

OUTCOMES OF FAMILY GROUP CONFERENCES: MORE THAN JUST THE PLAN?

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The research was carried out with the Kent Family Group Conference Service from mid 2005 to mid 2006.

CONTEXT OF STUDY

Kent County Council covers a population of around one and a half million people in the South East of England. Its children's services have a strong commitment to partnership working between professionals and families. It established a Family Group Conference (FGC) service in June 2002, building up from a small pilot service to a county wide one with five teams of co-ordinators. In May 2005 Kent Children and Families Services agreed the following policy statement as part of its Permanence and Stability Policy:

“In order to achieve permanence Kent County Council is committed to a process of sharing decision making and planning with the child's family, including extended family and people with a significant psychological attachment to the child (here on referred to as 'family'). This commitment is achieved via a process of Family Group Conferencing. Where a child aged 10 years or under is at risk of becoming looked after it is mandatory for a social worker to refer the child and his/her family for a Family Group Conference.”

On 18th July 2005, these criteria were implemented as part of a process of mandatory referral.

The scale of the FGC service

In the 12 months preceding April 2006 there were a total of 201 social care (child welfare) Conferences for Children and Families (of which 62 were follow up Conferences), with an additional 45 for children with significant education problems (of which 19 were follow up Conferences). In early 2006 a new FGC service for adults was started, and a number of Conferences for older people, and for people with learning difficulties have been held.

The importance of outcome measures

All services need to be accountable for their actions, and effective, ethical and efficient in their delivery. Outcomes are of crucial importance for the families involved. Increasingly the UK Government has also stressed the importance of outcome measures, and to a growing extent expects funding to be related to successful achievement of outcomes.

A new service, like Family Group Conferences, can be subject to greater stringency regarding outcome than more established models which have not in the past been subject to much, if any, outcome evaluation. However while we should note this, and make sure we avoid analysing outcome only in new developments, the increasing emphasis on outcome is very welcome.

The study reported here set out to examine outcomes of the Kent Children's FGC service, based on two important principles. The first was to follow the Government's own over-arching framework for children's services in England, the five broad categories of the 'Every Child Matters' programme (the categories are covered in detail later). The second was to see how far the analysis of outcomes can incorporate some of the principles of FGCs, in particular the central notion that the FGC is family led.

The England and Wales 'Every Child Matters' project

For a number of years the Government has been implementing the substantial programme of developments in children's services under the broad heading 'Every Child Matters: Change for Children'. This provides an overarching framework for all services, whether education or social work. The aim is for every child, whatever their background or their circumstances, to have the support they need to:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve economic well-being

These five outcome areas have been developed by the Government with families themselves, and a substantial national consultation exercise with adults and young people has led to a broad consensus that they are five key areas for service support for all children. Agencies now need to achieve good results on these areas, and funding is increasingly linked to this.

These five areas therefore provide outcome dimensions that span the family and professional divide, and in that sense have some synergy with the FGC process. They are the five areas that the study used to consider outcomes.

Basing outcomes on FGC principles

Because of a commitment to research approaches that were in tune with the philosophy of FGCs we were particularly concerned to make sure that family views were centre stage within the work. We gave individual young people their own voice when possible, and we devised a method to allow a family voice to be heard regarding the outcomes, and the planning process that interested us. We needed to find a way to let families speak, much as FGCs allow families to decide. The 'family voice' may be an individual, or it may be a number of people, dependent, we thought on the family's own view of its 'voice'. We developed this approach by asking the family at the end of the FGC (after discussions about consent to participation) to nominate one of their number who would act as 'convenor' for a subsequent group interview. This convenor, with other family members, then formed a 'family group' for the interview about the work and the outcomes.

Plans and planning

Plans underpin the work that follows the FGC, and their implementation will lead to the successful or unsuccessful outcome. We know that the vast majority of FGCs that

are held lead to an agreed plan between family and professionals (see for example Marsh and Crow, 1998: 139). However we know little about the interconnection between the plan and the outcome. Is the outcome a relatively simple delivery of actions that are agreed in the plan, or is there something more complex at work? This study examined the outcomes of FGCs and provided a measure of their success over a three month period. It also focused on the planning process, the development of the plan within the FGC and the plan implementation issues, predominantly as seen by families, in the three months following the FGC. It examined cases where outcomes were seen as successful by all concerned, and examined the inter-connection of those outcomes with the plan that had followed the FGC.

Summary of aims of the study

The study focussed on outcomes of FGCs. It asked:

Do the FGCs provide a positive improvement in the Every Child Matters five areas in the eyes of professionals and family members?

Are the views of the two groups broadly the same, and can there be a 'family voice' regarding outcomes of FGCs?

