1998; Marsh & Crow, 1998). Pugh (2002, p. 54) argues that this preparatory period should include opportunities for professionals to "learn how to do it", which Crow (1996, p. 3) argues should involve the development of such skills as "mediation, facilitation and negotiation", skills considered necessary for successful family group conferencing to take place.

Research suggests that the primary concerns of professionals relate to their role change and the lack of control they have over the decision-making process. As Pugh (2002) and others (see for example, Morris, 1996, and Lupton, 1998) have pointed out, the family group conference model marks a shift in power relations as the role of the professional changes from one of decision-maker to that of facilitator. The model places the role of the decision-maker upon the families and assumes a particular level of parental competence to make decisions (Gallagher & Jasper, 2003; Pennell, 1999; Pugh 2002). Swain and Ban (1997) studying a pilot project in Australia, concluded that families are capable of making well thought out decisions that result in good outcomes for the children involved. Ultimately, however, although family group conferences seek to

empower families and give parents a more active role in managing their child's future welfare, the final decision rests with the co-ordinator and the professionals who have the 'power' to reject the plans provided by the families (Swain & Ban, 1997; Thomas, 2000). However, Marsh and Crow (1998) found that out of 80 conferences, 74 produced agreements that were fully acceptable to professionals and families as being in the best interests of the children.

Sundell et al. (2001) studied UK and Swedish social workers' attitudes towards family group conferences and found that whilst approximately three out of four social workers were positive about the process, only 42% had referred at least one family in an eighteen month period. This was explained in terms of the reluctance and refusal of some families to agree to be referred. Edwards (2003) found that family refusal to engage in the service, or family circumstances altering before the conference was due to take place, were reasons given for non-attendance in the evaluation of the Stockport family group conference service. The evaluation of the six UK pilot projects also revealed that professionals had difficulties adapting to the new way of working particularly in relation to the relinquishing of aspects of power and control over the process (Crow, 1996). Gallagher and Jasper (2003) researching health visitors' experiences of family group conferencing found a similar pattern of support for the model in principle, but concerns about their role in practice, and hence a general reluctance to participate in referring families. Edwards (2003) argues that access to information about the family group conference process and what it involves for service providers and service users was important in developing successful referrals. The absence of standardised monitoring and review criteria has also been perceived to hinder the use of family group conferences in youth justice cases (Gallagher & Jasper, 2003).

From an organisational perspective, family group conferences have been perceived by some researchers to jeopardise rather than benefit multi-agency

working due to uncertainty surrounding the role of the professionals taking part (Gallagher & Jasper, 2003). Thus, allowing sufficient time to establish the service, in addition to ensuring commitment from senior management in terms of resources and support, are seen as fundamental prerequisites in implementing provision successfully (Brown, 2003; Crow, 1996; Jackson, 1998), since this is dependent on effective multi-agency collaboration.

There has been less research carried out on exploring outcomes for children and their families. In terms of satisfaction with the process, both service users and service providers have reported positive views and experiences of family group conferences (Edwards, 2003; Morris & Tunnard, 1996), despite, on some occasions, the initial reluctance of families to take part (Jackson & Morris, 1999). A reduction in the number of children in care has been reported in New Zealand and Australia, a fact which has been linked to the use of family group conferences (Swain & Ban, 1997; Thomas, 2000). However, recent work by Sundell and Vinnerljung (2004) in Sweden has challenged the view that the family group conference model leads to better outcomes for children. Their study showed that there were higher rates of re-referral to child protection services for children who had been through a family group conference, compared to those who received traditional investigation over a three year period.

2.4 Conclusion

This brief review of available evidence suggests that whilst there is considerable support for the family group conference model in theory, in the UK it does not yet occupy a secure place within mainstream child welfare provision. The reasons for this are likely to relate to the difficulties commonly experienced in implementing the model successfully as well as ambiguity surrounding beneficial outcomes for children. It is likely that until the case is 'proven' that the model can lead to beneficial outcomes for children, then service providers are unlikely to choose to struggle with implementing a new and

challenging model of family support. However, this review has shed some light on possible explanations for the difficulties being experienced at a local level and it was the purpose of the fieldwork to 'test out' some of these tentative hypotheses.

Chapter 3

Study design and methodology

3.1 Introduction

This evaluation was designed in terms of focusing on the processes of service delivery in order to understand the implementation of a service that was new to the Cheshire locality. Process evaluation focuses on the delivery of a service and can shed light on the dynamics of implementation and, in so doing, contribute to an understanding of why a service may be experiencing difficulties in becoming established and embedded within contemporary child welfare practice.

3.2 Fieldwork with service providers

The Cheshire Children's Fund programme manager informed the service provider that it was to be the focus of an evaluation. This was followed by a telephone call by the researcher to identified individuals and, subsequently, a letter, which provided information to potential participants about the research, what it would entail, and when it would be conducted (Appendix 2).

