

# FGDM EVALUATION REPORT – EXECUTIVE SUMMARY

## Children 1st and Scottish Borders Council Pilot Project



### The Evaluation:

We evaluated a Family Group Decision-Making (FGDM) Pilot carried out in the Scottish Borders Council by Children 1st charity, funded by the CORRA Foundation and undertaken by Robert Gordon University (RGU).

From this pilot, our study evaluated the implementation of FGDM for families whose children were on the child protection register. This means that every child who became open to child protection processes was automatically referred to FGDM between December 2021 and March 2023. Families worked with coordinators from Children 1st to prepare for and carry out a family meeting. The intention of the pilot was for children open to child protection and at risk of becoming looked after by the local authority to be offered preventative support to strengthen the support around them and help them stay at home with their families.

Scottish Borders Council wanted to consider how FGDM could help them meet the aspirations of 'The Promise' to encourage the voice of children and their families about their children's care, build families' resilience and ensure children were safe and loved with their families wherever possible. The Scottish Borders Council and Children 1st therefore commissioned RGU to carry out research to evaluate the pilot and whether it was perceived to achieve its intended goals.

FGDM is a family-led, rights-based, and strengths-based process where families are referred to the FGDM service, usually by their social worker. Once referred, the family were assigned a coordinator from within that service. Their role was impartial and neutral, helping the family to identify which people around them should be invited to a family meeting, prepare the family for the meeting, and organise and facilitate the meeting. At this family meeting, the social worker, the coordinator, the family and the child or young person all were involved. Information was first shared about the referrer's concerns and why everyone had come to the meeting. The family then had private family time without the professionals, to create their own plan to address the concerns that had been shared, before professionals returned to the meeting to ensure all the concerns had been addressed,

discuss the family plan and how it could be implemented. It was then the family and the social workers' responsibility to monitor the plan, with the coordinator arranging review meetings as necessary.

## **What We Did:**

Interviews were carried out with 24 people with experience of the pilot. The 24 participants were made up of eleven (11) family members, two (2) young people, three (3) coordinators, four (4) social workers, three (3) child protection reviewing officers (CPROs), and one (1) local authority service manager. The interviews were carried out between April 2022 and December 2022. We recorded and transcribed all 24 of the interviews and analysed them to understand the participant's perceptions of the FGDM pilot in the Scottish Borders. We also undertook a systematic literature review on FGDM with children and families, to make sure we understood what research was telling us between the period of 1989-2022. This literature review along with the findings from the 24 participants who spoke to us about their experiences gave us the results of the study.

## **What We Found:**

From the evaluation, we found that everyone who participated in the study had a positive perception about FGDM, wishing for it to continue, as well as be expanded to include as many families as possible.

Everyone's experience of the FGDM pilot was unique to them and depended on many factors, including their relationships with and in the family (such as whether they were a family member, a young person, or a professional) and what their circumstances were at the time of the pilot. For most participants, the FGDM process was beneficial and enabled positive change for them. Positive changes included plans being made for children who were looked after to come home, increased confidence of the children who took part, improved family communication skills, improved family relationships, reductions to social work involvement and importantly a reduction of risks facing children and families. These changes were nuanced, looked different for every family and were also dependent on when we undertook our evaluation early in the pilot project.

There were also challenges which experienced in implementation of the pilot. These included different interpretations between families and professionals about what the risks in the family were and what positive change looked like for each of them, difficulties that people had engaging in the process, the impact of negative past experiences of social work, extended family members not always carrying out their part of the plan, the timing of the FGDM, social work staffing and resource limitations, lack of initial referral uptake, and at times, an increased sense of conflict or tension between the social worker and the family during the family meeting.

Positively, even those who had experienced one or more of these challenges in the relatively early stages of the pilot, saw FGDM as an important process which empowered families and kept children central to decision-making. All participants recommended FGDM, wanted it to continue, and recommended that the challenges listed above be considered and addressed in future implementation.

## **Learning From the Evaluation:**

From the evaluation's findings, there were five key lessons:

### **1. The Importance of Relationships**

Perhaps the most important key learning point was the importance of relationships to the participants' experience of the FGDM process. Where relationships between families and

professionals were strong and positive, their experience of the process was also good. Similarly, where negative relationships existed, the experience was perceived as more negative. FGDM provides a key opportunity to nurture and heal relationships, both within families themselves as well as between families and professionals. Ways of working that prioritise nurturing relationships and provide safe spaces for families to be vulnerable are important for future development of FGDM services.

## **2. Measuring and Agreeing Impact**

As there were often differences between the different participant groups about what positive impact looked like and what 'counted', a key learning point was around the importance of shared language between professionals and families. Shared language can help to ensure that the interpretations and experiences of families are considered, in addition to the outcomes measures that social workers are working with in child protection processes.

## **3. Timing and Early Intervention**

Timing was a key theme from the evaluation. Professionals expressed that for FGDM to have the best effect possible for families, the timing of the referral was important in ensuring families are ready to engage in and benefit from the process. Similarly, families wished they'd known about FGDM even earlier. Therefore, there is scope in future for both perspectives to be taken into account, perhaps allowing FGDM to be accessible to families in need of additional support before reaching child protection stages.

## **4. Context and Resources**

Some of the challenges identified in the evaluation related to contextual and resource issues, such as social work staff shortages (a national challenge across Scotland), the rurality of the geographical area and the impact of COVID-19 on resources and support available to families. Others might relate to the pilot, the early nature of the evaluation and the substantial change that the pilot introduced for families and professionals. The context and accompanying resource constraints make processes like FGDM difficult to meaningfully embed due to the workload pressures of social work staff who refer to FGDM and then monitor the plans. Resource limits also make it difficult, at times, to respond to the family plan when the services necessary to meet their needs are not always available. Therefore, context and resources are important to consider not only when evaluating this kind of process, but when planning future implementation.

## **5. Healing Perceptions and Creating Positive Experiences**

One of the key learning points is the importance of healing negative perceptions of services and creating positive new experiences instead, to help families be able to trust and better engage in processes like FGDM. Especially at the start of the pilot, it was hard for some families to engage in the process, especially when they had negative experience of social work. FGDM provided by a non-social work service as well as the process, which was helpful to families and allowed them to be more open, honest, and trustful. It also helped them to engage in decision-making and care processes when they had previously found this difficult. Continuing to work with families over time to create these positive experiences will help to continue healing negative perceptions and enable families and professionals to work together to achieve the best outcomes for their children.