For FGCs that are regarded as having positive outcomes are the plans completed in all actions, and how might we understand the various possible connections between plan completion and good outcomes?

METHODS

As discussed earlier we sought to obtain a family view of the outcomes of the conferences via a family 'convenor' agreed with the family at the end of the FGC. In some cases it was agreed at the interview that the convenor could represent the family on his or her own, but in other cases there were up to five members as part of the family group interview. In all 226 family members took part in 63 interviews after the FGC and three months on.

The FGCs themselves came from two different streams of work, the social care (child welfare) work, and the newly started education FGCs. During the study period there were 40 FGCs for children of 10 or under, compulsorily referred for FGC, and of these 23 were included in the study. All were considered, and the only exclusions were for practical reasons from the families (for example child care problems). There was no pattern to those included or excluded, and we checked with all the social work team leaders that the families we included were completely typical cases.

FGCs for education were a new service, and the referrals were based on substantial absence from school. Of the 9 Education FGCs that took place during the study period 6 were finally involved in the study. Again there was no pattern for involvement. However the Education FGCs were right at the start of the programme of work, and are unlikely to be representative of later FGCs. The average length of concern about school attendance was 5 years, which was a very substantial period, and this initial group probably represented the cases where the social worker has tried everything and the FGC was a 'last port of call' for possible improvement. The outcomes for this group are therefore unlikely to be typical for later FGCs in education.

Out of the six families who entered the Education FGC route into the study, we were able to obtain three month follow up data from four of these. In the social care (child welfare) area there were twenty three families that entered the study, and nineteen that could be followed up. For both groups there was no obvious factor that distinguished the families that were included, from those that did not provide the follow up. In total the study therefore involved 23 FGCs across both routes.

We asked professionals (the co-ordinator and the referring social worker or education welfare officer, and if appropriate the teacher) to judge the outcomes of the FGC on each of the five 'Every Child Matters' (ECM) areas. In some cases we also asked them to predict outcome, and we could then test that prediction against their later view (which was asked without reminding them of the earlier judgements). We also asked for family group predictions and judgements.

Each judgement was based on a score from 1-5. We were able to judge the following comparisons

- Education Welfare Officer vs teacher (School representative) judgement at 3 months.
- Family group judgement at start vs judgement at 3 months.
- Family group prediction at start (for 3 months later) vs judgement at 3 months.
- Co-ordinator judgement at start vs family group judgement at start.
- Co-ordinator prediction at start (for 3 months later) vs social worker judgement at 3 months.

The interview structure, and its mix of immediate and predicted judgements, is shown in appendix one.

The FGCs

The 23 FGCs in the study are broadly in line, in terms of key measures, with FGCs in other studies. The parameters, across all the FGCs, are as follows (given as averages):

1.3 hours of information giving time

1.7 hours of private time

1.1 hours for agreement of plan

Therefore about four hours in total for the FGC.

These figures are at the upper end of other FGCs in the UK and elsewhere, suggesting a thorough approach to allowing information, discussion and plan development.

There were (again on average):

6 family attending (more if friends)

3-4 professionals

33 hours taken in preparation for the Conference.

These numbers are also comparable with other studies, with the reasonably substantial preparation time again suggesting a thoroughness in the practice in Kent.

The only factor that was notably different from other studies was that there was, on average, 70 days from referral to FGC. The Kent service is aware that this is too long, and it involves some complex issues regarding referral and ability of different professionals to respond to the FGC agenda. It might have slightly reduced the quality of outcomes, but we have no evidence of its specific impact on these FGCs.

OUTCOMES USING ECM

By asking families and professionals to give a score against each of the five ECM areas at the end of the FGC and three months on we were able to make comparisons between professional and family judgements, we were able to see how well families and co-ordinators could predict outcomes in three months time, and we could provide their overall judgement on the success of the FGC process over the three month period.

Comparisons

The judgements of the various parties were remarkably similar, usually within one or two points of each other on the overall score, and always within one or two points in each category.

Families and the different professionals were in unanimous agreement of outcome 'direction' (i.e. positive or negative movement).

It is perhaps interesting that the perception of the researcher was that the social workers tended to see problems but give a reasonably upbeat score, whereas the families tended to see strengths but give a reasonably downbeat score ... resulting in similar scores.

Predictions

Co-ordinators, and family group members, who were the two who were asked to make predictions, were also good at estimating the outcome in three months time, again within one or two points for the overall scores in all families. It is perhaps an indication of the depth of understanding that the FGC can bring to the problems and the possibilities of solution.

Outcome scores

We based the analysis on direction rather than absolute numbers as the approach was deliberately experimental and we did not aim to validate number judgements as accurate scores. So our first analysis was about the movement of scores: was it in a positive or negative direction regarding aggregated total scores (ie was the general view one of improvement or deterioration).