3.2.1 The sample

Purposive sampling was used to select individuals considered to be knowledgeable about the subject of the research (Bowling, 2002), in this case, professionals who had knowledge of the Family Group Meeting Service. The sample consisted of five family group meeting co-ordinators (from the BGWS) and four social workers who had made referrals to the service, only some of whom had participated in a family group meeting. Participation in the evaluation was voluntary and each participant was asked to give written informed consent (Appendix 3).

3.2.2 Semi-structured interviews

Semi-structured interviews were carried out with professionals in order to explore perceptions of, and responses to, family group meetings, as well as their experiences of delivering the service and their perception of the impact the service had on those using it. A semi-structured interview approach was adopted in order to define the areas to be explored with participants using a number of open ended questions, but which also allowed the interviewer or interviewee to diverge in order to follow up particular areas of interest in more detail (Britten, 1995). Thus, although the topics and questions that led to the exploration of these areas were identified initially, the semi-structured format allowed interviewees to express the ideas that were important to them. In addition, it allowed answers to be clarified and more complex issues to be probed (Bowling, 2002). A copy of the interview schedule can be found at Appendix 4.

Where it was possible, and with the permission of the interviewees, the interviews were audio-taped and later transcribed verbatim to ensure accurate reporting of what had been said. Data generated from the interviews was analysed thematically, with interviewees' narratives being interrogated to explore processes of delivery. Narratives were also analysed in order to explore contrasts and comparisons (Miles & Huberman, 1994).

3.3 Research ethics

Approval for the project was obtained in February 2004 from the Centre for Public Health Research Departmental Research Ethics Committee.

Chapter 4

Findings

Understanding the implementation of the Family Group Meetings Service

4.1 Introduction

This Chapter presents the findings from the interviews that took place with the family group meetings co-ordinators and social workers who had experience of the Family Group Meetings Service. Interviewees' narratives were analysed to identify a number of themes that could be used to understand implementation and the difficulties encountered. These themes were identified through an iterative process in which the researcher was first sensitised to the relevant issues from reviewing the literature and from the interviews themselves and, secondly, through reading the transcripts and allowing interviewees' views to 'emerge' from their narratives. This process allowed the development of an analytic framework of themes and sub-themes, which is used here to present and explore the findings, and is illustrated in Figure 4.1.1.

Figure 4.1.1 Thematic framework for presentation of the findings

Theme	Sub-theme
Starting out: preparation and training	<ul style="list-style-type: none">• Information flow
Maintaining adequate referrals	<ul style="list-style-type: none">• Time taken to progress a referral• Generating appropriate referrals• Securing family engagement• Professional anxiety and uncertainty over roles and responsibilities• Localising service provision
Organisational issues	<ul style="list-style-type: none">• Commitment to resourcing

4.2 Starting out: preparation and training

Knowledge and awareness of both the specific Family Group Meetings Service and the general process model used in family group meetings were discussed with interviewees, who expressed the view that frontline staff received little information prior to the establishment of the Service. Furthermore, information flow was described as 'top-down' rather than 'bottom-up' (or both) by interviewees, who explained that service managers had been targeted for dissemination of information on the understanding that it would 'filter down' to those professionals directly involved in family group meetings. However, that information did not percolate down to the operational level is indicated by the comments of the social workers interviewed who said that they found out about the service incidentally. For example, one social worker stated that s/he did not know about the service until a manager suggested it as an option for a particular case about which they were speaking:

'(Name of manager) had suggested to me that part of the way of moving forward with the case was to make a referral to (name of co-ordinator) to do an FGM. He was already aware of it, so he sort of brought her to my attention because I had not heard of her before' (O2).

Interviewees commented that this method of disseminating information had been adopted because the service provider (the BGWS) considered it to be the best way to get the service up and running quickly. One of the co-ordinators stated:

'I think that perspective (top-down approach) has come from the fact that we have to get in there quick and we have to get this (FGMs) going so let's target these people because they are the managers of it.' (O8).

Those who were the original recipients of information were perceived as not having actively disseminated it to frontline staff. The co-ordinators expressed the view that an alternative approach to information dissemination might need to be adopted, as there was a need to raise awareness of family group meetings in the locality, particularly with frontline staff such as social workers, health

visitors and support workers. It was explained that an approach that favoured information being given to those professionals directly involved at an operational level in family group meetings would ensure that clear explanations of referral routes could be given, a matter that was viewed as important if referrals to the service were to increase. For example, one co-ordinator commented:

'I am not sure how it (information provided for managers) is filtering down and I thought if we could contact the office directly and be part of the area offices, the people who were working, as one would say, 'on the shop floor', would pick that up quickly rather than waiting for it to filter from managers to seniors to the social workers I am not sure it might be better sometimes if you work from the ground level and then filter it up.' (06).

