



Department  
for Education

# **Daybreak Family Group Conferencing: children on the edge of care**

**Research report**

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# Executive Summary

## Background, aims and objectives

Daybreak is a charity specialising in the provision of family group conferences (FGCs). Their approach is underpinned by commitment to the active participation of children, young people and their families to support the resolution of family problems. For this Children's Innovation Fund project, Daybreak, in collaboration with Southwark and Wiltshire children's services, offered an FGC to all families to whom a letter of intent to initiate care proceedings (Public Law Outline Letter) was issued between 1 April 2015 and 31 March 2016. The aims of the project were to:

- demonstrate, codify and evaluate a robust model and approach with a view to raising the quality of FGCs, promoting consistently good outcomes and improving value for money
- reduce court costs and delays; fully integrate the voice of the children in decision making, and divert children from care when safe to do so
- strengthen adherence to existing policy, in particular the requirements of the Public Law Outline (PLO) and the Children and Families Act 2014

## Methodology

The overarching aim of the independent evaluation was to assess the short term outcomes of offering and delivering Daybreak's model of FGC. The objectives were to:

- examine children's and families' views on the strengths and limitations of Daybreak's model of FGCs
- explore professional perspectives on the use of FGCs
- evaluate costs and outcomes of delivering the Daybreak FGC model to children and families on the edge of care in 2 local authorities.

A mixed methods approach was employed, including a survey to family members (wave 1 n=72, wave 2 n=34) and children (n=16) aged 5 and over at the FGC; a survey 3 and 6 months post FGC; in-depth interviews with 15 family members, 4 children, 12 social workers, 2 FGC innovation coordinators; analysis of anonymised management information systems data supplied by the 2 local authorities on 213 cases. Historical statistical return data on children who started, and ceased, to be looked after in Southwark and Wiltshire, and their 3 closest statistical neighbour local authorities, were also examined to provide comparative data.

## Findings

### Impact on care proceedings

- 3 - 12 months after FGCs had been convened, three-quarters (75%) of children were living with a parent (n=83, 60%) or a relative (n= 22, 16%). The proportion of

family placements was lower in cases where no FGC was convened (61% in total; n=22, 50% with parents and n=5, 11% with relatives)

- during the study timeframe, proceedings were initiated in 29% of FGC cases, compared to 50% of cases where no FGC was convened
- three months after the FGC, 97% of survey respondents considered that the plan they had made constituted the best outcome for the child
- in many cases children's services were still assessing whether proceedings would be needed to protect children from harm, so the outcomes above should be viewed as provisional

## Costs

- the research team calculated the average weekly cost of care per child in the FGC and no-FGC cohorts. Costs amongst the FGC cohort were lower, reflecting the fact that more of this group were living with their birth families
- illustrative cost case studies showed the wide variation in costs incurred over a 6 month period, depending on children's pathways. The cost for Child A who remained living with their parents throughout was £1,598, compared to £17,557.66 for Child B, who was looked after under s.20 Children Act 1989 (voluntary accommodation) for 4 months<sup>1</sup>

## Implementation of the model

- overall, findings show that processes associated with good outcomes (including good preparation, follow-up and a clear and consistent model of delivery) had been put in place by Daybreak
- local authorities were expected to offer a Daybreak FGC to all families who had been sent a letter of intent to initiate proceedings during the study period. Interview and focus group data suggested that, in some cases, including cases where family networks were limited and/or levels of conflict were high, social workers questioned the value added by the FGC process

## Satisfaction with the model

- key stakeholders reported high levels of satisfaction with Daybreak FGCs
- all family members who responded to the survey agreed, or strongly agreed, that they understood what was going to happen at the FGC
- over 95 % of family members reported that the coordinator had adequately prepared them for the process, agreed, or strongly agreed, that they understood

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<sup>1</sup> These figures include the social care costs associated with entry to care, care planning, placement costs/maintaining a placement with a relative foster carer and review.



why the conference was happening and had been involved in decisions regarding who should be invited