Our second judgement was to separate out clearly the better performing FGCs by using a cut off point of improvement of 10 or more on the scores of professional and family group at the start, versus professional and family group at the end (providing a potential 'top' score of 50 at beginning and end).

Overall

All families had a positive improvement in ECM scores, and for a substantial majority there was a major improvement as seen by both professionals and family groups.

The group with lower levels of improvement did not show any overall similarities. This lower success group included long standing family feuds, difficulties in obtaining social work services, and other events intervening during the three months (such as a court appearance regarding the child).

The fact that all of the 23 FGCs showed an improvement in scores seems a remarkable testimony to the potential for FGCs to improve welfare for children.

High outcome cases

In around two thirds of cases there were substantial changes in score, where both families and professionals saw change of ten points or more during the three month period.

Twelve of the nineteen social care families, and three of the four education ones saw this substantial change in score. This was the unanimous, and similar view of the families, and of the social worker (or education welfare officer), regarding the improvements in the young person's welfare across the five ECM areas.

Bearing in mind all necessary caveats regarding a small sample, and a method of evaluation which provided a broad indication of outcome, this is a very satisfactory level of success.

The high outcome cases for education did not reflect major success in getting the young people back into regular school attendance. There had been very poor attendance for a substantial time before the FGC, around 5 years on average, with around 30% attendance rates (19-65% range). The high success cases, on the ECM scores, did improve, but not very much. Only two of the four showed any substantial improvement, and they were the two with shorter previous periods of substantial non-attendance (just one year), and in these two cases attendance did go up from more on 60% up to 90%. However the education services in the UK are now to be judged in part on ECM measures, so attendance is not the sole outcome that matters. It is also interesting to note that one of the families with a high ECM score but no movement on attendance commented on changes at the end of three months that involved both mother and child enrolling together in a night class. Education outside of the school may be an outcome that should be assessed more in these cases.

We also examined the potential impact on the views held by families about Kent social services in the high success group, expecting that views of the overall service would be positive (as they were of the FGC service). But the positive views of the FGC service, and the positive views of outcome, did not generalise to views of Kent service overall which was still poorly regarded. Of the FGC service a typical view was 'excellent, couldn't fault it', whereas 'SSD meetings are just there for the professionals'. We return to this issue later.

Many of the FGCs involved an advocate, some a family one, and some an individual from outside the family. We examined all the high success cases to see if there was any connection with the use of advocate or the type of advocate, but there was an even distribution across all types of outcome. From this study all we can say is that it appears that Kent's current use of advocates seems to be broadly appropriate.

The great majority of the referring social workers and education welfare officers were positive about FGCs, and thought the service was an excellent idea. However two were significantly hostile, and two more were mixed in their views. All these four cases were in the high success group. Although there was some evidence that families were engaged in continuing struggles with services in these four cases it is interesting that the process seems powerful enough to overcome, at least in a minority of cases, some professional dislike of the process.

All the families, including those in the lower success group were very positive about the FGC service, however these positive views did not extend to the wider social services (probably not surprising in the four cases mentioned above, but perhaps more surprising for the great majority of work where the professionals were positive, and sometimes very positive, about the process). We will return to ways that it may be possible to make the experience more positive overall for families.

Overall then there was a remarkable degree of successful outcome. All involved thought there was some improvement, and judgements were very positive by professionals and families for 12 of 19 social care and 3 of 4 education FGCs. How were these highly successful outcomes reflected in the delivery of actions or areas outlined in the plans? Did high success mean that all plan actions were done, that plans were faithfully followed, or are FGC plans and FGC post plan actions not like that and are different sorts of processes occurring that relate in more complex ways to the plan?

PLANS AND PLANNING AND ACTIONS

Planning goes on all of the time. Much professional activity, in all areas of human endeavour, involves planning, and much personal activity also involves elements of planning. There are many family examples of planning: we plan a holiday, we plan a paint scheme for the kitchen, and in more serious vein we plan what to do about the problems our children face. However certain styles and elements of the professional planning process rarely take place in the family setting. In the family setting there will only be very limited 'professional' elements, perhaps some form of everyone having their say, and probably some form of note taking. The planning process is usually much less formal, and blends more into every day processes. The online encyclopaedia 'Wikipedia' puts it like this:

'A plan is a proposed or intended method of getting from one set of circumstances to another. They are often used to move from the present situation, towards the achievement of one or more objectives or goals. Informal or ad-hoc plans are created by individual humans in all of their pursuits. Structured and formal plans, used by multiple people, are more likely to occur in projects, diplomacy, careers, economic development, military campaigns, combat, or in the conduct of other business'

Wikipedia 'Plan' <http://en.wikipedia.org/wiki> at 9/5/2006

However FGC plans are a particular hybrid model of this process, created by the family, but with both 'informal' *and* 'structured and formal' elements within them. FGC plans are unusual 'plans'.