In addition to general information about the service, interviewees also talked about the need for detailed information about the operation of the service so that referrers could develop a sound understanding of the underpinning concepts, methods and principles. Interviewees suggested that there was a lack of understanding about the model and the specific service because detailed information had not always reached social workers (and other professionals who might make referrals) after the initial briefing session. In some cases, it was thought that this had led to differing views of what the service offered and what the model entailed:

'So that was a peculiar thing for them to say (the Boys and Girls Welfare Society) and to show that their understanding of what a FGM entails is different to what I had felt at the meeting and what the senior practitioner who had held FGMs in Canada thought that they were about.' (09).

4.3 Maintaining adequate referrals

Because of the focus of this study, the issue of referral was the subject of extensive exploration. Interviewees' perceptions of successful referral could be understood in terms of five inter-related sub-themes: time taken to progress a

referral; generating appropriate referrals; professional anxiety over roles and responsibilities; securing family engagement; and, localising service provision.

Most experiences of referring cases to the BGWS, although limited, were positive, and social workers reported being content with both the information provided once a referral had been made, and how quickly the referral was picked up and progressed by the co-ordinator. This was perceived to be in keeping with the way social workers liked to work, that is, having an agency respond when they are needed. One social worker commented:

'I felt like I was ordering a service. I had made my assessment; I talked to someone else about the issue and they had agreed that all those factors added up to a FGM being a good thing' (09).

Comparisons were also drawn with referrals made to other agencies, such as the Child and Adolescent Mental Health Services (CAMHS). One social worker was impressed with the speed and competency with which a referral to the BGWS had been dealt, and compared this to a referral made to CAMHS:

'For the same child I had made a referral to CAMHS and it was weeks before we even sat down and had a meeting with the CAMHS service to discuss what we felt as referrers would be useful for this young person ... It is difficult I suppose for referrals to move as quickly as the young person moves, but no, I thought it was good. I thought it was quick.' (02).

However, not all interviewees had experienced a speedy referral process. Some talked about how a referral might not lead to the setting up of a family group meeting at all, and gave examples to indicate that this was, at least in part, because of the nature of the process. One social worker reflected that, after the initial referral, sometimes families take a while to engage, during which time their situation might improve such that a meeting was no longer thought to be necessary or they might change their mind about involvement in the process. In a second case, it was also explained that it might take time to engage the wider

family. However, interviewees agreed that it was important to ensure a short waiting time from referral to the family group meeting taking place.

'Ideally if you decide on an FGM you need to organise it within a couple of weeks of the decision. With this and the geographical distance (of the family) I think a month would have been ideal because you're talking to people about meetings and then it drifts on and nothing happens and then you decide to call the meeting. It is like calling a meeting isn't it? It needs to happen because the issue is there at the time.' (03).

Whilst interviewees did not directly talk about generating appropriate referrals it was evident from the narratives that situations had arisen in which referrals had not progressed, because one of the stakeholder groups - co-ordinator, family or social worker - had not thought it appropriate. For example, one social worker reported a negative experience regarding a referral to the BGWS. S/he described a *'can't do attitude'* from the Society, despite having spent a lot of time preparing the referral. S/he also expressed the view that, to some extent, his/her professional opinion had been undermined, and that of the manager, on whose approval the referral had been made. In this case, the social worker's manager had some previous experience of using the model whilst working as a social worker in Canada. S/he explained:

'I talked with my senior practitioner who had previously been a social worker in Canada where FGMs had been run for some time, and so he had some considerable experience in FGMs and he said that they were extremely useful in cases where there were child protection concerns and there is a wider family that appear to be good bets for delivering a service that will reduce those risks and provide an alternative as well. So for that reason we made a referral, however, that is as far as it went. I wasted time writing my referral down and sending it.' (09).

In this case it was also perceived by the social worker that it was unfortunate the referral had not been progressed as he had discussed the principles of the family group meeting with the family and they were willing to engage, including

members of the wider family. He explained that the BGWS did not accept the referral because of significant child protection concerns that needed to be addressed before the family group meeting could be progressed.

In some cases, interviewees - both social workers and co-ordinators - thought that there might be a tendency to use family group meetings as a *'last resort'* in circumstances where all other options had been exhausted. The view was that this was not the best way to use family group meetings and that people should think about using them as a first option, which might also increase the likelihood of successful family engagement. For example, one interviewee said:

'It was just one of those families that never changed and you do everything you can to work with them and nothing works and I think FGM was thrown into the pot as a, well why don't we try this? So again, maybe that is not an appropriate referral and that is around, I suppose, management understanding not just social workers' managers' understanding ... maybe not just using it as a, let's try this because we have tried everything else.' (07).