- the vast majority of children and families felt they had a voice, were listened to and empowered

### **Support provided to the families**

- it should be acknowledged that FGCs do not happen in a vacuum and that the services and support provided by children's social care will shape children's pathways and outcomes.
- children, families and professionals all welcomed the use of advocates both prior to, and during, the FGC, and saw this as a positive aspect of Daybreak FGCs
- FGCs were valued as a mechanism to mobilise family support, and the majority of family members agreed with the FGC plans that were put in place
- the coordinators' role in identifying and building relationships with the family was welcomed and had the potential to reduce the time spent by social workers on this activity. Early identification of networks could also help avoid delays associated with family members coming forward at a late stage in the proceedings

### **Recommendations**

- conduct longer term follow-up to determine whether plans remain safe and prove to be sustainable
- review strategies to manage tensions when one family member presents a known risk to another, and ensure that all those involved in the FGC understand these arrangements
- implement strategies to improve the rate of completion of Daybreak feedback forms
- explore with local authorities whether mechanisms could be put in place to integrate the FGC process more fully into existing child protection planning, to facilitate on-going monitoring and review
- review the management of children's involvement in family time, specifically in situations of high conflict

# Overview of project

## Background

Daybreak is a charity specialising in the provision of family group conferences (FGCs). Their approach is underpinned by commitment to the active participation of children, young people and their families to support the resolution of family problems. For this Children's Innovation Fund project, Daybreak, in collaboration with Southwark and Wiltshire children's services, offered a FGC to all families, to whom a letter of intent to initiate care proceedings (Public Law Outline Letter) was issued between 1 April 2015 and 31 March 2016. The aims of the project were to:

- demonstrate, codify and evaluate a robust model and approach, with a view to raising the quality of FGCs, promoting consistently good outcomes and improving value for money
- reduce court costs and delays, fully integrate the voice of the children in decision making and divert children from care, when safe to do so
- strengthen adherence to existing policy, in particular the requirements of the Public Law Outline (PLO) and the Children and Families Act 2014

## Project outcomes

The project had the following intended primary and secondary outcomes:

### Primary

- an increase in safe placements, made with the agreement of family members
- timely decisions, and reduction in the duration of care proceedings (where initiated), thus reducing social care and court costs

### Secondary

- children remain with extended family when this is in their best interests
- well-run FGCs, including exploration of all family networks and resources, and effective advocacy for children and young people
- children experience their family exploring options and making decisions
- children have a voice in decision making
- no delay in court processes caused by late potential placements coming forward, or due to conflict with the local authority
- secure placements

## Context within which the innovation took place

The Children's Innovation Fund project was carried out in 2 Local Authorities in England.

Southwark is an inner city authority, and super-diverse with approximately 45% of the population identifying themselves in a Black and Minority Ethnic group in the 2011 census (ONS, 2016). It is in the top 50 most deprived local authorities in England, and among the top 20 districts with the highest proportions of children in income deprivation. Referrals to children's services are below the national rate, but the rate of children in need and looked after per 10,000 of the child population is substantially higher (Department for Education, 2016).

Wiltshire is a rural county with a population of just over 470,000. In the 2011 census, over 93% of the population identified themselves as White British (ONS, 2016). The authority is among the 100 least deprived areas in England. Rates of referral to children's social care services, and children in need and looked after per 10,000 of the child population are all below the national rates (Department for Education, 2016).

## Overview of the evaluation

The overarching aim of the study was to evaluate the short term outcomes of offering and delivering Daybreak’s model of FGC to all families for whom court proceedings were about to be initiated (PLO letter/letter of intent issued). The objectives were to:

- examine children’s and families’ views on the strengths and limitations of Daybreak’s model of FGCs
- explore professional perspectives on the use of FGCs
- evaluate the costs and outcomes of delivering the Daybreak FGC model to children and families on the edge of care in 2 local authorities.

