FAMILY GROUP DECISION-MAKING EVALUATION REPORT:

Children 1st and Scottish Borders Council Pilot Project

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Acknowledgements

1. Introduction

This report presents the findings of an evaluation of the experiences of families subject to child protection registration, and of the professionals supporting them as part of Family Group Decision-Making (FGDM) implementation within Scottish Borders Council. The FGDM pilot evaluation was commissioned by Children 1st as part of a pilot funded by 'The Promise' Fund, an organisation established in response to the Independent Care Review (2020) report in Scotland.

FGDM has its origins in New Zealand. It was involved in working with Māori children and families in the 1980's. It is now widely used internationally as an intervention method for families involved in child protection proceedings and to support participatory decision-making (Edwards and Parkinson 2019). The ethos of FGDM promotes a rights-based and strengths-based approach that supports families with responsibility in planning for, reducing and managing risks or wellbeing concerns regarding their children (Crampton and Yoon 2018). FGDM aims to enable families to be the primary decision-maker in compiling plans that affect them and their children. FGDM, also known as Family Group Conferences (FGC), was first introduced to the UK in the 1990's and has been used in a wide range of settings including that of mental health, learning disabilities, and child protection (Edwards and Parkinson 2019). FGDM is, therefore, useful in several social work settings and situations, where family participation and decision-making are encouraged (Edwards and Parkinson 2019; Crampton and Yoon 2018).

Children 1st brought FGDM to Scotland in 1998 and it is now the largest, third-sector provider of FGDM services in Scotland (Children 1st 2023a), with the organisation recruiting, training, and supporting FGDM coordinators to facilitate FGDM for families in need. Children 1st receive referrals from local authorities as well as from families themselves. In their provision of FGDM, Children 1st facilitate family meetings to ensure that families can take the lead planning and supporting their child or young person. The choice about whether or not to have a family meeting resides with the family (Children 1st 2023a). Scottish local authorities, including Scottish Borders Council, have begun to embed FGDM into their child protection and children and family support processes. Further work is however required to widen and ensure equal access to FGDM for families across Scotland (Centre for Excellence for Children's Care and Protection 2019). Scottish Borders Council commissioned FGDM as part of their commitment to families being able to influence plans and decisions about their children. Scottish Borders Council initially commissioned Children 1st to undertake FGDM and had three different streams of activity based on this referral criteria. These criteria were later amended, of which one included the criteria of child protection registration. This evaluation project was only concerned with FGDM referrals which aligned with the child protection registration criteria.

1.1 FGDM: Legal and Policy Context in Scotland

The legal and policy context of children and families in need of support within Scotland promotes the use of preventative and rights-based approaches. FGDM is listed as one of these approaches. The Children and Young People (Scotland) Act 2014, Section 12, sets out that services provided to families whose children are 'at risk of becoming looked after', represent a critical component of

implementing a preventative approach (Scottish Government 2016). A legal duty consequently exists to provide support to children and families at an earlier stage, thereby preventing the need for more significant intervention in the child's life, such as local authority care and formal legal orders (Scottish Government 2016). This legal duty to provide preventative support through the offer of a 'relevant service' to children and families at risk of becoming looked after is found under section Part 12, sections 68-70 of the Children and Young People (Scotland) Act 2014. Section 68 (1) of the Children and Young People (Scotland) Act 2014 and associated (Relevant Services in Relation to Children at Risk of Becoming Looked After etc.) Order 2016 includes a duty to offer FGDM to families, as part of preventative and rights-based services. These duties are also reflected in The United Nations Convention on the Rights of the Child (UNCRC), particularly in UNICEF Article 9 (separation from parents), which highlights that children must not be separated from their parents against their will unless it is in their best interests (for example, if a parent is hurting or neglecting a child), as well as Article 12 which details the right of the child to have their views respected in decisions made about them (United Nations Convention on the Rights of the Child 1989).

Scottish national policy supports the offer of FGDM to children and families undergoing child protection processes (Independent Care Review 2020) and is reflected in the aspirations of 'The Promise': the Scottish Government response to the Independent Care Review (2020). Getting it Right for Every Child (GIRFEC) provides further policy and practice context to support children in Scotland, through a framework whose wellbeing indicators seek to be child-centred and form the basis of all social work assessments and intervention in Scotland (Scottish Government 2008). The Independent Care Review (2020) has highlighted that further fundamental shifts are required in how decisions are made about children and families, to realise Scotland's ambition of being 'the best place in the world to grow up'. There are five foundations suggested by 'The Promise':

Voice: emphasising that services must listen to children's voices, ensuring decisions are made which put their views at the centre.

Family: emphasising that where children are safe and loved, they should remain with their families.

Care: highlighting that where children are not able to live with their families, they should be kept with their siblings and have a loving home where they can stay as long as necessary.

People: highlighting that looked after children should be actively supported to develop relationships with people in the workforce and wider community.

Scaffolding: emphasising that children, families as well as the workforce must be supported by a scaffolding of help and accountability that is present and able to respond when required (Independent Care Review 2020 p.12-27).

'The Promise' therefore seeks to ensure that children and their families are at the core of decision-making, and that preventative interventions are used to build resilience and safety for children in Scotland (Independent Care Review 2020). Scotland's response to the foundations established by 'The Promise', is to ensure rights-based support is available, such as FGDM, to all children and their families. The pilot FGDM project in the Scottish Borders was itself funded by the 'The Promise' fund, with acknowledgement that FGDM is a process with potential to realise its aspirations.

1.2 Supporting Children and Families in Scottish Borders Council

Children 1st is a Scottish charity whose ambition is for every child in Scotland to be safe, loved and well with their family. Children 1st offers emotional, practical, and financial support to help families to put children first and campaigns to uphold the rights of every child, with an ethos of supporting the whole family, when they need it, for as long as they need it (Children 1st 2023b). The charity offers help to prevent families reaching crisis point, to keep children safe and to support children and families to recover from trauma and harm.

The Scottish Borders Council is a Scottish Local Authority covering a geographically dispersed and rural area, home to a population of approximately 116,020 (National Records of Scotland 2022), of which approximately 21,507 are children and young people aged 0-17 (Scottish Borders Council 2018). In July 2022 (the latest figures available), there were an estimated 12,596 looked after children in Scotland – a decrease of 5% from the previous year. (Scottish Government 2022). The number of looked after children in in the Scottish Borders was 191 (March 2022), with 163 of these being looked after away from home rather than at home (Scottish Borders Council 2022). In supporting the children and families within the area, Scottish Borders Council offers Children and Families Social Work Services ranging from short-term 'duty teams' who provide initial input and assessment to 'long-term teams' who provide ongoing support and intervention.

The evaluated FGDM pilot is a collaboration between Children 1st and Scottish Borders Council, who have a well-established professional relationship due to Children 1st already offering several family support services within the Council area prior to the pilot. This meant that some families who were referred to FGDM were already known to Children 1st, and vice versa. In June 2021, Scottish Borders Council commissioned Children 1st to undertake the pilot FGDM service with a focus on children at risk of becoming Looked After, including unborn babies, then Scottish Borders Council extended the service to support children rehabilitating home, and lastly to children who had participated in a Meeting Around the Child (MAC) process for more than 5 months.

The child protection referral stream was thus an additional FGDM service into the existing referral criteria. This report and the FGDM pilot were funded by the CORRA Foundation as part of 'The Promise'. The pilot offered FGDM to families where children had been to a Child Protection Case Conference, and whose names were on the Child Protection Register. 'The Promise' Fund was intended to support 10 families who were newly registered for child protection. As such, the specific child protection element of the pilot began in November 2021 (M. Connor, Scottish Borders Council, personal correspondence October 2023). For Scottish Borders Council, in the 2-year period, from July 2021 – June 2023, 41 children were referred to FGDM on the basis of child protection registration, which constituted 27 families overall. Of these 27 referred families, 9 subsequently went on to complete an FGDM meeting. Of the 9 families who completed family meetings, 7 are represented in this evaluation study sample, either by a participating family member, or a participating professional, or both. In comparison, the Scottish national context was an overall 4% decrease in child protection registrations in 2022 compared to 2021, making the number of child protection registrations for the year in Scotland the lowest since 2001. Similarly, there has been a 5% decrease in the number of children looked after in 2022 compared to 2021, the lowest it has been since 2005 in Scotland (Scottish Government 2022).

The pilot's intention consequently was to offer early intervention and preventative support service and to promote FGDM. An acknowledgement also existed of underrepresentation of children, fathers, and paternal families throughout the child protection processes in the Scottish Border Council as well as at a wider national level (Mitchell 2017). Offering FGDM to families whose children were on the child protection register was therefore seen as a mechanism to address these challenges.

1.3 The Collaborative FGDM Pilot

The FGDM pilot project was implemented from December 2021 until March 2023, but is ongoing due to expansion in response to need. In line with Scottish legal and policy frameworks, the pilot involved children and families involved in child protection processes, in decision-making to support them to stay within their families, where it was safe to do so, and to safeguard and keep the best interests of children central within all decision-making. FGDM sought to reduce the risk and any subsequent likelihood of escalation to use of legal orders or alternative care placements through ensuring the voices of children were at the heart of decision-making, strengthening the family networks surrounding the child, building resilience through scaffolding, and developing family strengths.

The Children 1st FGDM development team supported the pilot project by sharing learning from other FGDM services, as well as supporting implementation, addressing adaptive challenges, along with reviewing the service as the pilot developed. Adaptive challenges faced in the Scottish Borders Council implementation included social work recruitment gaps in children's services, mirroring challenges across Scotland. Significant social worker staff shortages within Scottish Border's Council, ongoing COVID-19 consequences, use of remote working, high caseloads and difficulties recruiting agency social workers, understandably all placed significant strain on frontline staff and their ability to fully engage with tests of change, reflect on and consider new ways of working. An agreed implementation plan sought to address these challenges, which included FGDM information sessions offered by Children 1st, providing information on 'The Promise', UNCRC and rights-based practice, training of panel members, reporters and Child Protection Reviewing Officers (CPROs) on the role of FGDM within decision-making, and publication of a fortnightly newsletter sharing updates and successes from the FGDM team.

The FGDM model in Scottish Borders Council consisted of a process where families were referred for FGDM usually by a social worker. The family subsequently were assigned a Children 1st coordinator, who facilitated preparation and worked with the family and the child in identifying and inviting relevant family members or other individuals to be part of the family meeting (Edwards and Parkinson 2019). During this phase expectations and ground rules of the meeting were agreed and the referrer along with family's concerns and perspectives discussed (Edwards and Parkinson 2019). The family meeting itself then involved three key steps: (1) information giving, (2) private family time and (3) the family review of the plan (Children 1st 2023a). In the information giving stage, the referrer shared information on the concerns about the child. Professionals then withdrew from the

family meeting, allowing private family time, where the family discussed and proposed a plan to address the concerns highlighted by the referrer, along with their own concerns.