Co-ordinators articulated the view that there was a need for the social worker or other referrer to avoid using family group meetings to solve the referrer's problems - for example, around child protection issues - rather than the family's. In the case of child protection, co-ordinators expressed the view that sometimes the matter had to be addressed prior to, or in parallel with, the setting up of a family group meeting, rather than using the meeting to resolve the issue. For example, one co-ordinator, talking about a specific referral said:

'I think that was the right referral that came in because it was a referral where it wasn't social workers' issues and it wasn't social services' issues, it was family issues, and I think that is the difference we have to look at. Whether it is the family who have got the issues that we can work with or whether there are issues regarding law and legislation and social services and I think that is where sometimes we haven't got the answers.' (06).

The issue of power imbalances within the family was also highlighted by one of the social workers, who explained that in one case, taking part in a family group meeting would not, in his/her view, have been beneficial to the young person due to the particular dynamics within the family.

' because of the power that mum and dad have over her, I wonder how freely she would have been able to talk ... because, I suppose the idea is, isn't it, that the family talk about what the problems are, what they feel is difficult, things that annoy them or upset them or whatever and parents do the same. I suppose when they are left as a family unit to discuss this and how they are going to move forward, I wonder how open and honest she would have felt she would have been able to be in a room on her own.' (02).

Related to the notion of generating appropriate referrals is the matter of securing family engagement in the process. The need for families to engage willingly with the family group meeting process was perceived by both the co-ordinators and social workers to be the key to the success of the process. Interviewees reported that some families had not agreed to participate in the process before the referral was made and emphasised their view that the family must want the intervention rather than the social worker. Interviewees explained that referral in these cases was inappropriate because of the principles of family group meetings. For example, one co-ordinator said:

'I think one of the key messages was that families needed to want this and they needed to want to be engaged in the process. It wasn't something that was imposed on them.' (01).

Interviewees explained that a failure to engage a family often reflected specific family dynamics and circumstances. For example, some families were described as having a history of not wanting to engage with social services, and, despite family group meetings being conducted by a voluntary organisation, these families saw the BGWS as an extension of social services. This was cited

as a reason for the family group meeting not progressing in three cases. One co-ordinator stated:

'I think that it is quite a difficult concept sometimes for families to understand, that this is somebody independent from social workers and yet the referrer is a social worker and the social worker will be at the conference So it can be quite complex and I can understand maybe families being a little bit suspicious or reluctant and think, oh I won't get involved.' (08).

Engaging the wider family had also been experienced as 'difficult' by social workers because some family members had 'not wanted to get involved'. The time taken to liaise with family members and explain the family group processes and family members' roles and responsibilities was commented on by social workers, particularly because the outcome of this work was sometimes a halting of the referral.

Co-ordinators talked about how successful family group meetings can be when the family does agree to a referral. One co-ordinator said that the fact that the family wanted to engage in this process for the good of the child involved was central to its success:

'I mean, that family, I can only speak because it worked, it was a positive thing. I am sure there are hundreds that don't work. I think if you have got the engagement of the family then they can prove to be quite successful but I think from initial referral, I think you need to have the key members' approval really.' (05).

Related to the issue of generating appropriate referrals and securing the engagement of families in the family group meeting process is the central issue of professional anxiety and understanding of roles and responsibilities. The social workers interviewed asserted that they were professionally committed to the family group meetings model and stated that they would refer again. However, they explained that they would draw upon the lessons learnt from

their experiences in order to ensure that they made appropriate referrals that could be progressed successfully. One social worker said:

'But I think that if it was the right family that were wanting to be a family again but were just struggling to get back together, that it would certainly be something that I would use because I think the whole of the idea of the family coming up with the way forward, not being told what to do, they are working it out amongst themselves. I think that is a good idea.' (02).

It was explained by one social worker that attempting to work with families in this way early on in the case, instead of immediately calling a child protection conference, helped to build better relationships with families. This, in turn, was seen as likely to have positive benefits for their working relationship with a family, whatever the route taken in progressing issues:

'I think as well, by suggesting we went down the FGM bit helped them engage with me because I didn't want to take it down the child protection route at that stage. I mean, we did eventually as I said, but by that time they were trusting me that way. They knew we were listening to what they were saying.' (03).

Whilst interviewees talked positively about the model in general, it was evident that there was some anxiety relating to the core concept of family decision making. Social workers' narratives indicated that some referred to the service with the hope that the BGWS would resolve the issue rather than set up a family group meeting in which the family would be facilitated to engage in the decision making process. The anxiety associated with this model was explained in terms of the fact that family group meetings were something different and outside the experience of most professionals, particularly social workers, and, furthermore, it required a fundamental change in working practices. One interviewee commented:

'I would say from the other conversations I have had with the social workers there was some anxiety. I remember having a conversation with one of the social workers who said, 'I am not sure about the FGM we

have had a briefing, but obviously I have not worked with them can you send me some information and can you just sort of share some more information about them?' Which is absolutely fine ... there was no problem with that and that is to be expected isn't it with something new.' (O1).