In line with the primary and secondary outcomes of the project, the following indicators were examined:

- FGC plan agreed by the family
- FGC plans agreed by children’s social care (deemed to be safe)
- reduction in admissions to care
- increase in safe placements with family members (primary outcome)
- children and young people remaining with family (sustainability of plans)
- timely decisions and reduction in duration of care proceedings, thus reducing costs
- children say they had a voice and were involved in decision making processes
- family members were involved in decision making; and were satisfied with the plan, and perceived it to be sustainable

## Methodology

A mixed methods approach was employed to meet the aims and objectives of the evaluation.

The approach is summarised in the table below<sup>2</sup>.

**Table 1: Summary of research methods**

Method	Summary	N
Survey to families	From April 2015, all family members and children aged 5+ who attended an FGC were invited to complete an online survey <sup>3</sup> at 3 data collection points (at FGC, 3	Wave 1 = 72 family members Wave 2 = 34 family members

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<sup>2</sup> Further details about the methodology are available from the research team on request.

<sup>3</sup> see Appendix 3 for details of the survey administration and follow-up process.

Method	Summary	N
	months, post FGC and 6 months post FGC) <sup>4</sup> .	16 children/young people
Focus groups with social workers	Focus groups with social workers from the 2 Daybreak FGC pilot authorities were carried out between January and February 2016	11 social workers in total.
In-depth interviews with key parties	In-depth interviews with key parties (child, parent or another family member and social worker) in 15 cases were conducted between November 2015 and February 2016	15 family members 4 children/young people 12 social workers 2 FGC Innovation coordinators
Management Information System (MIS) data	Anonymised summary Management Information System (MIS) data on families in the 2 local authorities.	Southwark: 69 cases <sup>5</sup>  Wiltshire: 144 cases

During the course of the evaluation the research team sought to build research capacity and also developed an evaluation toolkit to support additional data collection.

Ethical approval for the study was granted by UCL Institute of Education Research Ethics Committee and children's names have been changed to protect their identities.

## Limitations and changes to the evaluation methodology

The short timeframe for the evaluation set by the Department for Education had a bearing on the evaluation team's scope to assess the longer-term impact of FGCs for families to whom a letter of intent was issued. Follow-up views were sought from families 3 and 6 months after their FGCs. However, longer term monitoring and follow-up would have been desirable to address gaps in the evidence base concerning the sustainability of FGC plans and satisfaction with outcomes.

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<sup>4</sup> It must be noted that attrition rates were relatively high and, while sufficient data for analysis were obtained for Wave 2, the data obtained at Wave 3 were limited and was therefore excluded.

<sup>5</sup> Southwark supplied data on all cases where an FGC was held. Wiltshire also supplied data on 21 non-innovation funded FGCs delivered by Daybreak, which were included in the analysis, and data on families meeting the criteria who did not attend an FGC (n=50).

## **Interviewee recruitment and survey response rates**

The evaluation team encountered challenges recruiting families to participate in the survey and interviews. Survey response rates for children and young people were low. One reason for this was that approximately two-thirds (~66%) of the children who were the subject of an FGC were aged under 5 years, and it was not considered appropriate or feasible to invite them to participate. Furthermore, it is important to note that the interview data may have been also subject to a degree of bias, because, in the majority of the qualitative interview sample cases, the children or young people remained with their birth families.

Four children and young people were interviewed in Wiltshire, and none were recruited in Southwark. An explanation for difficulties in recruiting young participants was offered by one of the Innovation Project Coordinators:

...they [parents and caregivers] just say no I don't want you to talk to them, you know, with a very firm voice, protective, and if you explain the process they just felt really protective, they don't want them involved in any way, so they are trying to keep the children separate from everything. Which could be natural parental instincts.

Another issue was the high rate of attrition across waves in child and young person survey data. This attrition meant that meaningful levels of data were available only for a single time point. While this provided useful information on perspectives on the process, such snapshot data does not allow for analysis of how perspectives and outcomes for children and young people might change over time.