The professionals then re-entered the meeting and the referrer reviewed the family plan, to ascertain if it addressed the concerns identified, while encouraging discussions regarding any gaps in the plan. Once agreement was reached, the plan was approved, and the family would begin implementation (Edwards and Parkinson 2019). After the family meeting, the coordinator provided the family with their written plan, which was monitored by the family and the referrer. The plan was then reviewed in future meetings by the family and relevant professionals which were facilitated by the coordinator (Edwards and Parkinson 2019). The FGDM process was time-limited, with the family being responsible for ongoing plan implementation. The coordinators' role involved facilitating and mediating the meeting and empowering families to take charge, rather than providing any professional opinion or assessment (Crampton and Yoon 2018).

2. The Evaluation Process

2.1 Research Aim and Objectives

The evaluation aimed to explore and evaluate the experience of the FGDM process with families and professionals who were involved in the Scottish Borders Council Child protection process of early intervention. The four objectives were:

1. Exploring the lived experience of families and children (normally above 6 years old) and their participation in Child Protection and the FGDM process within Scottish Borders Council, investigating the degree to which they felt involved in decision-making, building resilience, and having greater control.

2. Understanding the experience of social workers, Child Protection Reviewing Officers, team managers, and senior management representatives of the FGDM implementation in relation to their professional practice.

3. Evaluation of the experience of FGDM Children 1st staff following involvement in the Child Protection processes, particularly in relation to perceived risk.

4. Exploring to what degree involvement in the project addressed the aspirations of 'The Promise', in relation to resilience, staying at home and decisions to keep children loved, safe and respected.

2.2 Data Collection and Analysis

Ethical approval was granted by RGU Ethics Committee of the School of Applied Social Studies on 22nd April 2022. Additionally, as part of Children 1st own data and ethical requirements, all anonymised family data was required to be held on the Children 1st secure Teams area. Verbal

recordings of interviews carried out by specified Children 1st staff with families were uploaded and accessed securely by one member of the RGU team, who was responsible for all transcribing. No personal identifiable detail of children or families were accessible to RGU. Data collection commenced in May 2022 and was completed by December 2022.

Extensive work was undertaken with Children 1st to create child friendly mechanisms of obtaining the voices of children and young people. Semi-structured interviews were undertaken with 24 participants (11 professionals and 13 family members from 7 different families). The participants comprised eleven (11) FGDM Family Members and two (2) Young People, three (3) FGDM Coordinators, four (4) Social Workers, three (3) Child protection Reviewing Officers (CPROs), and one (1) local authority Service Manager – see Appendix 1. Participants were recruited via purposeful sampling with support from Children 1st (families and young people) and Scottish Border's Council (professionals) based on FGDM participation and involvement in child protection proceedings.

Recordings from interviews were anonymised and family participant codes provided to RGU for transcription. Two (2) family members chose to provide written feedback rather than be recorded. The semi-structured interview questions were developed in collaboration with Children 1st for each participant group, resulting in five separate interview guides being created for Social Workers, FGDM Coordinators, CPROs/Service Managers, Family Members and Young People. These guides were adhered to throughout the interview process by both RGU and Children 1st. Thematic analysis was used to interpret the findings of the study.

2.3 Scope and Limitations

This qualitative interview-based study was undertaken with those participants who had completed the pilot and the results consequently are not generalisable to FGDM nationally or internationally. The study focused on families referred to FGDM on the basis of being involved in child protection proceedings, as such, the results may not reflect the experiences of families involved in FGDM who are not undergoing child protection processes, not those of other families potentially involved in child protection in other areas or countries. Data was collected during a pilot process. The results accordingly capture a moment in time and thus may not be reflective of the final perceptions of participants. The number of participants was limited due to logistical challenges of recruitment of both social workers and family members. There were low numbers of children and young people participants in the study as most of the children for whom the family meetings were held were under the age of 5. Poor sound quality recordings with 3 family participants resulted in only partial transcripts for these participants, meaning some data was unable to be captured and used in the evaluation.

3. Literature Review

A systematic literature review related to the research studies' aims and objectives was undertaken in September 2022. It involved a detailed search of peer reviewed literature and selected "grey"

literature, which included additional recommendations from Children 1st staff. Covidence software provided a database and workflow platform which enabled the team to store, and review papers and manage the integrity of the review process.

A total of 4,803 papers where initially identified with the selection of evidence conducted in two waves. The first wave involved title and abstract screening based on relevance of their titles and abstracts against the agreed inclusion criteria. Literature that did not meet the inclusion criteria were excluded. The second wave involved full-text screening, where remaining potentially relevant sources were retrieved in full and imported into Covidence, with their full text screened against the inclusion criteria. Each paper was reviewed by at least two reviewers. Conflicts were resolved through discussion within the review team. Full-text records that did not meet the inclusion criteria were excluded. Papers which passed title and abstract screening, and subsequently full-text screening and conflicts were included in the final review, comprising a total of 148 papers. Due to word count limitations, not all papers identified have been included in this final report, and consequently studies used are those that the research team considered best addressed the research objectives. The use of a systematic review resulted in challenges to the full inclusion of the Taylor et al. (2023) report listed in 5.2. Given the reports significant contribution we have sought to include key findings, despite not updating the extensive literature review due to time constraints.

The papers selected for the brief review have been presented below using a modified and broad interpretation of the principles of 'The Promise', although we recognise that given the international nature of some of the selected literature, this is not a straightforward match.

Further details on the methodology are available from the RGU researchers on request.

3.1 Voice

The importance of children's participation, or at least alternative ways of facilitating their voice through FGDM meetings, has been highlighted as crucial for their voice to be heard by professionals (Mackay 2003; Bell and Wilson 2006; Mitchell 2017). FGDM has been acknowledged as amplifying children's voices, increasing family involvement, and allowing participants to feel able to speak in ways in which they do not always feel able to in statutory social work forums, such as Child Protection Conferences (Sheets et al. 2009; Heino et al. 2009). Participant families expressed that they often experienced other non-family led forums, such as Children's Hearings, in a similar way to social work forums, despite that these are non-statutory processes designed to feel more inclusive to families and children (Mackay 2003). Several studies also highlighted potential challenges to achieving children's participation. These challenges included: children's capacity to participate, tokenistic participation to avoid less preferable alternatives in youth justice contexts, as well as the influence of parents on the ability of children to contribute authentically (Kogan 2001; Evans 2009). The literature suggests the exercise of caution, along with the need for clear, universal, and explicit understanding of what is meant by participation in ongoing work (Holland and O'Neill 2006; Healy and Darlington 2009; Evans 2009). An open dialogue between professionals and families facilitates the creation of these plans, within a strength-based approach to create change opportunities along with meaningful connections with families to increase their sense of voice and participation (Madsen 2014; Olson 2020; Bredewold and Tokens 2021).

3.2 Family

Engaging families in the planning for children and young people is an important process in FGDM (Sundell and Vinnerljung 2004). It is associated with more successful FGDM plans this supporting children's safety and wellbeing (Xu, Ahn and Bright 2017). Creating an engaging environment where professionals can share power is crucial to this participation and involvement (Mitchell 2020; Ahn, Hartzel and Shaw 2018). Other factors that are key to family participation and involvement include the skills of the coordinator and the family's capacity to respond to problems (McKenzie 2006; Dijkstra et al. 2017). Some studies (see for instance Baffour 2006; Feldman 2017; Dijkstra et al. 2017) highlighted that one barrier to engaging families in FGDM includes the reluctance of families to draw on their wider networks and make them aware of ongoing family challenges. Others, noted that extended family members themselves can at times present as reluctant to be involved, due to the potential commitments for them (Slater, Lambie and McDowell 2015; Schout 2022).

The FGDM process supports partnership between families and professionals, as well as enabling joint decision-making through supporting families to be active participants and fostering new relationships between statutory service professionals, their wider family, and community (Chandler 2013; Barn and Das 2016; Rogers and Parkinson 2018; Mitchell 2021). FGDM therefore encourages family participation and involvement in decision-making around the child, including those family members who previously had been uninvolved, such as absent father figures (Creemers et al. 2017; Marcynyszyn et al. 2012). This involvement increases the sense of democracy, and communication within the family and with professionals, providing an ethically sound approach to family intervention and support (LaBrenz and Fong 2016; Ahn, Hartzel and Shaw 2018). However, while the opportunity to participate is valued and appreciated, others have cautioned (see for instance Healy and Darlington 2009, Evans 2009) that participation alone does not guarantee influence, with the meaning of participation varying across contexts. It has therefore been argued that greater consideration of context is required to minimise misunderstanding between families and professionals. Consequently, significant shifts in child practice culture are critical to ensure that participatory approaches, such as FGDM, are meaningfully embedded (Healy and Darlington 2009).

Research on participatory practice models indicate that families respond well to invitations to lead decision-making about their children and that they develop rich and diverse plans for their children when they have the opportunity (Connelly 2009). Through increasing parental participation and making more resources available to them, FGDM can result in higher reunification rates (Lubin 2009). Other parental benefits include the opportunity for input into decision-making and widening of their social support networks (Rockhill 2021). Awareness of the complex nature of interfamilial and professional partnerships is necessary when undertaking FGDM (Huefner and Cahalane 2011). So too, is the importance of organisational and professional attitudes towards voice and participation, alongside clear mechanisms of ensuring meaningful immersion within the FGDM process (Merkel-Holguin et al. 2020; Edwards et al. 2020) are critical.

FGDM's strength-based approach increases families' experiences of control in decision-making around their children and supports the development of working relationships with professionals (Ahn, Hartzel and Shaw 2018; Olson 2020; Bredewold and Tokens 2021). Families often experience the FGDM process as more empowering, especially when compared to child protection meetings, with this sense of empowerment being identified as a key positive outcome of the process (Edwards

et al. 2020; Olson 2020). Challenges in implementation have included understanding whether empowerment and associated aspirations are achievable for all families, along with professional confidence in the use of FGDM to support professionals to cede control to families (Dijkstra et al. 2018). Some authors (see for example Dijkstra et al. 2018; Merkel-Holguin et al. 2020) consequently argue for a greater and consistent understanding of the process of empowerment for professionals and families, to minimise a potential risk of harm to vulnerable families and children (Crampton 2007). Others note that power imbalanced practices experienced within the family and family-professional relationships can also pose challenges to the success of the FGDM process (Ney, Stoltz and Maloney 2013; Dalrymple 2020).

3.3 Care

FGDM promotes the reframing of children and families social work practice as promoted by 'The Promise', through involving the wider family in children's lives, aiming to reduce out of home placements and maintain the importance of family (Robinson et al. 2002; Schmid and Pollack 2009). It has also been considered a time-efficient intervention for securing permanent family plans, particularly through increasing kinship placements and family reunification compared to other interventions (see LaBrenz and Fong 2016; Olson 2020). This finding was supported more recently by Taylor et al. (2023) who found that children whose families had been referred for FGC were less likely to go into care. The study by Taylor et al. (2023) was published outside the parameters of the literature review, and we have sought to highlight the importance of its findings, exploring the detail in section 5.2. However, older studies (for example Berzin et al. 2008; Wang et al. 2012) have argued that there were no long-term statistical differences between FGDM group and control groups with regards to timescales of family reunification. This finding highlights the need for more critical debate and clarity regarding measures used, which was outside the remit of the report.