However, interviewees - both social workers and co-ordinators - thought that the origin of much of the anxiety of frontline staff could be attributed to a lack of understanding of roles and responsibilities in the family group meeting process, which was perceived to have resulted from poor information flow at the outset of the project.

In addition to the network of relationships between families, co-ordinators and social workers described above, the matter of localising service provision emerged as a theme from the narratives. Some concerns were expressed about the location of the co-ordinating organisation because it was outside the county of Cheshire. It was perceived by co-ordinators that if the service had been located within Cheshire it might have worked better. This was explained in terms of time being wasted: co-ordinators reported that they spent considerable time travelling to visit families who had been referred, but who then often refused to engage in spite of earlier agreement, thus preventing the referral from being progressed any further. Co-ordinators also explained that by '*being local*' they would know more about the area, including possible venues for family group meetings, as well as acting as an access point for referrers who might be unsure about the process and who wanted to discuss potential referrals. One co-ordinator commented:

'I think the FGM co-ordinator needs to be linked locally. I think you need to be seen as the local resource. I think it is an issue and it was an issue for us as well because I know the number of times that (name of co-ordinator) has done it, and certainly I did, by the time I had actually got to see this young woman I have done an hour and a bit travelling each way for a cancelled appointment or somebody not being there. It's taking up big chunks of your time I do think that you need a local

presence. I think that you need local promotion. I think you need to be an available person within the locality so if somebody says, can I just pop in and have a chat with you about it, that they will run some ideas past you and you can actually have those discussions.' (08).

The importance of having a local presence was also reflected in the comments made by social workers, one of whom commented on the fact that the BGWS being based in Stockport and the case being referred being based in Chester, was problematic. For social workers too, the location made the much needed face-to-face contact with the Service much more problematic, such that it was difficult to discuss cases effectively.

'To be quite honest we have had very little contact other than telephone contact to set up appointments and it is like any other situation, I am not in, she is not in, but the written information they sent was excellent. I mean as I say, I could just follow those instructions on what I was supposed to do to the letter, so I was in many ways looking forward to the possibility of this meeting going forward just to see how they operated'. (04).

This suggests that the relationships between the key stakeholder groups - referrers, co-ordinators and family members - were perceived to have the potential to be better facilitated if provision had been located more centrally within Cheshire.

4.4 Commitment to resourcing work

One of the problems identified by interviewees concerning the success of the Service was the limited resources that the BGWS had to deliver it. The example that was given to illustrate this was the fact that often arranging family group meetings was only a small part of the co-ordinator's role, with aspects such as court assessments often having to take priority. In addition, there had been the added uncertainty regarding the funding from the Children's Fund. One co-ordinator commented:

'I think in hindsight it would have been better to run it for a shorter period of time with somebody who was dedicated to that role really. But again it was a budget thing and I suppose we were more optimistic that we would have a longer term budget. But with the cut back of the Children's Fund money it has been very difficult to manage. So I think it has been a constraint, and I think the other thing is if you haven't got anybody designated in that bit of work then people are slotting FGMs alongside other work.' (08).

Interviewees also expressed the view that the service needed time to develop, whilst being properly resourced, perhaps with a full-time co-ordinator dedicated to the project who could commit to undertaking much of the development work necessary to increase the number of referrals to the service. Comparisons were drawn with family group meetings services that were already running, for example, the Stockport service, which was seen as successful but which had been developed over a period of approximately seven years, with the commitment of resources from the local authority.

Chapter 5

Discussion

5.1 Family group conferences within the context of the Children's Fund

Family group conferences, as an approach to the management of child welfare problems, are underpinned by very similar principles to those of the Children's Fund. They are fundamentally a vehicle for giving children a voice, within the family context, and encouraging their active participation in processes which affect them. Furthermore, they enable professionals to develop a relationship with families based on partnership in decision making, rather than power and control. In addition, although the evidence to date is ambiguous, family group conferences have the potential to contribute to a preventative agenda by bringing about better outcomes for children who are experiencing family problems. However, evidence from this study, which is consistent with other research (Brown, 2003; Pugh, 2002; Thomas, 2000), suggests that this model represents a challenge for all those involved in its implementation. The concept of family group conferences has for many years been a topic of interest in Cheshire County Council Children's Social Services. Thus, intellectually, it has found some acceptance as a different way of working with families. The challenge has been, as this research has shown, the implementation of the model alongside established and consolidated approaches to intervention in child welfare work. The reasons for this are explored in this Chapter.