While the family member sample response rates were considerably higher, longitudinal follow-up data were limited. Survey response rates in waves 2 and 3 were low, which limited comparative analyses over time.

## **MIS comparator data to track the child's journey**

The Daybreak FGC local authorities completed an excel spreadsheet providing anonymised MIS data to contribute to understanding children's journeys through the system. The intention was to compare data from the FGC authorities with 2 comparator local authorities who were statistical neighbours but who did not offer FGCs, to facilitate exploration of similarities and differences in pathways and outcomes. The evaluation team approached 4 local authorities as potential comparators, but each declined to participate due to the time and resource implications of completing this request. Instead, historical statistical return data on children who started and ceased to be looked after in Southwark and Wiltshire were collated to examine trends, to enable comparisons to be drawn between time periods before and after the intervention. Statistical return data on children who started, and ceased, to be looked after in the 3 closest statistical neighbour local authorities over time were also collated, to look at trends in admissions to care in these areas. The main limitation of this was the uncertainty over how much use they made of FGCs.

## Findings

Statutory guidance on court orders and the pre-proceedings process acknowledges that:

Enabling wider family members to contribute to decision making where there are child protection or welfare concerns, including where a child cannot remain safely with birth parents, is an important part of pre-proceedings planning. Wider family meetings, such as family group conferences are an important means of involving the family early so that they can provide support to enable the child to remain at home or look at alternative permanence options for the child (DFE, 2014, p.16).

The following sections set out the key findings of the Daybreak FGC evaluation in light of the short term outcome indicators presented above. An overview of Daybreak FGCs is provided in Appendix 1. It is also important to note that FGCs do not happen in a vacuum; the quality of children's social care assessment, planning and intervention also have a bearing on case progression and outcomes.

In the report, attention has been given to 3 distinct phases of the FGC process, which are FGC preparation and planning; the FGC meeting, including development of the plan; review of plans (Barnsdale and Walker, 2007). Although this process applied in both local authorities, there were some differences in the referral pathways and approach employed. In Southwark, the referral for the FGC was submitted by the social worker at the edge of care panel meeting. In Wiltshire, the referral for the FGC was made by the social worker at the meeting with the family, approximately 2 weeks later than in Southwark. Further details are provided in Appendix 2.

### Family group conference referrals, preparation and planning

Research shows that social workers can be reluctant to refer families for an FGC because of fears that risks will be less effectively managed, shortage of social worker time and difficulties in fitting FGCs into existing decision making processes (Barnsdale and Walker, 2007, p.3). For the Children's Social Care Innovation Fund project, the local authorities agreed to offer an FGC to all families to whom a letter of intent to initiate care proceedings was issued between 1 April 2015 and 31 March 2016.

### Timeframes for referrals and convening FGCs

It was agreed between Daybreak and the 2 local authorities that families would be referred within 20 days, and that FGCs would be convened within 15 days of receipt of referral. Table 2, below, provides a summary of the timeframes achieved in 138 sample cases:

**Table 2: Daybreak tracking data on referral timelines**

	<b>Southwark</b>	<b>Wiltshire</b>
Legal panel to receipt of referral	34.6 days (range of -6 – 137) <sup>6</sup>	33.5 days (range of -23 – 105)
Receipt of referral to FGC	42.7 days (range of 9 – 142)	23.7 days (range of 5 – 76)

Social workers perceived that the majority of FGCs were convened within the target timescale, and reported that longer timelines were not generally due to drift<sup>7</sup>, but the result of proactive work to ensure the right people could attend, as the following quotes illustrate:

In some cases...families that we are working with don't want their relatives and their friends knowing what's going on, what the concerns are, and that can take a bit of time and a bit of reassurance and a bit of relationship building, which you can't always do in 15 days (Social worker)

...I mean if you've got a big family and you want them all to come, it has to fit with them, because obviously, they are held mainly in the day, and people work (Social worker)

Furthermore, it was also noted that completing the process within the target timeframe should not be an end in itself:

...sometimes if they [FGCs] happen too quickly everyone is very reactive. Whereas I think the slight delay may have meant everyone had more time to really digest what was going on, what was expected...I can see that there may be situations where for it to happen immediately is a very good thing, but in some circumstances, actually a little bit later on may be better. I don't think one rule fits all on that (Social worker).