In a systematic review of predominantly USA published studies, collectively involving 97,095 children, McGinn et al. (2020) sought to assess FGDM effectiveness in terms of child safety, permanence (of child's living situation), child and family wellbeing, and satisfaction with the decision-making process. They found differences between primary studies, with a high risk of bias across these studies, noting that the quality of evidence provided in the studies was mostly poor, and that the current evidence base was inadequate to draw conclusions about the effectiveness of FGDM (McGinn et al. 2020). They argued more robust research was necessary to address weaknesses of previous studies. While others (such as Gustavsson and Maceachron, 2010; Olson, 2020) have maintained that FGDM does enable more conducive permanence planning for children, for instance in exploring potential kinship placements and securing long-term arrangements for sibling connection. Taylor et al. (2023) undertook a country-wide randomised control trial in England to assess the impact of FGDM at pre-proceedings stage in preventing children going into care, the outcomes of which are explored later in the report, in section 5.2.

Studies (see McCrae and Fusco 2010; Ney, Stoltz and Maloney 2012; Roby et al. 2015) describe FGDM as a culturally flexible and sensitive process. This inherent sensitivity addresses the needs of different marginalised and ethnic minority groups, particularly in respect of their overrepresentation and frequent negative experience of child welfare services in post-colonial contexts. To be effective

and culturally competent in all contexts, cultural norms need to be respected, such as recognising the location of meetings and ensuring coordinators have a bicultural or bilingual background to facilitate culturally respectful practice.

The FGDM process can support the maintenance of children and young people's right to their familial and cultural heritage and identity through the increased use of kinship and family placements (Drywater-Whitekiller; Roby et al. 2015; HåøyNygård and Saus 2019). However, others have cautioned that FGDM is not in itself a culturally and identity sensitive intervention, with caution being required to ensure services such as FGDM, are not being provided just to address requirements on statutory services for culturally appropriate services but need to genuinely address cultural and family needs, as identified by minority ethnic and culture families themselves (Tauri 2015; Cohen and Gershon 2015; Valenti 2017). These differences in the literature require more complex and nuanced debate regarding definitions, methodology and results.

3.4 People

FGDM has a positive impact on the professionals around a child. It supports interdisciplinary working, encouraging collaborative relationships and information-sharing between different professionals which makes them better placed to support families and meet their needs (Roby et al. 2015; Olson 2020). FGDM supports the commitments of 'The Promise' to ensure that children and families are supported to have meaningful relationships with the people and wider communities around them, as well as ensuring the different professionals supporting them are encouraged to have supportive relationships with one another to best support that child (Independent Care Review 2020). Although some authors (see Gallagher and Jasper 2003; Kogan 2001) have also highlighted potential risks to jeopardising interagency relationships due to the challenges that may arise from maintaining confidentiality between different professionals within the FGDM process.

Effective FGDM requires a combination of partnership, engagement, empowerment principles, professional role training, preconference preparation (i.e., working with identified relatives to increase participation), measurable FGDM plan outcomes, formal follow-up, and use of existing networks (Edwards et al. 2020; Bredewold and Tokens 2021; Schout 2022). Challenges to implementation include the acknowledgment that FGDM start-up costs can be difficult with limited financial budgets, as well as the time required to explore the delicate balance between promoting family autonomy and ensuring the care and safety needs of the child. The literature found that FGDM implementation in a risk-averse social work practice culture can also pose a challenge for the professionals, where sensitive conversations trigger emotional responses from families within those environments (Feldman 2017; Anderson and Parkinson 2018; Bredewold and Tokens 2021; Schout 2022). Feldman (2017) found that FGDM supported families to better access community resources, thus enabling better provision support to family functioning and child well-being. In areas where a lack of funding or availability of appropriate resources exists, FGDM responses can therefore be limited (Connolly 2006b; Vesneski 2009). While Sieppert, Hudson and Unrau (2000) described FGC as inherently a resource-intensive process for professionals in relation to their time, workload, and commitment, they recognised its positive impact in that successfully achieving broad participation in child-welfare decisions.

3.5 Structural Challenges in Implementation

There are acknowledged challenges in implementing FGDM within existing structures and practice cultures, and possible difficulties in creating necessary 'Scaffolding' required by 'The Promise' (Independent Care Review 2020). The challenges include buy-in from professionals and organisations, the coordination of services, role uncertainty, resource intensity, conflicting and uncertain guidelines, transfer of power to families, inconsistent global implementation and lack of legal mandate, as well as balancing family empowerment and child safety (Morris and Maxwell 1993; Jackson 1998; Sieppert, Hudson and Unrau 2000; Martin 2002; Gallagher and Jasper 2003; Brown 2003; O'Connor et al. 2005; Evans 2009; Mayer 2009; Vesneski 2009; Schmid and Morgenshtern 2017). Embedding FGDM within existing practice cultures requires shifts to time distribution by social work professionals and organisations to enable the participatory nature of the approach to be truly fulfilled (Olson 2009; Connolly 2009; Connolly and Masson 2014; Fluke et al. 2016). This has potential to increase tensions from how FGDM sits within a statutory, managerial, and neoliberal policy framework (Macgowan and Pennell 2002; Connolly 2006a; Healy, Darlington et al. 2012; Nordstrom and Stanfield 2021; Schout 2022). Although many 'pilot' projects have become established, the degree to which they have embedded into day-to-day practice remains unclear (Brown 2003). Brown (2003) and Evans (2009) have argued that FGCs were initially viewed as existing at the margins of practice in the UK, rather than being a central intervention method (Brown 2003; Evans 2009), although this is likely to have changed given newer robust legislative duties now introduced, for instance in Scotland (Children and Young People (Scotland) Act 2014).

There has been considerable debate within the literature regarding what might constitute adequate measures of outcomes or impact in relation to FGDM and its implementation within existing social work practice. FGDM is more effective in securing short-term outcomes, with evidence of long-term outcomes being more ambiguous (McGarrell and Hipple 2007; Hayes and Houston 2007). However, despite debate around the longevity of the outcomes achieved via FGDM, broader benefits have included: time-efficiency in permanency planning (LaBrenz and Fong 2016; Olson 2020), reductions to alternative care placements (Sen and Webb 2019; Olson 2020), and reductions to recidivism rates and family problems in restorative justice cases (Onrust, Romijn and De Beer 2015; Rapaport, Poirier Baiani and Manthorpe 2019). Others note decreased social worker workloads (Olson 2020), development of personal capital and respect of the family's lifeworld (Tew 2019), amplified cultural sensitivity (Baffour 2006; Drywater-Whitekiller 2014; Barn and Das 2016; HåøyNygård and Saus 2019), greater interdisciplinary collaboration (Olson 2020; Roby et al. 2015), and cost-effectiveness (Olson 2020; Taylor et al. 2023). These highlight the positive impact for the scaffolding around families, as well as for the families themselves. Echoing this, in their recent randomised control trial, Taylor et al. (2023) found that FGC did prove to be cost-effective through reducing the likelihood of children going into care, but highlighted the challenges of accurate data, contest highlighted in other studies too. In contrast, Dutch studies (see Dijkstra et al. 2018; Dijkstra et al. 2019) argued there was no statistical difference between the cost of FGDM and existing social work processes. The recently published study by Taylor et al. (2023) has using randomised controlled trials (RTC) challenged these findings (see section 5.2. for greater detail). The use and appropriateness of RCT has been questioned in measuring the impact of FGDM due to the fact that the complex practice of FGC is difficult to control and large samples are required for obtaining statistically demonstrable evidence (De Jong and Schout 2018) Authors thus argue that RTC are ineffective methods of evaluation of FGDM. RTC in FGDM are normally carried out with inadequate sample sizes and therefore hold high

risk of bias, making them unsuitable to draw truth claims in the same way as RTC in medical sciences (De Jong and Schout 2018; Edwards et al. 2020; McGinn et al. 2020; Lalayants et al. 2022). Alternative methods including process evaluation with smaller groups, establishment of clear fidelity measures for the models used and utilising multiple lines of enquiry have been argued to potentially be more appropriate than randomised control trials (see for instance De Jong and Schout 2018; Edwards et al. 2020; McGinn et al. 2020; Lalayants et al. 2022).

3.6 Conclusion of Literature

Multiple benefits relating to FGDM are highlighted in the literature, for families, professionals, and organisations. Participant satisfaction with the FGDM process is high, although there are ongoing professional debates about how FGDM impact should be measured. This extends to who decides what might be considered a benefit and for whom. The use of language forms a key area requiring cultural and research change, as differences in use of language and interpretation of it was an evident challenge of FGDM within the literature. Despite ongoing debates regarding what constitutes a successful outcome and how to appropriately measure statistical difference in outcomes from FGDM versus child welfare interventions, the apparent benefits to family's sense of empowerment and participation provides compelling evidence of its value.

The literature highlights challenges and limitations in embedding FGDM within existing structures from organisational and professional standpoints, which are often nuanced, and involve factors such as legislative frameworks, neoliberal transitions, individual professional buy-in, organisational support and ensuring clarity of professional roles. All of which require consideration, planning, time, and support to facilitate effective FGDM.

4. Findings and Discussion

This section will present the main thematic findings that emerged from the voices of those with FGDM experience who participated in the evaluation, along with discussion of these voices in the context of selected literature. The emergent themes include: Voice and Wellbeing through FGDM, Perceptions of Safety and Risk through FGDM, Learning in Partnership, Rights and Equality through FGDM, Working Together through FGDM, Improving Benefits and Outcomes through FGDM.

4.1 Voice and Wellbeing through FGDM

Participants perceived FGDM as a process which amplified children's voices, as per the aspirations of 'The Promise'. Analysis of the interviews suggested the child's voice was felt by professionals as well as families to be kept central throughout the process in more ways than just verbally. The message shared to the children and young people by seeing their family coming together to support them was beneficial to their sense of belonging and inclusion. FGDM also appeared to promote either

immediate or planned time together between brothers and sisters which was viewed by children, families, and professionals as positive.

Young people who participated in the evaluation highlighted that they felt the FGDM meetings gave them the opportunity to say everything they wanted to say regarding their care. Young people highlighted that the meeting made them feel safe, as well as experiencing a reduction in conflict within the home following the meeting.

Yes I think so, they asked what I thought about things, and I got to say that I wanted to spend more time with my wee brother. **(Young Person Participant 2)**

All the families referred to the FGDM pilot were undergoing child protection proceedings, which suggested perceived existing risks were in effect around child safety which had led to the referral. Social work participants felt that the FGDM process was a useful support to their existing risk assessments, helping them to observe and review the dynamic within families, evaluate families' ability to collaborate to develop solutions and ascertain the families' motivation for change. In this way, where families were meaningfully engaging in the process, social work participants felt FGDM helped them in their work around increasing child safety. FGDM was viewed as a means of better monitoring risk, as well as reducing the potential risks to children's safety, especially in families where domestic abuse had been highlighted. In these cases, the sense of inclusion and justice provided in FGDM meetings was felt to decrease the likelihood of risky behaviour from perpetrators, by ensuring they feel a sense of control and involvement. The FGDM meetings were also perceived to prevent future risk by enabling contingency plans for children to be discussed and agreed in advance of any future child safety incidents.