FGC plans look quite formal, and as we shall discuss below, could in many respects be taken as similar to professional plans that are developed in other areas, for example, at a child care review meeting. The style of language in the plans, and the structure of the content of the plan, are important topics in their own right (see for example Harquail, 2006) and it would be interesting, to consider the influence of co-ordinator style and family style on the final presentation of the plans. Certainly the ways that the plans were presented in this study showed significant similarities of style for the same co-ordinator. A future study would aid practice development (and in particular co-ordinator training) by looking in more detail at this issue.

The plans are, as we have suggested, a hybrid model combining the professional 'structured and formal' elements, with the principles and some of the style of more everyday family plans. They are developed in a setting which is itself a hybrid of formal professional planning style with less formal family planning style.

They are the culmination of the FGC process, and they represent the considered views of the parties. They are central to the work, and they are there for a purpose: to promote the welfare of the child within his or her own family. How do these plans link to actions to support the best care for children?

Plans and actions

There have been worries about the connections between plans and actions for some time now (see for example Jackson and Morris's 1999 review of key issues in FGC development, and Lupton and Stevens' 1997 study of 13 FGC plans). Within these concerns there has been a tendency to consider the plans as if they were a set of actions that could be ticked off as complete or not complete (Lupton and Stevens, for example, report that less than half, 42%, of the items in plans were carried out). The non-completion of agency actions that we found in this study, and that we report below, is certainly a concern that needs to be addressed (also noted in Lupton and Nixon, 1999: 170). If the plans are to be considered as if they were solely formal structured 'professional' plans then the completion or non-completion rates need to be compared with other professional planning processes where completion rates seem remarkably low. This phenomenon of professionals not completing their part of the agreement needs substantial review. Marsh and Crow (1998: 147-152) for example highlight poor completion rates in other child welfare planning processes, of around two thirds, and Murray (2006) discusses the worrying 'implementation gap' in professional child care plans with only 32 of 189 (17%) plans in the study being completed (Murray, 2006: 217) .

The professional delivery, or non-delivery, of agreed areas needs to be addressed, and supervision and monitoring systems need to pay more detailed attention to this area. But are the family actions to be assessed in exactly the same light as the professional ones? Given that the plans are some form of hybrid professional/family model are there other ways that a substantial part of the plans, and the plan enactment should be considered? This idea was taken up by Marsh and Crow when they formulated a way to consider the plan 'intent' and to measure outcomes against this. Looked at in this way, three quarters of the 78 FGCs they studied met the intent of the plan (Marsh and Crow, 1998: 149).

Of the twenty three families in the study all were judged, by all concerned, to have positive outcomes, and sixteen were judged to have very positive outcomes. But analysis of the twenty three plans, in the light of the family comments, showed that a significant amount, around one in three of the actions agreed for services, were not done. There is some evidence of families struggling in the face of service indifference. They survived, and in the great majority of cases ended up with very successful outcomes, but it is not right that this lack of action occurs. Clearly there needs to be some mechanism by which families can ask for an account of agreed actions from professionals. Some will not be required, some will, and either way families need to be able to discuss action, and non action, on agreed services. We shall return to this later.

In connection with family actions it was very difficult to judge if agreed activities had been done for the 'non-services' part of the plans (the areas where, for example, family members agree to discuss, or do, or talk, or care in certain ways). Where it was reasonably easy to judge, there were a substantial number of undone or partially done family actions. However, when families were asked about the key factors that had led to successful outcomes they mentioned different areas and actions from those on the plans. They were sometimes connected, but they were often different. So we have successful plans that do not in general seem to allow easy judgment of that success by 'ticking off' the actions in the plan.

There are clearly two different types of plan action, one about professional services and one about family activities. Professional services can and should be provided (or reasons given at a later date why it proved impossible or unnecessary). It is wrong that families should struggle to provide for themselves the services that have been agreed, unless that is their later wish. But family actions agreed in plans seem to be a rather different issue, more difficult to judge as 'done' or 'not done' and perhaps subject to change as time goes on.

Success for the plan seems not to mean, necessarily, carrying out the family actions specified in the plan in full. Why might this be the case?

A FAMILY PLAN AND FAMILY ACTIONS

In order to consider the family's own planning processes we asked family members to tell us what *does* and *will* tell them that the FGC is successful. Family members outlined the outcomes that they were trying to reach for the child and the family. We have looked at these in detail for the fifteen high success FGCs. In their discussion of success families talked about both outcome and process.

The outcomes of a 'family plan'

The desired outcomes for the child can be summarised, across all the different circumstances, in a set of words that would be familiar to most parents and children.