5.2 A model for the effective implementation of family group conferences

At one level, the family group conference model is simple and based on a fairly well-established model of case conferencing used in child protection, in which different stakeholder groups are brought together to attempt to resolve a child welfare issue. However, beyond this apparent level of simplicity, there is a degree of complexity in terms of the processes used in the resolution of

problems. Evidence suggests that it is this level of complexity that poses the greatest challenge for those involved in its implementation - families, coordinators and referrers (Crow, 1996; Pugh, 2002). On the basis of the findings from this study - also reflected in research from around the world - it seems that this degree of complexity necessitates both a period of preparation, training and reflection for those who refer to the service, as well as the configuration of organisational arrangements that facilitate and enhance relationships between the key stakeholder groups and which enable family group meetings to be progressed effectively and efficiently. This suggests that focused activity during the period prior to implementation is of critical importance and should not be circumvented in the quest for observable service activity. This is also a conclusion that has wider applicability to the introduction of any innovation. Evidence from the management of change and diffusion of innovations literature (see for example, Everett, 1995; Fullan, 2001) indicates that this is a general lesson that can be applied to any new venture. Given the volatility of the current family policy context, local Children's Fund programmes are under pressure to demonstrate evidence of effectiveness in relation to commissioned projects. Equally, given the change to levels of funding that has occurred, projects that can demonstrate impact may be more likely to have their funding continued. It is within this context that decisions to get projects up and running as quickly as possible can be understood. Moreover, the engagement of families in the process is a critical step towards the achievement of outcomes and therefore understanding referral processes is central to studying the success of any service.

It is relevant to note at this juncture that a variety of strategies were used to prepare senior managers and frontline staff for their roles and responsibilities in the family group meetings process prior to implementation, and awareness raising activities have continued. This suggests that the preparatory phase of

the project was limited in its effectiveness and the reasons for this are explored below.

5.2.1 Preparation and training for referrers

Those who refer families to the Service occupy a critical place in the family group meeting process and for this reason alone must be adequately prepared for their role. The provision of comprehensive written material to both managers and frontline staff, as well as training opportunities, available in advance of the implementation of the service, are prerequisites for effective delivery. There is a large body of evidence (international, national and local) that suggests that preparation should include providing referrers with opportunities to:

- develop factual knowledge of the service, sufficient to enable the referrer to know how the service works and who to contact;
- examine and clarify their role in the family group meeting process;
- examine and clarify the family's role in the process, sufficient to enable the referrer to furnish family members with clear explanations of what a referral will entail;
- explore, debate and reflect on the change in professional role from one of decision maker to facilitator and consider the consequences for the re-distribution of power and control within the process;
- directly explore and debate matters that give rise to anxieties and confusion;
- experience, through role play, the dynamics of a family group meeting - "learn how to do it" as Pugh (2002, p. 54) argues.

Preparation and training that is based on these principles enables a thorough exploration, deliberation and clarification of roles such that referrers may be more likely to consider a family group meeting as an option with each client and at an earlier stage in their contact with the family. This, together with a

greater appreciation of the referrer's role in the process, has the potential to lead to an increase in appropriate referrals. Given the multi-agency nature of the Family Group Meetings Service, training that involves potential referrers, their managers and co-ordinators is likely to be beneficial in so far as it can lead to the early establishment of relationships and support. Furthermore, this expertise can be drawn on by referrers, in relation to discussing possible cases. For example, one social worker described a family where a referral was thought not to be appropriate because of the limited voice the child was thought to have within her family. However, the co-ordinator would have been able to advise that the child could have had access to an advocate in these circumstances.

Securing the engagement of families is also likely to be enhanced by adequate preparation and training since well-informed referrers will be able to explain the family group meeting process confidently and clearly. Such dialogue will offer opportunities for referrers to clarify any misunderstandings, such as the independence of the Family Group Meeting Service from local social service departments.

The extent to which preparation in terms of the above attributes was available to frontline staff is unclear. Whilst briefings were held, it is likely that some staff were not able to attend such events, for a variety of reasons, some of which might be linked to competing pressures from statutory caseloads. However, in these circumstances it might be anticipated that information would flow vertically and horizontally within and between organisational units since briefing sessions had been held with frontline staff from a variety of agencies and senior managers. From the point of view of interviewees, dissemination appears not to have happened to any degree, raising questions about the effectiveness of communication within teams.