Families and young people did not explicitly refer to 'The Promise' in their reflections. They rather spoke about feeling heard, being more open, and in control. FGDM supported, in this way, the realisation of principles of voice, empowerment, partnership, respect, and increased family control as reflected within the literature (Chandler 2013; Mitchell 2020; Mitchell 2021). Those families emphasised the contrast between the positive language employed, as well as the focus in FGDM meetings, in contrast to social work meetings, which were often experienced as negative, critical and anxiety-provoking. Indeed, studies have highlighted that FGDM provides a more comfortable meeting format for families compared to traditional child protection meetings (Mackay 2003; Bell and Wilson 2006) with family participants feeling highly satisfied with the process (Robinson et al. 2002; Frost, Abram and Burgess 2014b):

I don't think we would have a plan to bring [baby] back home if it wasn't for [FGDM coordinator]. I feel like there is a bit of hope now, but we still don't have a date to get him back. At least I feel like people are listening to me now. **(Family Participant 1)**

Ahn, Hartzel and Shaw (2018) note families express that they are better heard in FGDM meetings, compared to child protection meetings. While FGDM provides a clear opportunity for parents to feel listened to, studies have urged that maintaining the child's sense of voice within the FGDM process must also be balanced. Meetings may elicit inevitable and complex undercurrents including the capacity of children, dynamics between parents and children, all which can have a direct impact on children's voices within the process (Kogan 2001; Healy and Darlington 2009). Furthermore, Holland and O'Neill (2006) caution that having their voices listened to did not guarantee children and

families' views influenced the plans made, requiring careful consideration in the process, openness, and the time to ensure participation.

Family members related how FGDM helped them to support their family and children beyond the meeting itself, encouraging them to use a more child-centred mindset and to reach out to extended family for help with the children when they need to. In this way, FGDM helps to develop personal capital by helping to maintain links to family and personal heritage for families and children (Wang et al., 2012; LaBrenz and Fong, 2016 and Olson 2020). It was evident from their feedback that the ethos of FGDM was well understood by family members with the process been clearly and effectively explained to them by coordinators prior to commencing, which too promoted their sense inclusion and understanding throughout the process.

Coordinators described the steps they had undertaken to promote child-centredness through engaging in relationship-building and establishing trust, especially with young people for whom establishing trust with services was often difficult. They offered informal, personalised one-to-one time with the young person, as an important part of preparation and maintaining a child-centred approach by building the child's confidence in expressing their views prior to the meeting itself. Additionally, coordinators regularly reminded family members of the child-focused purpose of FGDM, to ensure the child remained at the centre throughout the entirety of the FGDM process.

Several social work participants referred to the nuanced ways that FGDM amplified children's voices while keeping children central. While FGDM was an opportunity for children and young people to have a verbal say on significant decisions within the meeting, it also allowed them to have a wider influence on what may ordinarily be perceived by adults as less significant aspects of the meeting, such drinks and snacks for the meeting and the visual elements of the family plan. These aspects of the meeting were often perceived as being important to children and young people. As such, FGDM allowed a reframing of what adults consider important by respecting and responding to the things that felt important to children (Mitchell 2021). FGDM appeared to allow an opportunity for relationships to be developed and established, enabling children to share their voice, and have their views listened to. This enablement of children's voices is reinforced by Mitchell (2020) who argued that FGDM provides an environment in which the views of children are prioritised by the adults with whom they have relationships, thus creating dialogue which is better centred on their own narratives and recognises what is important to them.

I think it's really important that [coordinator] like personalised his plan for him. … he wanted a very specific Superman kind of drawing on his plan and that kind of made him feel, I think involved and, and so we could actually have something visual that he'd contributed…I think actually it was, that was a huge turning point for him to be in that meeting. … he came dressed in a suit and everything, so he was like, it was like clearly really important for him. It was really sweet. **(Social Work Participant 2)**

The FGDM process created relationships with coordinators in a way that allowed children's voices to be amplified, whilst for others, the existing relationships between families and their social workers meant their voices were already there. Not all social work participants felt FGDM alone had amplified the voices of children and families. For these social workers, due to ongoing positive and well-established relationships with the children and the family, their views were already regularly shared and responded to prior to FGDM. The key to amplification of children's voices appeared to

come from their relationships and the sense of perceived security in these, whether this was with allocated coordinators or allocated social workers.

In terms of the wellbeing challenges facing families at the time of the pilot, these challenges often linked to child protection concerns. However, these challenges were interpreted, experienced, and described differently by family and professional participants. Family member participants talked about their challenges which included the need for mediation between non-communicative parents or family members. Those families stressed the need for increased family support, need for increased support for young people at risk in the community as well as those struggling with school attendance.

> *I didn't feel she was safe at all… she was overdosing, she was taking drugs. ….kinda defiant, skiving school, just being a naughty, naughty child because she's so confused in her head. (Family Participant 9)*

Young people participants described their challenges as including communication difficulties, conflict within the home and felt these both needed to be addressed to improve their home life. For another family, it was the experience of their child being accommodated, which was the most difficult challenge faced, resulting in trauma for the parent, as along with the other children in the family. The participant noted that once the child had been removed they had received little support:

> *They take your baby away and just leave you to it, I felt like my child died, I have had no support for after [baby] was removed. They [social work] don't realise how it affects me and the rest of the kids, they say that my mental health is bad, but they took my baby away and it felt like he died, what do they expect, the kids were so traumatised by it all. They should give you support after the take your kids.* **(Family Participant 1)**

Echoing the challenge discussed by families who had experienced the removal of their children, one CPRO participant highlighted the difficulties of unsupported parental trauma due to the removal of children.

> *…we leave all these folks hurting for years and years and you and I don't know, there's not a service that I'm aware of, at least that you can, you know, direct them to for support and, and everything else. So that you know you break the cycle of, they took my kids, we're gonna have another one you know they can work through all those things, but that's just one of my things.* **(CPRO Participant 3)**

For professional participants, the presenting problems which had promoted the initial referral to FGDM related to recurring child protection registration categories as well as additional issues including neglect, parental mental health, substance misuse, young people being at risk in the community, and a need for conflict resolution within families. It was an expectation within the Scottish Borders Council that social workers refer all child protection cases to FGDM, although this was not always consistent with the social worker's own assessment of whether FGDM would be a positive and meaningful process for the family at the time.

According to Child Protection Reviewing Officer (CPRO), social work and service manager participants, resource gaps too played a part in the challenges facing families and the services supporting them during FGDM. Social workers talked about staffing shortages, Scottish Borders Council rurality and the closure of family resource centres. However, while family centres were

perceived to have closed by some participants, Scottish Borders Council confirmed that no family centres had permanently closed, but that during COVID-19 pandemic, there were changes to the way services were provided from the centres, with some previously accessible services no longer being provided. Other perceived resource gaps raised, such as social work shortages and high staff turnover impacted on the ability of social workers to develop and maintain relationships with families, resulting in families being more defensive and resistant in their later involvement with services.

While all professional participants generally used similar language to explain the challenges facing families at the time of their referrals, there were differences in how professionals perceived the presenting challenges facing families, purpose of their referral, what families perceived as their main challenges and the purpose of their taking part in FGDM. Professionals talked about the initial problems which resulted in requests for help by using terms such as "domestic abuse", "neglect", "parental mental health", and "substance misuse". In contrast, family used different language, such as a need for help with family communication or need for increased support as parents. Whilst this discrepancy in the reasons for initial FGDM involvement was not an issue explicitly explored within the literature, there was a recognition of the complex nuances of interfamilial and cultural interpretations of family dynamics (Huefner and Cahalane 2011; Rauktis, Huefner and Cahalane 2011).

This finding suggested that professionals and family members have different interpretations and use different language to express their needs. This finding highlights the importance of FGDM in helping to create spaces for discussion, where these different perceptions and terminologies can be translated and negotiated (Chandler 2013; Ahn, Hartzel and Shaw 2018). The issue of language and translation appeared to stem from terminology which is rooted in professional jargon, such as the specific child protection registration categories as listed in the National Child Protection Guidance (Scottish Government 2021). The family meeting facilitates greater strength-based and supportive language to be used, encouraging the exploration complex nuances along with the families' own perceptions of the issues that face them using non-stigmatising language, while encouraging adequate time and space to ensure family achievements as well as ongoing challenges are explored mutually.

4.2 Perceptions of Safety and Risk with FGDM

Managing risks to child safety, not unexpectedly, was explored differently by participants groups and on a case-by-case basis. The management of risks may link to the different interpretations of the challenges families face and the language used to discuss these. What might be perceived as a reduction in difficulties or problems by families or indeed non-statutory services, was not always reflected by the social workers allocated to those same families. One potential explanation for this difference might link to the finding that social workers have explicit frameworks through which they measure risk, such as assessments which occur within the GIRFEC indicators and National Child Protection Guidance (Scottish Government 2008; Scottish Government 2021). CPROs reviewing child protection plans, felt at times that the families' plans did not always tend to fit in with these frameworks. The literature highlights that frameworks which govern social work assessments, such

as the SHANARRI Indicators (Scottish Government 2008), do not exist in the frameworks used by families to understand their lives (Wachtel 2015). Some authors (see for instance Sundell and Vinnerljung 2004; Slater, Lambie and McDowell 2015) highlight a debate regarding the extent to which FGDM manages child safety risks, with some authors suggesting that FGDM best impacts child safety when the existing risks are already low, which hinted that in some cases risk reduction was not maintained long-term. However, Taylor et al. (2023) (see section 5.2) found FGDM to reduce risk where the level of risk was indeed high, such as where children were at risk of coming into care and already open to child protection processes.

Some participants felt FGDM supported child safety through reduction of parental conflict and accompanied decreased emotional harm to children, as well as promoting the child's wellbeing by enabling them to witness or otherwise know that their family members were communicating and working together for them.

> *…there was definitely a reduction in kind of emotional harm for one of the, for the other child where the, the parents were helped to agree a plan and that that meant that there was less friction between them. And also the child had more kind of clarity around plans for when he was going to see his mum, which kind of increased his sense of stability and, and I think it kind of reduced his behavioural difficulties as well. So that was a positive outcome.* **(Social Work Participant 2)**

Some social workers, however, did not attribute the reduction in risk to child safety to the family taking part in FGDM . They believed that any risk reduction was more directly linked to social work intervention, rather than being a result of the FGDM process. Other social workers highlighted those existing positive relationships with the family and their children had facilitated effective management of risk in and of itself. For FGDM coordinator participants, risk was not the most prevalent concern of social work referrals but discussed risk in the context of additional support required for the families and the plans needed to realise this. Several coordinators considered that risk had, at times, already been reduced by the time the referral was made. Coordinators highlighted that where risks were highlighted within the referral and were still high at the time of referral, FGDM provided the opportunity to address those risks and subsequently minimise it.

Despite some differences in perceptions, participants overall viewed FGDM as providing a space and opportunity for perceptions of risk to be shared, where language could be explained in a reciprocal way. The opportunity for a shared space to discuss different perceptions of risk, therefore supported more transparent and family-friendly ways of understanding and managing risk in partnership.