- Confident ('a different child, far more confident')
- Pleasant ('wishing us a nice day as he goes to school', 'responds better to what you say')
- Less angry ('it will be nice to talk to her rather than waiting for her to get aggressive', 'less rows, no violence')

- Purposeful and more controlled ('boys' behaviour will be more under control, less running around, more constructive activity', 'more control over their behaviour, they will be calmer', 'children are calmer, well the house is calmer')
- Connected ('boys are really part of the family now') ...

Running through it all was the idea of reaching some sort of 'normal' family life:

'just like a normal little girl now',
 'won't be telling them off all the time they will be playing instead and doing the things they like to do'.

Also running through the comments were words and phrases that do make the plans sound similar to many professional ones. Families said the outcomes of the 'family plan' would be:

'ongoing co-ordinated support from family members',
 'I know there will be back up when I need it',
 'as a family we continue to offer respite care',
 'children all now have some personal space'.

This professionalised language ('ongoing co-ordinated support' etc) might be beguiling for professionals, in so far as they may feel more at home with it, and regard these situations as more comfortable to deal with. See for example Ryburn's work(1998: 37) on why stranger care may be a preferred model of care, in part because it is seen as less complex for professionals than family care. The affinity with professional plans may put pressure on social workers to consider the family plan as if it is a professional plan, but it is clear that, despite some use of the same language, it is not. FGC plans move away from professional comfort. The complexity of love or of being 'more normal' was the everyday work for families, in the same way as 'ongoing support' may be the everyday work for professionals.

One young man commenting about his family plan described the aims that he thought were the right ones like this:

- I won't be stressy all the time. I will play with my play station and not be annoying everyone all the time
- I will go to school and be a 'good boy' in class
- I will get lots of cuddles from my sister Mary and she will give me surprises for being good
- I might even cuddle Mummy

And he looked back on the plan's success like this:

- I am having more cuddles with Mum and playing with my playstation
- Mary and I have been so good Mum bought me a hamster and Mary a rabbit
- I am eating my dinner properly and being a good boy in school, I have lots of certificates and Mum puts stickers on the chart for me

Families do plan, but they do so in their own way. The FGC needs to provide the vehicle to allow them to do this, and in general, looking at the very high success rates in drawing up plans, it does so. But the family have ideas about general direction for the plan vehicle, which appears to be over and above any specific actions in the plan. Plans for families cannot be reduced solely to a set of tick boxes of actions to be carried out, they suggest direction of travel as often as they suggest specific vehicles. The plan, in this metaphor, becomes the vehicle for moving the family as whole to a

better place for the welfare of the child. There is a clear direction of travel, with some signed places en-route (actions to be taken), but it is sometimes a rather circuitous, rambling, or even stop-start kind of route. The plans, to continue the metaphor, also suggest a way of directing the vehicle, summarised in a quote from the same young man we have just listened to, when he said that the FGC ‘was good because it made everybody sit down and talk about me rather than argue’. The plans give both direction to the vehicle, and suggest an inclusive model of driving it.

The way that the plan gets developed after the FGC, the way it gets implemented, is as important to the family as the plan itself. It seems that FGC principles, about family involvement and family agreement, can apply to the process of implementation as well as to the development of the plan. Families wanted the process to continue in the way it had begun, To revert to our metaphor, families are and should be the drivers of the plan vehicle.

The process of enacting the plan

The planning process, of course, has similarities with all planning processes from a family point of view. As a number of families put it the FGC ‘helped us decide’, as ‘before FGC we had no idea of what we were going to do’. But it was not just coming to decisions that mattered to families, it was also the way that you came to these decisions. In common with other studies, the process of the FGC was viewed very favourably (see for example Marsh and Crow, 1989: 97-121).

The FGC was seen as an active collaborative event, and families talked of plan and plan actions as similarly dynamic and joint. Language of plan enactment was active language, language of doing and talking. It was also very much about collaborative actions, where ‘we’ would do things ‘together’.

Consider these views, each one from a different family in the study, about doing and talking as part of the enactment of the ‘family plan’.

Doing

- ‘He has already enrolled himself in two courses, one of which we did together which was great for our relationship as well’
- ‘she will be more accepting of our help rather than defensive and snappy’
- ‘we are doing things together for example checking out new school for Tina’
- ‘Liz will be doing her shopping each week with either me or her sisters so she buys the right things for Charlie’

Talking

- ‘talking to one another not screaming’,
- ‘she will be phoning us to ask for advice etc and not seeing it as being a failure but what everyone does’
- ‘I will be able to express my feelings better’
- ‘People will be talking again’
- ‘We will still be talking about everything so that mum and dad can start to come to terms with not looking after the baby’

Families provide a family plan which reflects family processes (‘accepting’, ‘doing together’, etc.) rather than professional ones. Perhaps a good analogy is to consider

the difference between managers and leaders. Managers of a project can ensure certain actions are taken, make sure resources are there and so on. This overlaps with, but also in part contrasts with, leadership roles, where a vision of where the project is going is developed, usually jointly with those taking part, and the vision is maintained and promoted, with actions following on from that higher level aim. Looked at in this way plans do have management elements (for example the services needed), but also, particularly from a family perspective, they have leadership elements (showing where the family is going).