The preparatory briefing sessions may have been limited in terms of their impact because staff - senior managers and frontline staff - were unable to engage intellectually with a new and challenging pilot project. At an individual level, this might be because the model itself challenges deeply held values and assumptions about professional roles and responsibilities that might be difficult to change. Several authors have made this point (Gallagher & Jasper, 2003; Lupton, 1998); this is why an extended preparatory period in which opportunities to "learn how to do it" has been advocated (Pugh, 2002). However, professional behaviour is frequently constrained by an individual's working context, making intellectual engagement with a new project either more or less likely. Thus, at an organisational level, the introduction of the family group meetings pilot project coincided with a period of intense policy activity in which considerable work was generated by pressure to implement the recommendations arising from a variety of reports. Whilst these recommendations together are highly supportive of the concept of a family group meetings process and require social services departments to make family group meetings processes available, this can be seen as but one aspect of a much more complicated and extensive raft of issues. This, together with local pressures relating to staff shortages in some social work teams, may well have created a context in which the capacity, capability and predisposition to respond to this new initiative was limited, in spite of the opportunity created by a new funding stream. Senior managers working in this environment are likely to prioritise issues; this may have had the consequence of marginalising the family group meetings pilot project as it was not seen as a priority, in spite of funding from Cheshire Children's Fund. This might go some way towards explaining why the dissemination process that should have followed the briefing sessions was imperfect; family group meetings slipped from the agenda and were not systematically prioritised. This analysis goes some way towards elucidating the complex set of factors that operate at a variety of levels and which help explain the dynamics of local implementation of the family group meetings pilot project and the difficulties it has encountered.

5.2.2 Enhancing relationships between key stakeholder groups

Research suggests that service innovations are more likely to be successful if frontline professionals are convinced of the worth of a change in practice. Fullan (2001) describes this as winning the hearts and minds of people. In this respect, the Family Group Meetings Service, in spite of experiencing difficulties in its early development phase, was, on the whole, quite favourably viewed by social workers. However, as Sundell et al. (2001) found, social workers who expressed positive views about family group conferences showed relatively low rates of referral. This suggests that whilst a positive view is perhaps a necessary prerequisite for a referral, other influencing factors come into play, not least of which may be the perceived ease and speed with which a referral can be made and the meeting process progressed. From an organisational point of view locating the service within the county was perceived as important in facilitating relationships between co-ordinators and referrers and co-ordinators and families, as well as enabling co-ordinators to build up a stock of local knowledge that could be drawn on to enable appropriate meeting places to be identified. This point would seem to be important given the nature of the process and the need for regular and possibly frequent dialogue between co-ordinators and referrers about potential cases, as well as reporting on progress. The period of time from referral to meeting is also important in that the shorter this can be, the less likely it is for a family's circumstances to change or for agreements to engage in the process to be rescinded. Therefore, giving consideration to organisational arrangements that facilitate a speedy process is important. Moreover, in policy terms, the use of family group meetings has been advocated precisely because they are perceived as a vehicle for the swift resolution of child welfare problems.

There was evidence in this study that in cases where social workers had worked with families on a family group meeting that this had led to beneficial outcomes in terms of an improved relationship based on trust. This suggests that trust is

related to power balances between professionals and families and that when professionals take steps to share power and control - as they must in a family group meeting - more productive relationships with families can be developed. This indicates that the family group meetings process can help social workers (and other professionals who can refer to the Service) work in partnership with families, in a way outlined in the Children Act and consistent with the Children's Fund core values.

5.3 Conclusion

It is clear that, in theory at least, family group conferences offer a vehicle for realising many of the aspirations implicit in the Children's Fund agenda: namely, children and young people's participation, multi-agency partnership working and prevention. It is also clear that family group conferences have, in policy terms, become a recognised approach to the resolution of family difficulties. Against this background, the stage seems set for the mainstreaming of provision. At a local level, the Family Group Meetings Service has made some progress in implementing this model. However, the model poses challenges for professionals in that it requires a shift in the dynamics of traditional professional practice towards the development of early, proactive and participatory relationships with families. Whilst the policy context is supportive of this approach, evidence suggests that it is not straightforward for professionals to make this transition in terms of their management of child welfare issues. A further matter that was revealed was the extent to which the environment within which professionals work can make it difficult for both frontline staff and managers to prioritise new ways of working, in spite of encouragement to do so. Thus, working environments can be seen as a mixture of constraining and enabling factors, which are mediated through the day to day reality of professionals' working lives, and which will make it more or less likely that some individuals will engage with new models of working.

This small, local study has revealed some of the difficulties in the implementation of new projects in the field of child welfare. This aspect of establishing a new service might easily be overlooked in the desire to get a service off the ground and delivering results, and there was some evidence in this study to suggest that this was the case. However, evidence indicates that with the introduction of any innovation, preparation and training is an essential stage in the process of implementation during which those who will be responsible for delivery must be convinced of the relevance and importance of a change in practice. In spite of the Service experiencing difficulties, interviewees articulated a commitment to the family group meetings process. The challenge for the future lies in harnessing these positive predispositions so that a new model of working is actively embraced in pursuit of the current policy agenda and with the ultimate aim of improving the lives of families.