4.3 Learning in Partnership

The FGDM pilot presented clear opportunities for learning as well as offering a safe space to create understand language between families and professionals, although barriers were also experienced at various stages in the pilot. Many of the barriers experienced during the pilot, inevitably linked to the newness of the process for families and professionals alike, especially as significant practice shifts and adjustments were undertaken to embed the process and achieve successful outcomes from it.

For coordinators and social work participants, the most common barrier, in addition to the significant learning which came with the new way of working, included what they perceived as families' "jadedness" and "hopelessness" because of long-term involvement with social work, which in turn impacted on their engagement with the process of FGDM.

..a lot of the families that we had have been in the system for a long, long time and I had, like I perceived a sense of hopelessness or like you know, engaging with the process knowing that it's just a tick box exercise for social work…, yeah, sense of hopelessness, oh here's another person coming telling me what I need to do. **(Coordinator Participant 2)**

Some family member participants expressed an initial resistance and reluctance towards participating due to the volume of professional child protection meetings they already had ongoing. These families felt more positive about the experience of FGDM following completion of the process, recognising that they felt resistant at the start. Hence coordinators had to work hard initially to engage families, recognising any negative emotions from previous experiences with social work and any related processes.

…everything was just a bit mad to be honest and then all these meetings and stuff, I was just like aw, can't be bothered with this… **(Family Participant 1)**

Consequently, existing perceptions and past experiences of social work impacted on families' abilities to engage in the FGDM process, at least initially. Coordinators, social workers and CPROs all discussed the perceived lack of faith families had in social work and related processes as being a barrier which had to be overcome when attempting to achieve engagement in the FGDM process. This was echoed by Rauktis, Huefner and Cahalane (2011) who highlighted existing bias between families and services, with their complex family and cultural histories, require consideration when assessing FGDM appropriateness. Marcynyszyn et al. (2012) and Sampson (2020) noted that historic experiences of power imbalanced practices between minority disadvantaged groups and social services via child protection processes can result in prejudice and distrust between communities and social welfare systems. This could explain the perceived 'hopelessness' of families at the beginning of the pilot, as well as the way in which the non-statutory service offering FGDM was received more positively by family participants, in contrast to involvement of statutory social work services alone.

For family participants, extended family members not undertaking their agreed commitments in the plan resulted in, in some cases, FGDM being a process which emphasised existing family fractures rather than healing them, which was perceived by professionals as being negative for families to have brought to light. This concern was highlighted by authors such as Bredewold and Tokens (2021), who note that not all social networks are positive and caution that professionals must be mindful of the potentially negative impact of increasing such networks around families, particularly where they do not action the promises made. Indeed, one social work participant stressed that the timing of any FGDM referral was key, as they observed that on occasions referrals were made when families and their wider networks were not best placed to make the most of FGDM. These findings suggest the importance of further debate regarding the referral process for families, perhaps by consideration of discussions related to the process and related referral timing.

The Children and Young People (Scotland) Act 2014 (Relevant Services in relation to Children at risk of Becoming Looked After etc.) Order 2016 establishes the duty of local authorities to offer FGDM to

all families with children, young people or unborn children who are at risk of being looked after. However, despite this statutory obligation, some social work participants suggested that their existing knowledge of extended family members, and their capacity and willingness to maintain promises they had made should form part of considerations regarding FGDM referral timing, to minimise negative impacts on the family. Social work participants considered this knowledge to be helpful to ensure FGDM could be offered at a time when it would be most impactful and beneficial. Similarly, some CPRO participants also urged thoughtfulness regarding referral timing, especially in specific and delicate child protection cases where social workers are aware of information that might exclude family members from safely having a role in the family plan. In this way, a minority of CPRO participants expressed concern with confidentiality and Data Protection, especially in cases where social workers were aware of information that would make a family member unsuitable to safely support to a child. It was felt that this intelligence could pose a challenge in confidentiality, due to other family members being present who may not know this information. These confidentiality challenges were felt to contribute to potential for misalignment between the intention and outcome of the FGDM process in cases such as these. CPRO participants also highlighted concerns about the provision of multiple plans at the same time, such as the Child's Plan and the Family Plan, and the resulting increased complexity that this might cause. For instance, in one case the family plan did not align with the GIRFEC indicators used in the child's plan, creating difficulties with plan quality.

…something that I think needs clarified and that is where the FGDM plan sits within the children's plan…I've seen examples where that has clouded, clouded situations. For instance, the family group decision worker who was involved in setting up the plan, changing contact arrangements… I actually had a, a case conference where the social worker had, had literally put the FGDM plan into the child's plan which didn't fit either, but at least there was an attempt to… I mean it didn't make for very good reading of a plan because it didn't, it didn't fit, didn't correspond with our well-being indicators. **(CPRO Participant 1)**

Low referral uptake was a barrier identified by most social workers, CPRO's and service manager participants, especially at the beginning of the pilot. It was noted that the same minority of social workers appeared to be referring multiple families to the FGDM service, resulting in a perception that other non-referring social workers may lack confidence in some part of the FGDM process. That non-referring social workers did not actually take part in the study is noteworthy, therefore whether they felt a lack of confidence in the process was not ascertained. Despite this limitation, issues around the confidence of social workers with regards to referring to FGDM were too highlighted within the literature (see for instance Brown 2003; Metze, Abma and Kwekkeboom 2012), who explored challenges around lack of referral uptake in FGDM projects and questioned whether this might also link to the anxieties expressed by some social workers in transferring power to families, particularly in complex child protection contexts.

Perceived lack of confidence was not necessarily linked to FGDM but may be due to the change process and resulting adaptations required to embed the pilot. Indeed, participants highlighted that significant efforts were made by Children 1st to enable an easier referral process, including amending of the referral criteria, regular reminders about the pilot via email and in-person, the mandatory expectation of referral for all child protection cases, as well as the flexibility of Children 1st in accepting referrals verbally, reducing the need for lengthy referral paperwork completion by social workers.

Ensuring realistic family plans was a difficulty identified by social workers in Scottish Borders Council and mirrored in the literature as a key to improving the implementation of the FGDM (Slater, Lambie and McDowell 2015). Some social workers expressed concern about occasions where differences between plans which families viewed as realistic and those which social workers perceived as realistic. Some social workers felt that, in some cases, the strength-based focus of family meetings increased the risk of families making plans which were not sustainable. Those social workers suggested that a possible solution to this concern could be coordinators acting as mediators and translators between the families' version of realism and that of social workers, although this was at odds with the role of coordinators within the FGDM model. However, this might also reflect the need for further dialogue in the family meetings to reach consensus. Frost, Abram and Burgess (2014b) attributed much of the success of FGDM to the mediation skills of coordinators.

Practice implications existed for social workers who then had to monitor the family plan going forward, with some family participants also expressing that increased monitoring of the family plan would have been helpful to ensure their extended family were undertaking what had been agreed. Some social workers suggested that coordinators should offer support in the monitoring of plans, due to the perception that having to do so themselves increased their workloads. While plan monitoring is not ordinarily part of the coordinators' role or consistent with the FGDM model, social work participants considered monitoring plans as challenging, and suggested that increased coordinator involvement might help to address this. This challenge was mirrored in some literature (see for instance Hayden 2009) who highlighted similar concerns about plan monitoring. Nonetheless, the suggestion from social workers that they need support and clarity to manage the workload of plan monitoring indicates a need for an ongoing discussion within Scottish Borders Council regarding the rationale, feasibility, and implications, including the impact on the neutral perception and role of coordinators.

The literature (see Gill, Higginson and Napie, 2003; Olson 2020) identified the potential of FGDM to relieve social worker workload. In contrast, several FGDM social work participants did not perceive FGDM as relieving their caseload pressure. They highlighted the impact of FGDM on their workload, along with the complexity of the work and relationship with families. They went further to highlight what they perceived to be a risk of conflict between them, as professionals, and the family when an 'us and them' dynamic was created in the meeting. They expressed particular concern regarding the management of family expectations, with a few social workers feeling vulnerable as the only professional present in the family meeting aside from the coordinator, often being alone in those meetings to address difficult family emotions i.e. anger. This sense of vulnerability of social workers within the family meeting is a challenging and surprising finding, requiring greater consideration as the reasons for this might be multifaceted.

…you're then left as a social worker to address that with them and actually, you know, that's really difficult to do, like you're put on the spot to address that… that can be really confrontational, and if you're a single social worker doing that and you've got no backup around you, you've got no other team because it, you know, as a worker, you're not just working as an individual, you've got a team around you, so you've got health, you've got possibly education, you've maybe got a psychologist kind of offering support. Family group decision-making, you're on your lonesome there, and then you've got to bring up these issues on your lone and you've got maybe lots of family members as I had firing questions being really quite aggressive... that is really difficult.
(Social Work Participant 4)

Two social workers felt the FGDM meetings increased the pressure on them, particularly as plans had to be agreed in the meeting, leaving little time to reflect or discuss with their managers, along with an absence of other professionals to offer immediate insight like in other social work forums. This lack of time was considered, in some cases, as damaging to the working relationship between the social worker and the family. Indeed, where experiences of FGDM have been negative for social work professionals, this too might explain the lack of willingness to refer to the process. In a context in which their work is already complex and social work is understaffed, there was a risk that FGDM could be perceived as adding to this complexity by social work practitioners. Challenges around lack of referral uptake were indeed well evidenced in the literature by Brown (2003); Marcynyszyn et al. (2012) who identified difficulties with professional buy-in and a lack of referrals. However, contrary to the experience of some social work participants in the Scottish Borders, FGDM has frequently been found to have potential to improve relationships between social workers and families through the environment it provides and the sharing of power (Chand and Thoburn 2005; Olson 2020). Questions regarding the confidence levels of some social workers within these situations may require further consideration within the Scottish Borders Council as well as further exploration as to the reasons for these surprising perceptions.

4.4 Rights and Equality through FGDM

FGDM was felt to support the rights and equality of children and families in a variety of ways. A major way families experienced an increased sense of justice and equality was the relationships they experienced within and throughout the process. Family participants spoke about the positive working relationships they developed with their coordinator, framing this as central to a positive experience of the process, and was a major part of what made the experience constructive for the family and their young person.

…I always felt, I still do feel that I can speak to [coordinator] if anything was worrying me, I could always just give [coordinator] a text message and she would get back to me to discuss anything, if I had any issues regarding [young person] or her parents that I could contact [coordinator] and tell her, this has happened, could you give me a wee phone and I know she would phone me and we would go through things. **(Family Participant 10)**

In keeping with positive working relationships, family participants viewed the language used during FGDM meetings as inclusive, especially when compared to child protection meetings which they viewed as negative and anxiety inducing. Young people participants too appeared to have a good

understanding of FGDM, and the language used, recognising the process was strength-based and supported them to have a voice and communicate more openly. The language used by the coordinator throughout the process was also perceived as conducive to a strength-based approach.