Plans from FGCs offer a chance for continuing family leadership that needs to be taken.

DELIVERING FAMILY PLANS

Family members feel obligations to each other, but how these get converted into commitments for actions is a complex process. Finch and Mason, in their study of family relations, (1993: 60-96) have explored in detail just how these commitments are actually *the products of negotiation*. There is no guarantee of them, they are not just rules of obligation. Commitments of one family member to another arise out of negotiation. Norms and attitudes concerning the starting point, end point, and style of these negotiations are likely to vary within and between the wide range of family cultures, but families, have commitments to one another that arise in the course of their inter-actions, and are made solid via negotiation.

Families have complex reciprocity, and in common with other groups will in general aim to make the best use of their resources. This reciprocity, and sharing of resources, develops over time, and family 'obligations' build in many varied ways through this (Finch, 1989). There will be strong elements of continuity within families, but also substantial changes over time, when for example, families face different problems, and alter their structure or 'network' (through, say, new partners or children). FGCs represent pivotal moments when the problems, and the solutions are discussed, and when the structure/network of families can alter, but they are part, albeit an unusual part, of the swings and changes of families over time. Discussions of problems within families, and the evolution of structures, occurs around the FGC as well as at it. The FGC is a dramatic acceleration of an ongoing process.

There is continuing negotiation, there is continuing review of sharing, of commitment, and while it can be 'frozen' at one point in time in a plan, this has itself come from varied life stories, and will be developed via continuing life stories. Family planning, and plan enactment is a process, not a one off event followed by other one off events as plan aims are enacted. It is, as we have suggested earlier, a journey.

The plan forms a vehicle that families need to steer, and they need to do this in a way that continues the negotiated shared approach that is at the heart of the FGC and at the heart of the way that families develop commitments.

Two views of the FGC process?

It might be helpful to view the two different worlds of family plan/planning and professional plan/planning as two different ways of understanding the development

process through a period of time. If we examine, from some weeks prior to the FGC to some weeks after, the areas of family problems and family structure/network, then we can see that the place of the FGC is very different for family members when compared with professionals.

The professionals at the FGC offer their view of the family, and are provided with a window into the family world. The family members at the FGC experience it within a continuous lived experience, and continuing negotiation of commitment. It is special for both, but in different ways. The FGC is a vital point of change for all, representing a key decision-making event, but the way that this event features in the experience of professionals and families is quite different. The professional is likely to experience much more of a step change, a discrete jump, in the ways that problems, and structure/networks, are seen and, crucially, how they may develop solutions. The solving, the implementation of the plan, is a different experience for each group, and the family actions need to be understood in a different way from simply needing to 'tick off' the ones they agreed to do.

Two diagrams would help to show how the professional experience is usually more of a fragmented one, with 'jumps' in that experience usually occurring because of meetings that are held, whereas for the family it is more slow moving, more of a developmental process, and more of an evolving set of changes.

See diagram one at end
'LEVELS OF FAMILY PROBLEMS'

See diagram two at end
'SIZE/TYPE OF FAMILY NETWORK ('WHAT THE FAMILY LOOKS LIKE')'

Family leadership

We have shown earlier that judgement of successful outcomes of family plans does appear possible under the five headings of the 'Every Child Matters' programme, and that professionals and families agree on the judgement of these outcomes. The connection between this and the actions agreed in the plans is difficult to see in a direct 'tick off the ones that are done' way.

Professionals do need to do, or agree/justify that they do *not* need to do, the service work they agree: in the interests of citizen rights to service, and on the basis of the implicit professional contract to provide what they agree.

Families also need to do what they say, but it is not a simple 'on/off' judgement for the family part of the work. Very successful outcomes happen in plans where it is hard to tell if family actions have occurred as specified. This can be understood because of the way that family work is different from professional work. The family work in the plan is part of a continuing process, of understanding problems, of changing family structures, and of the negotiation of commitments and inter-connections between family members. Helping families take this forward in a way that reflects the FGC principles will be the best way of supporting plans. Families can provide leadership in implementing the plans, and developing them in ways that families can again review at a follow up FGC. Practice development to encourage this

family leadership is urgently needed, and we give some ideas for doing this in the 'implications' section below.