5.4 Post evaluation action by Cheshire County Council

Following analysis of the findings from the evaluation, Cheshire County Council, commissioners of the Family Group Meetings Service delivered by the BGWS, has made a strategic decision to incorporate the Family Group Meetings Service into the implementation of the Common Assessment Framework (CAF). To this end, Cheshire County Council's Children and Young People's Strategic Partnership has endorsed and funded two CAF pilots in two localities of Cheshire: Chester (west Cheshire) and Crewe (south Cheshire). These pilots, which are underpinned by the Children Concern Framework, will inform the development of a CAF strategy which will be implemented across the county. The pilots include the appointment of CAF co-ordinators, who will facilitate a comprehensive training programme for all relevant personnel as well as harness some of the positive predispositions towards family group meetings that were in evidence in this evaluation.

A decision has also been made to co-locate the BGWS Family Group Meetings Service co-ordinators with the assessment and care management teams in each locality. This localised exposure and access to the co-ordinators is designed to improve communication and understanding of the family group meetings process. This, together with the training strategy identified above and improved social worker staffing levels, constitutes positive action that has the potential to address many of the issues identified in this report.

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Appendix 1
Briefing sessions delivered to raise awareness of the
Family Group Meetings Service in Cheshire

Event	Who attended	Outcome
18 th March 2002 'Leap of Faith' Conference	96 delegates	Identified name change of service from 'conference' to 'meetings'
28 th June 2002 Multi-agency workshop	42 delegates	Discussed a prototcol and strategy for implementing family group meetings in Cheshire
22 nd January 2004 Multi-disciplinary workshop with Sue Withington and Annas Feeney	60 delegates	Awareness raising
Email distribution		Offer of one-to-one briefings for assessment and care management teams
Presentation to Senior Managers of Social Services	20 delegates	Awareness raising
Presentation to senior health colleagues and health visitors	40 delegates	Awareness raising

Appendix 2
Letter to potential interviewees

Name
Address

Date

Dear (Name),

RE: Evaluation of the BGWS Family Group Meeting Service

As you may be aware, the BGWS in conjunction with Cheshire County Council are providing a service in parts of Cheshire entitled Family Group Meetings. This service was commissioned and funded by Cheshire Children's Fund under the theme of cross cutting family support for children aged 5-13 and their families.

The Centre for Public Health Research, which is an independent unit based at University College Chester, has been asked by the Cheshire Children's Fund to undertake an evaluation of the Children's Fund programme. Part of the local evaluation involves looking in-depth at some services and the Children's Fund programme manager, in discussion with the project manager, has selected the Family Group Meeting Service for this purpose. An important part of this evaluation is to determine the views and experiences of service providers involved in this project and this is why you are being asked to take part in an interview.

I would like to ask you about your involvement with the project. With your consent, I would also like to tape the interview to ensure accurate reporting of what you have said, but nothing that you do say will be attributed to you as an individual and nobody within the BGWS or any other agency will hear the tape. Interviews will take approximately an hour. If you have any questions, then please do not hesitate to contact me on 01244 375444 ext. 2027. I look forward to meeting you on 23rd September at 12pm.

Thank you very much for your help.

Yours faithfully,

Mona Killey
Senior Researcher
Centre for Public Health Research
University College Chester.

Appendix 3
Consent form

Title of Research: **Evaluation of Family Group Meeting Service**

Name of Researcher: **Mona Killey**

**Please
initial
box**

I confirm that I have read and understand information for the above study and have had the opportunity to ask questions.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason.

I agree to take part in the above study.

Name

Date

Signature

Name of Person taking consent Date
(if different from researcher)

Signature

Researcher

Date

Signature

1 for interviewee; 1 for researcher.

Appendix 4
Interview schedule

Evaluation of the Family Group Meetings Service

Interview schedule

- What has been your role/involvement in the FGM service?

 - Can you tell me your understanding of FGM?
 - How did you learn about FGMs? Training etc
 - What did you think was the aim of FGMs?
 - What do you understand to be the criteria for referral?

 - Can you tell me about your experience of being a FGM coordinator/referrer?
 - Tell me about the groups you co-ordinated/referred? How many came to fruition? Appropriate/Inappropriate?
 - What do you think have been the main constraints/barriers in organising FGMs? Resources, professional attitudes, commitment (non-mandatory), time from referral, understanding (family and service providers)?
 - What has worked well in organising the FGMS?

 - What has been your experience of working with other agencies within the FGM service?
 - Understanding of other agencies? Support/backing of referrer/coordinator?
 - Communication between agencies?

 - What do you think have been the outcomes of the FGMs you coordinated/referred?
 - For families?
 - For agencies?
 - Any unexpected outcomes?

 - Given this has been a pilot project, what do you think is next for FGM in Cheshire?
 - Areas for improvement?
 - Future of project? Mainstreaming?
-