They never say anything good about me, at these meetings. At the family meeting we could talk about what was good about our family. **(Family Participant 1)**

FGDM meetings were considered meaningful in comparison to child protection meetings and Children's Hearings. There was a mutual acknowledgement between professionals and families that using inclusive language, focusing on strengths were an important way of reducing power imbalances and any existing authoritarian perception of social work in FGDM meetings. Indeed, the non-statutory nature of the FGDM project was highlighted by almost all professional and family participants as being key to lessening power imbalances, realising the rights and equality of participants, and ultimately empowering them to share their views. Professional participants also acknowledged that non-statutory services provide increased opportunity for inclusion and empowerment in ways that statutory child protection meetings often cannot.

…not being the social worker kind of thing, kind of gives you the best chance to speak about how you're feeling…I know it's an authoritarian kind of thing, not wanting to go the social worker and stuff like that. So it's another branch where you can come in and get into the process and not feel like it's kinda too much authoritarian kind of thing. **(Family Participant 11)**

FGDM was felt by professional participants to align with the concept of 'the right to family', and 'The Promise's' aspiration to keep children within their families. FGDM accomplished this by the opportunity it provided to prioritise contact between brothers and sisters and explore options to keep siblings together. For social work participants, this aligned with their existing professional values and was an outcome they always strived to achieve in their practice. FGDM and indeed the 'The Promise' was felt to be a framework and a principle which made it easier for them to help achieve this for families. In addition to providing an opportunity to secure family time with brothers and sisters, FGDM was described as realising 'the right to family' by providing an opportunity to reconcile family relationships and make plans regarding how family links would be maintained. This was perceived to have benefits to the child's identity development and sense of belonging.

Despite broad consensus that FGDM created a child-centred and family-led dynamic that was not always possible in statutory meetings, a small minority of social work participants expressed mixed perceptions regarding the way in which FGDM addressed the aspirations of 'The Promise'. For one social work participant, the necessary outcomes which aligned with the aspirations of 'The Promise' were not yet realised. In this case, it was felt to be due to existing resource gaps including within CAMHS and the NHS, high staff turnover rates, lack of available placements for children locally, and reduced service availability at family resource centres. Therefore, the improved sense of care and support that is aspired by 'The Promise', was felt to be undermined by long waiting lists and resource constraints within these services. The perception that realising 'The Promise's' aspirations is undermined by resource constraints illustrates the challenge of FGDM impact, where the professional involved acknowledged that FGDM is not able to resolve structural problems within their local authority area. While FGDM offers an opportunity for increased voice and control for families, it does not change some of the more practical and fundamental resource issues that face families and the professionals supporting them. As such, FGDM as a process is difficult to

meaningfully embed in the face of austerity, bureaucracy, and neoliberal policy, meaning that without being introduced into a context in which appropriate resources already exist, such principles may be more difficult to realise (Healy, Darlington et al. 2012; Nordstrom and Stanfield 2021; Schout 2022).

> *...So that the kids are still staying within their community, they can still go to the same school, or they can go to a school that's maybe like, half an hour away rather than move like an hour, two hours away ... And I think that needs to be addressed and until that's going to be addressed then we're never going to be able to fulfil the complete Promise.* **(Social Work Participant 3)**

4.5 Working Together through FGDM

Family participants spoke of their unique personal experiences of FGDM but were unified in their desire for FGDM to continue in Scottish Borders Council and to recommend the process to other families, emphasising a will to work together to widen FGDM use and availability. They viewed the first meeting as key to solidifying a positive perception of FGDM and felt that it was important for others who may be offered the service to be open-minded about the process and to accept the help offered. Their advice to other families who may be offered the opportunity to take part in FGDM was to give it a try and importantly, trust the process and the professionals.

> *I'd just say, they're there to help and to ask questions if you're no sure and just, trust in what they're trying to do, trust in the process cause it's, it has positives to it and it can bring families together and it can build broken bridges, so it's just, aye just listen to what they've got to say, because it does help.* **(Family Participant 2)**

Families, along with professionals, spoke about the need for future FGDM implementation to consider the timing of referrals and suggested this should be undertaken when families were first having difficulties or requesting support. Likewise, some family members felt that this should also be available via the school system, which might enable earlier support to be offered. Three social workers also mirrored the recommendation that FGDM should be offered as early as possible i.e., at initial involvement of the duty team, rather than the long-term children and family's team. A minority of social workers highlighted that due to the stage their families had reached within the child protection process, where children had already been accommodated or legal orders already sought, it was felt to be too late for FGDM to be effective or meaningful. Despite these findings from the study, this is inconsistent with much of the literature, which emphasises that FGDM is a flexible approach which can be offered to families in various stages of need or crisis, with a pertinent focus on securing family reunification in cases where children have already been accommodated away from their families (Lubin 2009). Indeed, in terms of successful reunification outcomes, FGDM has also been found to be more effective in securing this than other interventions such as adoptive or foster placement (Wang et al. 2012; LaBrenz and Fong 2016; Olson 2020). One social worker discussed working with a family whose children were already all on Compulsory Supervision Orders at home, which was an example of a family where it was felt to be beyond child protection stage as legal orders had already been sought.

All professional participants wished for the service to continue and be expanded in Scottish Borders Council area through a widening of referral criteria and increased funding, despite a minority having mixed experiences of the pilot. These views were voiced at the start of the project and, many of the professional suggestions for project expansion have now been put in place. The project has been expanded to include additional core funding and referral pathways. In terms of continuing to develop the service, preventative or early access to the service was considered essential by coordinators and CPROs. Furthermore, both CPROs and social workers recommended that further development of guidance should be put into place. This perspective was mirrored by authors such as Schmid and Morgenshtern (2017), with clear, consistent guidance and policy being important in implementation. In securing clearer guidance, professionals wanted FGDM be seen more realistically for what it can offer with clarity around expectations of FGDM from the onset.

> *… my experience hasn't been great, and I think that's because the family were unrealistic and it [the plan] just wasn't, and I think what we need to do is whilst we're giving the family the opportunity to make that plan, I think the coordinators need to be a wee bit, a wee bit less woolly…* **(Social Work Participant 3)**

Regular reminders and high priority of FGDM on the agenda of the Scottish Borders Council was valued by professionals, with this continued maintenance of regular communication and relationship-building between Scottish Borders Council and Children 1st recommended by professionals in future implementation of FGDM. Participants emphasised that regular sharing of success stories had been helpful, and continuing this sharing could help to promote FGDM use and referrals. Coordinators also spoke of how valuable the peer support between coordinators within Children 1st[st] had been for them throughout the pilot and stressed the need for such support to continue not only on a locally, but nationally too. Coordinators also suggested that increased focus was needed to facilitate improvement of social worker's confidence in the FGDM process and to increase referrals. Like the other participant groups, coordinator participants suggested widening the referral criteria and its use in future implementation as a preventative service, although they recognised that additional funding and a bigger FGDM team would be required to support this. This finding accords with Corliss et al. (2022) who proposed that FGDM should be considered as part of a range of services: a view echoed by some in Scottish Borders Council who had advocated for a wider whole systems approach in future. An example of this wider approach being the provision of preventative interventions when families were first identifying the need for support, before reaching child protection stage. Indeed, family member participants themselves highlighted that they wished they had been offered FGDM before their child/children were on the child protection register.

> *I didn't even know it was a thing [FGDM service], I think that FGDM should be offered in school before it even reaches social work. It would have been good to have had this before it even got to his point, instead of after my son was taken away from me, people should know about this service, it might have stopped this from happening.* **(Family Participant 1)**

4.6 Improving Outcomes and Benefits through FGDM

In terms of the benefits and perceived outcomes following FGDM completion, family participants described outcomes such as reduced family conflict, enhanced communication, along with improved use of structure and boundaries to manage cases where older children and young people had been at risk in the community. In this regard, some families agreed to set up group chats which ensured real time, and consistent conversation regarding their child or young person.

We are all talking more, we are on the same page now instead of blaming each other. We all have agreed what he needs to do and when, and what the boundaries are. We can all pick up the phone and know what's expected of us all. There is still a way to go though. **(Family Participant 5)**

Some parent participants spoke positively about the FGDM process having influenced how they responded to social workers, acknowledging that social work meetings were anxiety provoking, but that the FGDM process has helped them to listen and engage with child protection processes more positively. This improved communication was also acknowledged as a key benefit in the literature (Schmid and Pollack 2009). Reconciliation of family relationships, especially those where families have been estranged with little communication or engagement, enabled exploration and agreement about their respective roles and responsibilities, was highlighted as an outcome for many participants. The ability to undertake permanence planning including considering the opportunity and appropriateness for kinship care, if needed, was also viewed positively. This perception was reflected on by one family who viewed the role of the FGDM coordinator as being key to a more positive future, with a sense of being listened to making a difference, even though they did not have a date for the return of their child yet. Young people participants talked about how FGDM had supported them to improve their communication skills which provided the impression that they were contributing to bringing the family together.

I feel a lot more better, than what it was, than what I was originally. And like, I felt like you [the coordinator] were, you like helped me co-, like sorta communicate better and like you helped bring like the family closer, that now we are all communicating. **(Young Person Participant 1)**

Reflecting on the process, some social work participants believed that FGDM had influenced their practice and caused them to use FGDM principles in their own work, asking the obvious question to consider the child's wider family and support networks. Another social work participant viewed FGDM as being cost-effective due to the prevention of court, legal aid, solicitors, and professional time. The contribution of FGDM to ending child protection registration or allowing case closure, was also highlighted by some social work participants, acknowledging a reduction of risk or improvements within the family. However, this view in relation to outcomes was not uniform for all social work and CPRO participants. Participants of all backgrounds broadly agreed on what the desired outcomes of FGDM were, such as including improved quality of life for children and their families, securing better futures, and working together. However, there were in some differences between participant groups in perceptions and interpretation of what constituted the achievement of outcomes. There were cases in which families discussed feeling that their plan had been realised and positive change had occurred, while their social worker did not see these changes in the same way.

Challenges exist in explicitly attributing outcomes based solely on FGDM between participants, particularly due to the complex range of influences and services often involved with families and differing perceptions of what might constitute outcomes and impact. There were differences in interpretation and language used to express experiences between families and professionals and a need to strengthen the translation between both (Burns and Fruchtel 2014; Wachtel 2015). Indeed, in a Scottish study, Mitchell (2017) found that there are key differences between what constitutes personal and professional outcomes, however both are important and FGDM provides a space where both can be heard and responded to. Additionally, CPROs expressed difficulty knowing how to measure change, particularly due to the early stage of the pilot at the time of the interviews. This also links to debates within the literature regarding appropriate impact measures in FGDM. The literature argues that in ordinary social work service provision, it is not the child protection meeting itself that is used as the metric for impact during these interventions, but the service response and action taken following this meeting. Morris and Connolly (2012); Rauktis et al. (2013) suggests that this type of metric does not appear to occur in the case of FGDM, where the meeting itself and overwhelmingly high satisfaction rate about experiences of the meeting is often used to measure its' impact, as opposed to the family's response and action following the meeting.