IMPLICATIONS

Judgement of the outcomes of FGCs, according to key themes that are important to both the public and agencies, appear to be similar for families and for professionals. Both sets of judgements suggest that a clear majority of FGCs in this study had very successful outcomes. But in all of these cases the plans had been carried out patchily, in so far as it was possible to judge whether or not planned actions had occurred. In the case of inaction on services there is no excuse for families needing to struggle to overcome lack of delivery, and there needs to be a way for services to give an account to families, in the light of the evolving nature of the family itself, during the plan implementation period.

In the case of the non-service elements of the plan there are different issues. Asking questions about whether or not the non-service elements of the plan are carried out, in order to judge success, is likely to be putting the cart before the horse. There is not a direct and simple connection, we wish to suggest, between doing the family part of the plan and successful outcomes. The plan forms the base for, and indicates the direction of, a process that continues to develop in the months afterwards. The service elements of the plan need to be checked on by the family, and the family elements need to be developed in line with the ways that families (as compared to services) work.

This study has also highlighted the dissonance that families continue to feel in regard to the FGC service and the social work service they receive. The partnership work is limited, in family eyes, to the FGC, and does not occur with the wider service. Putting some of the principles of the FGC into the plan implementation period that follows the FGC would allow for a more seamless experience for families, it would make it more likely that families had positive judgements of other services, and it would show a clear commitment to partnership working not just to partnership based decision-making.

How might FGC principles be extended into the implementation work?

We suggested earlier that the families could express the goals they were aiming for, and the ways that they wanted to get there, very well. Given this, it would seem that families could lead the process after the plans are made. Indeed they could provide a 'convenor' to do this much as they were able to provide one for the research process. This convenor could help review and develop the plan over the months that followed. This would be separate from the formal 'review FGC' which would still often be needed.

The new family review could, for example, be in the form of a meeting, or meetings, where the social worker reviewed with the family group the provision of the professional services agreed in the plan. The same meeting could note the ways that family actions agreed in the original plan had moved on, if they had, and it could provide an 'update' on the plan for the formal review FGC to be held some months after the main Conference. If this was to happen each plan would need an additional

‘implementation’ note in which the family nominated a convenor, and an idea, or ideas, about the way the implementation review, under the family’s control, would work. This new review might in effect be a mini FGC, with the family managing the co-ordinator role, and with a brief review of progress rather than the information giving session. Or it might take forms that we cannot at present predict, which would of course be shaped by the particular families, and their particular cultures, in their particular circumstances.

The results should be a better and more seamless service for families, more support for the family led model that FGCs represent, a more positive view of and role for social workers, and the possibility of a virtuous circle in which both services and FGC successes improve on the basis of a genuine partnership between family and professionals. A pilot to establish this new family led implementation review would be a positive next step in the evolution of FGCs and their underlying principles into the wider service area. In the UK at least it would be another step in making family led services less of a marginal activity and more of a mainstream one.