I think it's going to be hard for you in this kind of bit of research to, to kind of identify impact… it's still quite early… I don't think there's an impact across the board. Well, I don't think I can see evidence of, of any huge big 'ohh my goodness, it's just all been wonderful since we've had this FGDM'. I don't think there's that. Partly because I think it's still, you know, we're still picking up, where it's not even been considered. (CPRO Participant 1)

Despite the identified difficulty in measuring impact and outcomes from FGDM, professionals emphasised the importance of remaining open-minded about FGDM along with its potential to facilitate changes for families and children. They acknowledged that change was a continual process which was often dependent on timing. Some professionals felt that the plan did not always match with families' subsequent actions, which led the professions to question when impact had not occurred. Coordinators also viewed outcomes differently to social work professionals, highlighting that successful outcomes of FGDM were often nuanced, including the increased confidence of children and young people.

…some of the cases that I thought were quite successful in many ways then the social workers didn't think it was successful. They thought, well, actually, you know, nothing changed really. But I mean my view it was different is like no, actually you know, this change, this kid was able to express their views and get something out of this and this kid's confidence, you know, was increased massively… (Coordinator Participant 2)

The difference in defining what a successful outcome is may be linked to the fact that social workers and CPROs have specific assessment frameworks by which they are expected to measure outcomes, such as the Child's Plan or Parenting Capacity Assessment, for which social workers are often the main or sole author. Indeed, multiple CPROs highlighted that the family plans did not always fit well with the existing Child's Plan and the required GIRFEC indicators (Scottish Government 2008). As with the literature, the pilot elicited numerous debates regarding the difficulties in providing measurable evidence of outcomes linked to FGDM (see for instance Morris and Connolly (2012) and Dijkstra et al. (2018)). Ambiguity in FGDM outcomes measurement, along with what constitutes long-term outcomes and how statistical significance is measured all form part of these professional

debates (Hipple and McGarrell 2008; Weigensberg, Barth and Guo 2009; Schout 2022). However, authors (including Frost, Abram and Burgess (2014a)) highlight that that participant satisfaction and perceived value of the process was high, despite technical debates regarding impact, which is sufficient to evidence its value and benefit as a process. Participants in the Scottish Borders Council were equally positive but acknowledged that overcoming of personal bias between family members towards professionals and even towards decision-making processes themselves was necessary before this positive perception could be achieved. This perspective highlighted that meaningful engagement in FGDM required all participants to re-evaluate their pre-conceived perceptions of their family members, professionals, and decision-making forums to enable meaningful and open participation. Thus, further underlining the importance of relationships, open communication, and honesty.

Many families who achieved what was perceived positive changes acknowledged that this was associated with existing positive general relationships with professionals, including the coordinator and in some instances, with social workers and social work assistants. Indeed, where participants discussed negative experiences within FGDM, they identified negative or challenging relationships with social workers, which still existed for many family members even after completing FGDM. This emphasises that positive relationships are often in themselves the key to successful change. Where participants described their experience of the pilot as positive, they identified positive relationships as a key factor, indicating that FGDM provides opportunities for good relationships to be established and nurtured, though this outcome is not a guarantee. These relationships are especially difficult to achieve where there is longstanding and intergenerational tension, and "prejudice" between families and social work services (McKenzie 2006; Schout 2022). Indeed, a small number of social work participants positively identified coordinators as undertaking the time consuming yet crucial task of relationship-building and building trust, resulting in some social workers perceiving reductions in their workloads. This finding was echoed by authors such as Gill, Higginson and Napier (2003) and Olson (2020).

Beyond the achievement of securing outcomes for children, improved family communication and boundaries was another benefit of FGDM perceived by social workers and coordinators. Consequently, several participants felt that FGDM helped to strengthen social support networks and keep families working and communicating together. A minority of social workers however, felt that FGDM contributed to highlighting the lack of support available to some families.

…it also can evidence that actually the backup that this mother thought she had wasn't really there and that was quite sad… (Social Work Participant 4)

Caution regarding the potential impact of FGDM on strengthening support networks has too been urged in some literature, highlighting the importance of social work knowledge of family members and their capacity to support, to prevent families taking part in a process which might emphasise their lack of wider support (Feldman 2017; Anderson and Parkinson 2018; Bredewold and Tokens 2021; Schout 2022)

Despite differences in interpretations of change, positives of FGDM included an increased sense of being heard and included. As such, where social work and CPRO participants discussed their perceptions of FGDM impact, the language used was often considered that of benefit rather than outcomes. Similar debates in the literature discuss the difference between what was considered a

benefit (i.e. - more empowering than child protection) and that an outcome of the FGDM process (i.e. - reduced risk of domestic violence). This was mirrored by some participants, who discussed benefits but indicated they weren't sure these counted as outcomes. Authors, (see for example Walton et al. 2003; McKenzie 2006; Cahalane and Anderson 2013; Edwards et al. 2020; Olson 2020) highlight that FGDM was for many people, an empowering process, with multiple benefits which are perceived as successful and meaningful, rather than any specific measurable outcome. The notion that FGDM is highly beneficial but that specific outcomes are harder to evidence and measure highlights the importance of reframing outcomes in a way that reflect the lived experience of children and their families, rather than being solely focused on statutory measures (Mitchell 2017). This finding suggests that further work to align language and professional frameworks is needed. However, both the stage and nature of the pilot may have contributed to the difficulties in articulating specific outcomes, especially as for some families the outcomes of family plans had not yet concluded at the time of the study.

Improving the confidence of social workers in the FGDM process, including identifying outcomes, supporting their preparation and support throughout the process was a key area of discussion. Recognising the challenges of introducing change within organisations, Children 1st provided several information sessions, along with attending social work team meetings prior to and during the pilot. There were significant variations in how social work participants discussed their feelings of preparedness for partaking in the pilot FGDM process. Some felt they had been well prepared, discussing information sessions provided during team meetings in advance of the pilot, as well as regular reminders and newsletters about the process. For others, they felt the process had happened backwards, where they had already begun the FGDM pilot before having the full information required to feel adequately prepared. This was despite the mandatory information sessions, visits to social work teams, staff briefing and a fortnightly newsletter to update staff on the pilot. However, introducing change in an environment of resourcing challenges poses particularly difficulties for take up, investment, commitment, and engagement by staff.

Several professionals viewed FGDM as an opportunity for families and children to be empowered, participate and exercise greater control. This is a finding echoed in the literature, where participants satisfaction is found to be overwhelmingly high and families express feeling empowered and listened to within the FGDM process (Mutter et al. 2008; Ahn, Hartzel and Shaw 2018). The literature highlights complex challenges requiring consideration in future implementation of FGDM, including the meaning of participation, the capacity of children, the dynamics between parents and children and the impact this has on children's voices (Kogan 2001). This caveat has resulted in some (see for example Holland et al. 2005; Holland and O'Neill, 2006) urging caution that voices being heard does not necessarily ensure that children's views influence the plans made. In addition, some professionals in the evaluation felt that the voices of children and young people were already amplified without FGDM due existing working relationships, although what was meant by the amplification and its impact, was outside the scope of this evaluation. Relating to the foundation of 'Family', FGDM was perceived by participants as being conducive to permanence planning and maintaining a right to family and identity formation and is also acknowledged by authors such as Olson (2009), Wang et al. (2012), LaBrenz and Fong (2016) and Olson (2020).

The feedback from the participants about FGDM and its impact overall is clear: they value FGDM as an empowering and inclusive process and all wished for the service to continue, with their advice to

others being to accept help and trust in the process and what it is trying to achieve for them their children and young people.

You don't want help, but you do need help. And I find that sometimes it's a little bit hard, there's always a way of getting in touch with someone that's got knowledge of experience of families and what can happen, so... I think it's like I say, to be advertised better out there to help families. A lot of people wouldn't, like I say, wouldn't want to engage. **(Family Participant 11)**

5. Conclusion

The results of the study show that FGDM is viewed as a valuable process. All participants wanted the service to continue in the Scottish Borders but asked for it to be expanded to include a wider variety of families with different levels of need. Speaking to the four objectives of the study, the findings in relation to each of these are discussed below.

In relation to Objective 1 – 'Exploring the lived experience of families and children (normally above 6 years old) and their participation in Child Protection and the FGDM process within Scottish Borders Council, investigating the degree to which they felt involved in decision-making, building resilience, and having greater control.'

The study found that the lived experience of families taking part in the pilot were largely positive, with a real sense of having more say, a sense of hope and improved relationships, both personally and professionally. For children and young people, there was a real sense of involvement in comparison to other social work meetings, as well as an emotional benefit of seeing their family come together and communicate to support them, even where they may have still been experiencing difficulties.

For Objective 2 – 'Understanding the experience of social workers, Child Protection Reviewing Officers, team managers, and senior management representatives of the FGDM implementation in relation to their professional practice'.

It was found that these experiences were mixed. While all who took part considered FGDM was a positive resource that they wished to see continue, there were initial challenges identified at this very early stage of the pilot, which at times were experienced negatively. Some of these challenges included managing FGDM in addition to their ongoing child protection work, managing challenging confrontations with families within the FGDM meeting, perceived plan quality and other resource and staffing issues which made prioritising FGDM at the time, as well as assessing its true impact difficult. For others, the process was straightforward, with clear benefits and impact for the children and families they were supporting, such as reduced risk, improved family relationships and communication and reduction of social work involvement.

In relation to Objective 3 – 'Evaluation of the experience of FGDM Children 1st staff following involvement in the Child Protection processes, particularly in relation to perceived risk'.

Coordinators reported FGDM as a positive experience, though with the expected challenges of a pilot at this stage. Coordinators had difficulties engaging families initially, and a sense that social

workers may have been lacked confidence in the process, was evident in the early stage of implementation. Despite these challenges, the benefits and positive impact for families was clear: an improved sense of empowerment and control of their lives, the support they received to keep their child or young person central, which was felt to have an ongoing legacy far beyond the duration of the FGDM work itself. Like social work, CPRO and Service Manager participants, FGDM coordinators wished for the service to continue and to be expanded.

Finally, Objective 4 – 'Exploring to what degree involvement in the project addressed the aspirations of 'The Promise', in relation to resilience, staying at home and decisions to keep children loved, safe and respected'.

Participants across all backgrounds and roles largely felt that FGDM helped them to work towards realising the aspirations of 'The Promise'. FGDM was particularly felt to align with these aspirations by the way it prioritised families as the greatest resource, providing them with an opportunity to explore and build on the already available support, intending to use these to prevent children becoming looked after. While the FGDM principles were felt to align to those within 'The Promise', a small minority of participants considered that change beyond FGDM would be needed to address some of the resource and practice challenges that were felt to prevent the realisation of these aspirations.

Overall, the findings and the literature have highlighted that participant satisfaction with FGDM, especially in comparison to traditional child protection forums, was overwhelmingly high. FGDM is found to be more positive and empowering than other child protection social work forums, in that it helped to amplify and maintain the centrality of the voices of children and families, improved communication, and provided a sense of unanimity and opportunity to heal relationships within families. The importance of FGDM in the delivery of aspirations of the 'The Promise', such as rights of families and building resilience, was recognised and endorsed by participants. However, as always, consideration should be given to how lessons can be learnt and how the implementation of FGDM could be developed further, as detailed in the key learning below.

5.1 Key Learning:

5.1.1 Measuring and Agreeing Impact

Research in the field of child welfare and social work is complex and fraught with methodological and conceptual challenges. With this consideration in mind, we recognise that this evaluation study does not resolve these existing complex debates but seeks to identify further areas of learning whilst acknowledging the limitations in this context. The study and literature supported the view that FGDM provided a space within the child protection process where the complex and varying narratives, lived experience or interpretations between families and professionals could be translated and understood (Wachtel 2015; Tew 2019). However, these differences in language when describing impact require further consideration. Within child protection, risks to children are already considered high and measurable actions are required of social workers to assess and reduce these risks. Some professionals did not always perceive families' plans as realistic or impactful in the

context of these social work measures, while families themselves described this differently. Differences in perceptions and the lenses through which these risks are viewed, by all parties, result in challenges to agreeing what adequate reduction of risk looks like. This disagreement in what constitutes adequate change can be due to professionals being perceived by families as representative of 'the system', rather than part of their personal support networks. The same 'system' imposes demands on social workers who are bound by organisational interpretations of risk, along with policy and legislative goals, which are not of immediate importance in the day to day lives of families, until they are directly impacted by them.

Consequently, open discussion and clarification may be required regarding what constitutes risk reduction and successful impact in child protection cases, as well as how differing perceptions can be translated between families who are taking the lead in creating their family plans and the professionals who are working through child protection processes. Thus, ensuring impact is clear and transparent to everyone. To do so, expectations about what FGDM can offer in terms of child protection risks must be considered by both families and professionals, as well as the ways risks are monitored with families to best ensure mutual understanding and shared priorities. Mitchell (2017) stressed the importance of social workers recognising and acknowledging what is meaningful to families and perceived as change to them. Similarly, it is important for families to be supported to build capacity and understanding so that they can jointly respond to social worker's assessments of risk and child safety in a long-term way. The development of shared concepts, language, practice intervention and impact measures which are informed by families, and not just professionals, could potentially support this shared understanding. The perception that social workers potentially lacked confidence in the FGDM process might also be alleviated if clearer, shared outcome measures within FGDM are established. It is acknowledged that creating these shared understandings and mutual language is not easy to achieve without systemic and structural change. Indeed, 'The Promise' has already come a long way in providing language which should be used by professionals and families to ensure respectful, transparent, and inclusive discussions (Independent Care Review 2020). However, it is evident from the results of the evaluation that there is still room for development in this area to align child protection and ensure an equitable space for shared understanding to be developed.

5.1.2 Timing and Early Intervention

Timing was a key theme which emerged from the study. The decision to offer FGDM to children at child protection registration stage constitutes an early intervention approach, aiming to prevent the need for alternative care placements and keep children with families. However, participants voiced that they would like to see it offered even earlier than at child protection stage. As such, participants not only wanted to prevent children from coming into care via the use of FGDM but felt it could be used to support families when they were first experiencing problems and to prevent social work or child protection involvement altogether. There may be additional implications to consider in terms of how best to engage families where they may not yet perceive a need for support, as is the complex nature of preventative support. This links to the key learning point above, where further development of shared language and understanding could support engagement in FGDM at even earlier stages.

5.1.3 Context and Resources

FGDM offers the opportunity for increased levels of support around children and families by exploring their existing resources: the families themselves. There has been some debate regarding the cost-effectiveness of FGDM in the literature, and a definitive view is complicated by the research methodology, data quality and the apportionment of costs in this form of evaluation. In England, Taylor et al. (2023) identified that the use of FGCs at a pre-proceedings stage reduced costs for local authorities through reducing the chances of children proceeding onto care (see 5.2 for more detail). However, other research has highlighted that FGDM is a resource intensive process requiring appropriate venues, staff time and flexibility (Sieppert, Hudson and Unrau 2000). The FGDM process is undertaken alongside social work processes, rather than in place of it, meaning much of the other resource intensive child protection work continues alongside FGDM. Therefore, adequate resourcing and time is required to meaningfully carry out both. FGDM works best when resources in terms of staff, as well as accessible support services are available. The context in which FGDM is being offered therefore must be taken into consideration.

The rural and dispersed nature of the Scottish Border's geographical area presented its own challenges to families and services which was compounded by resource pressures, requiring a wider consideration of what and where the appropriate levels and range of support options could be optimal. This would include recognition of the need to address the consequences of neoliberal policy transitions and the resulting challenges faced by families living in a rural area in the context of a cost-of-living crisis (Healy, Darlington et al. 2012; Nordstrom and Stanfield 2021). Staff shortages form part of a much wider national and professional debate and although out with the scope of this study, still require consideration especially in respect of the impact this has for FGDM implementation. For instance, how staff turnover rates impact on the realisation of family plans, relationships developed with families, and practical support available to resource the plans created together with families. Indeed, difficulties are not uncommon in implementing any new services such as FGDM within statutory children's services. The difficulty of system and operational service change lies in the complexity of organisational, political, staffing, and legal structures, and the real challenges of embedding a process like FGDM within this context (Connolly, 2006; Schout, 2022). This represents an area of potential future research, especially consideration of the complex, high profile, and challenging practice environment of child protection practice in Scotland.

5.1.4 Healing Perceptions and Creating Positive Experiences

One of the key challenges identified in the study related to the difficulty of families becoming engaged in a process, where their historic and present experience of child protection social work or services in general was negative. This previous negative experience led to an initial sense of reluctance, weariness, and lack of faith from families that services such as FGDM could meaningfully help them. Due to this existing negative perception, it sometimes took families a long time to become engaged within the FGDM process. The coordinator had a key role to play in providing a positive experience of a professional relationship, which improved these existing perceptions and helped to create an openness towards the FGDM process. Once families had taken part, they all

recommended the process to others, despite their own initial reluctance. This finding tells us that where families' experiences of FGDM are positive, this may go a long way in supporting them to heal their perceptions of services and feel safer and better able to receive and respond to support in future. Taking the time that is needed to create these positive experiences and heal these perceptions is therefore key to achieving engagement and a sense of faith in the process.

5.1.5 The Importance of Relationships

In line with the above key learning point, the results show that positive relationships are central to a positive experience of processes. FGDM and the voluntary nature of the Children 1st service allowed a refreshing opportunity for relationships, trust, and a sense of reciprocity to be developed and nurtured. The development of these relationships allowed a sense of openness from family members, resulting in an honesty that is essential to child safety planning. Not only were the relationships with coordinators highlighted as central to a positive experience of the FGDM process, but even those with social workers and social work assistants that were positive, open, and honest were highlighted. As such, people, time, and safe spaces to support key interactions with families are central to the development of resilience and supporting children. Practice cultures which support and encourage professionals of both statutory and non-statutory backgrounds to work with families in a relationship-based way should continue to be prioritised, with FGDM and its principles being a key mechanism of securing this type of practice.

5.2 Additional Published Study Since Systematic Review

While the systematic review for the study was conducted and concluded in September 2022, a significant and recent randomised control trial study published thereafter (Taylor et al. 2023).

The study used randomised controlled trial (RTC) methodology to evaluate the impact that a referral for FGCs at pre-proceedings stage on children's outcomes in England. It involved 376 families with 694 children aged 0-17, finding that children whose families were referred for a family group conference were less likely to go into care 12 months after the pre-proceedings letter was issued. The authors suggest that just over a third of children (36.2%) whose families were referred to an FGC were taken into care, compared to nearly half (44.8%) of children who were not referred. Based on this finding, the authors estimate that FGDM could mean over 2,000 fewer children going into care per year, saving over £150 million if rolled out across England.

We have sought to make brief reference to it in parts of the report, especially to highlight areas of potential impact and invite further consideration. However, the importance of this work warrants greater exploration than is possible here, without jeopardising the systematic review of earlier literature, as a further update of all published literature to include the findings from Taylor et al. (2023) would be necessary but is outside our evaluation scope. Consequently, this additional paper has been included despite being published out with the completion of the systematic literature review. It is acknowledged that Taylor et al. (2023 p.10) identify positive impact of FGDM in that "children in families referred for FGCs were less likely to go into care in the months after entering

pre-proceedings." However, the authors themselves caution that they could not be sure regarding the overall validity of differences, with the results also highlighting the impact of FGDM at "pre-proceedings and their positive role in reducing entry to care" (Taylor et al. 2023 p.10). Thus, while the report indicates important and positive findings, it too has been hampered by some of the methodological challenges that have bedevilled RCT reviews in this field.

The authors note that while their finding is significant, a key limitation was data and while the authors believe FGC is likely to improve outcomes at the 18-month period, there was no detectable evidence of this within the evaluation. More research is needed to determine if this indifference is due to the limits of the sample and methodology, or whether this is reflective of a genuine lack of impact long-term. To support in keeping children safe in the long-term, Family Group Conferencing should be offered alongside a range of other ongoing, high-quality support.

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Appendices

Appendix 1 – Participant Demographics

Table 1: Family Participants

Family Participants (n = 13)				
Participant	**Role**	**Type of Consultation**	**Age of Child (for whom FGDM was held)**	**Parental Status**
Immediate Family (n = 8)				
1	Mum	Interview/Feedback Form	0-5	Separated
2	Dad	Interview	0-5	Separated
3	Mum	Interview	6-10	Separated
4	Dad	Interview	0-5	Together
5	Mum	Feedback Form	11-15	Unknown
6	Mum	Interview	11-15	Separated
7	Dad	Joint Interview	0-5 (2 children)	Together
8	Mum	Joint Interview	0-5 (2 children)	Together
Extended Family (n = 3)				
9	Grandmother	Interview	11-15	N/A
10	Auntie	Interview	11-15	N/A
11	Grandfather	Interview	0-5	N/A
Young People (n= 2)				
1	Young Person for whom FGDM was held	Interview	11-15	Separated
2	Sibling of child for whom FGDM was held	Feedback Form	11-15	Separated

Table 2: Professional Participants

Professional Participants (n = 11)						
Participant	Role	Time Qualified (Years)	Time in Borders Council (Years)	Social Work Qualified	Employed by	Prior Experience of FGDM
Social Workers (n = 4)						
1	Social Work Team Leader	21-30	Not answered	Yes	Borders Council	Yes
2	Social Worker	0-5	1	Yes	Agency	No
3	Social Worker	6-10	Not answered	Yes	Borders Council	No
4	Social Worker	Not answered	Not answered	Yes	Borders Council	No
FGDM Coordinators (n = 3)						
1	FGDM Coordinator	Not answered	N/A	N/A	Children 1st	N/A
2	FGDM Coordinator	Not answered	N/A	N/A	Children 1st	N/A
3	FGDM Coordinator	Not answered	N/A	N/A	Children 1st	N/A
CPROs (n = 3)						
1	CPRO	31+	31+	Yes	Borders Council	Yes
2	CPRO	Not answered	0-5	Yes	Borders Council	Yes
3	CPRO	Not answered	0-5	Yes	Agency	No
Service Manager (n = 1)						
1	Service Manager and Project Lead	21-30	21-30	Yes	Borders Council	Yes