DIAGRAMS

DIAGRAM ONE
LEVELS OF FAMILY PROBLEMS

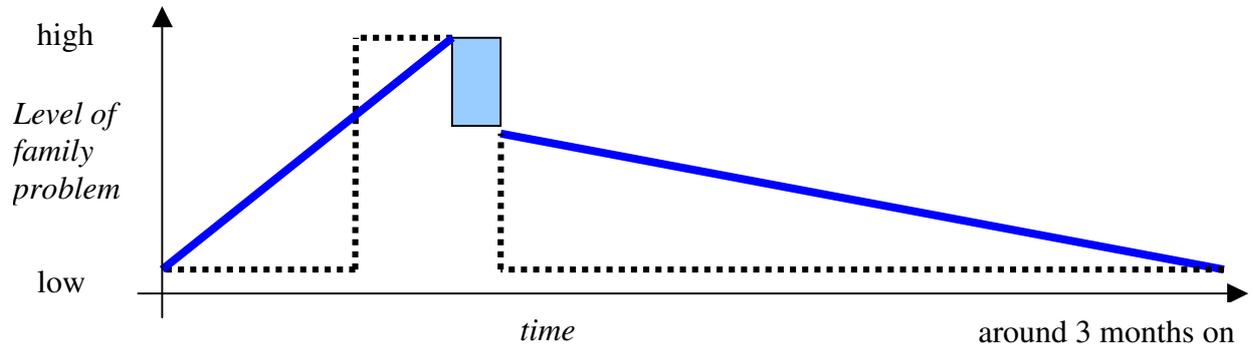
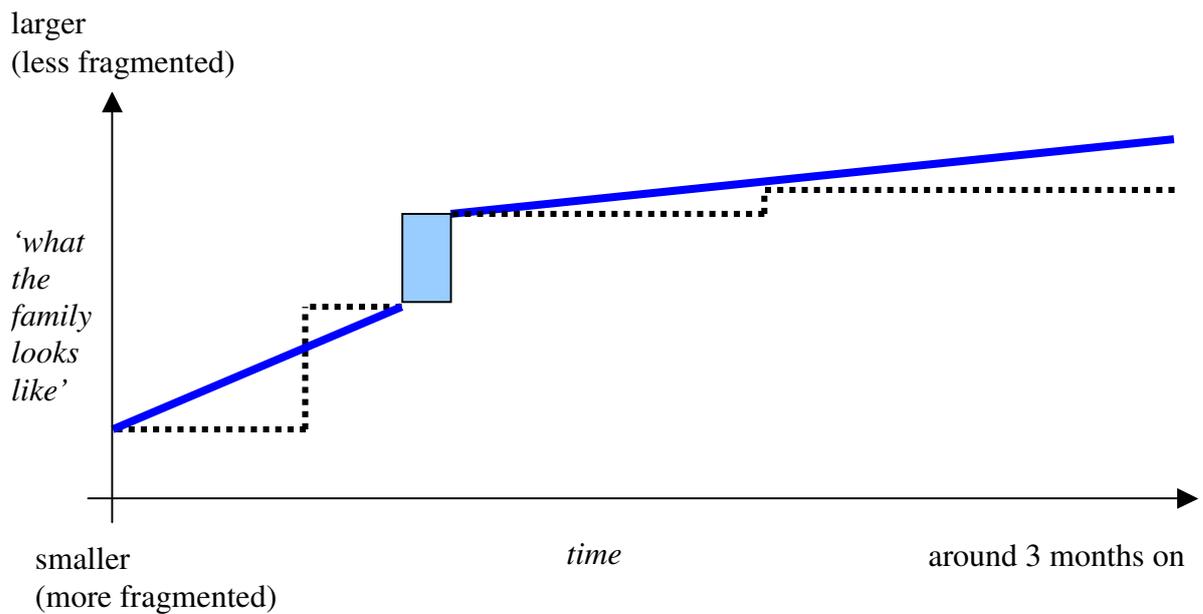


DIAGRAM TWO
SIZE/TYPE OF FAMILY NETWORK ('WHAT THE FAMILY LOOKS LIKE')



- The Family Group Conference 
- Social Worker perspective 
- Family perspective 

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APPENDICES

ONE

Diagram of interview structure

FGC	<i>Just after FGC</i>		<i>3 months later</i>
	Family view		Family view
	Family predicted view		
	Co-ord view		
	Co-ord predicted view		
			Referrer view
		School rep view	

TWO

Family examples

SOCIAL CARE FAMILIES

SC2: The 18 month old baby of the B family was placed on the CP register for neglect in July 2004. Mum had substance misuse problems (alcohol and cannabis) and had been in prison.

Mum's parents divorced when Mum was a young teenager, and Mum lived with Dad, her own mother having moved far away. Family had all but dis-owned her due to these events and Mum was held responsible for all the family woes.

The FGC process enabled her to re-establish contact with family who initially felt she "deserved" to lose Katherine.

Paternal Great Grand-mother pivotal in understanding Mum's situation ("was never loved") and bringing in other family members.

FGC well attended particularly by old family friends/godparents who also helped get Mum's family of origin on board.

SC11: The referral for the L family involved 5 children aged 4-14 years. The house was described as being chaotic with all children having specific needs that weren't being met. M, in particular, had learning disabilities and an incontinence issue. There were concerns about neglect, supervision of the children and some of mother's associates. Parents were separated. The family was geographically spread with at least a couple of hours travel between family members. The social worker wanted an FGC to have a clear plan that involved both family and professionals.

EDUCATION FAMILIES

ED 3: 15 year old girl living with her mother, step-father and younger sibling, not having attended school regularly for 18 months (attendance at 33.3%). Previous family history includes the children's parents separating which impacted heavily on the children. The birth father was no longer in contact with the family.

Mother and daughter relationship was very strained, but the relationship with the step-father was amiable. Both mother and step-father were struggling to challenge behaviour in the home and set boundaries that would be adhered to. When not attending school the girl may spend the day in the company of her parents unchallenged. None of the family appeared to acknowledge that a possible prosecution could be brought against the mother.

The family did verbalise a frustration at the non-attendance and said they were concerned about the girl's future prospects on leaving school.

ED5: A referral was made for a 15 year old boy and two primary school aged siblings all with poor attendance. Mum is a lone parent who had difficulties with depression and her medication caused her difficulty in getting up in the mornings, particularly causing the younger children not to go to school. The 15 year old had a long, entrenched history of poor attendance, and was sometimes believed to be taking responsibility for getting his younger siblings to school.