## **Family perspectives**

During the preparation and planning phase the FGC coordinator meets with members of the family to discuss the purpose of the FGC and to explain the process. Wave 1 survey data showed high levels of satisfaction with the approach employed by the coordinators:

- all respondents from both local authorities agreed, or strongly agreed, that they understood what was going to happen at the FGC

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<sup>6</sup> Negative figures reflect cases where Daybreak were in receipt of referral prior to case going to panel.

<sup>7</sup> In some cases, workloads and staff turnover did mean that delays were encountered and targets were missed.



- the vast majority (67 out of 70, 96%) reported that the coordinator had adequately prepared them for the process
- the majority of participants (66 out of 69, 96%) either strongly agreed or agreed that they understood why the conference was happening
- 67 out of 70 (96%) of families said that they had been involved in decisions regarding who should be invited to the FGC
- a small proportion (3, 4%) indicated that they were unclear as to the reason for the FGC

Data from the interviews with family members provided further insight into how Daybreak coordinators were instrumental in ensuring they were informed about, and prepared for, the FGC. As one mother explained:

...they (Daybreak) are meant to support the family, they are not against family, they are not going to remove your daughter or your son from you, they are meant to support. So then the day of the meeting no strange issues came up, it's what I've known about, what I understand, we are just discussing ...who is the family that can take the baby, and can adopt the baby (Mother).

Only one mother suggested that she would have liked to have had more contact with Daybreak in the run up to the conference.

The majority of family member interviewees stated that the Daybreak facilitators were effective in minimizing anxiety about the FGC by clearly explaining what would be involved. As one participant explained:

Daybreak came onto the scene and explained it as a voluntary sort of process that they do...and I didn't have to take part if I didn't want to, and obviously I was a bit apprehensive, being on my own and all these authorities being against me, I thought is this another one that's stepping in...the coordinator, she was very nice and very reassuring, and she made me feel as though the decisions was mine, and that I was in control all the way through. And obviously then she'd speak to the children and stuff and it was very much about them, and about me (Mother, interview).

One mother, who was initially sceptical about the FGC, explained that, after contact with the coordinator, she understood that its purpose was to support the family. Another was concerned about conflict between family members, but was reassured that this would be managed, and that safety procedures with the police had been put in place.

## **Professional perspectives**

The majority of social workers who participated in focus groups and interviews reported that Daybreak coordinators were effective at minimizing family members' anxieties about FGCs by explaining what would be involved. Their preparatory work with the family was seen as essential:

And for us we don't get to speak to the grandparents or the aunties or the uncle on a regular basis, but the coordinator's probably gone out and spent 2 hours in their house, and spoken to them 5 times on a phone... I think they have... a really good understanding of that wider family and therefore can manage the expectations of the plan a bit better when it comes to the plan (Social worker, focus group).

Six social workers also mentioned that their communication with Daybreak coordinators was very good, as the following quote illustrates:

The coordinator...got in touch straightaway...we met the following week and we had a meeting...he was asking me what the questions were that I wanted to put to the family, he seemed really experienced and knowledgeable about the way questions could be framed, what would be useful, thinking about how people might react to what (Social worker focus group).

Similarly, another social worker reflected that:

[The coordinator] was very good, and actually there were bits where after, you know, the more shortcuts you take, and it reminded me...it was really good actually, just to go back to the basics...we went through the process, she reiterated the principles, you know of not preaching to the family, dignity and respect that's required in the room, reminded me of the power shift and balance, and that was all very good as well (Social worker focus group).

However, 4 social workers mentioned that the quality of the coordinators' facilitation of FGC could be variable, and another social worker referred to a coordinator being 'non-neutral' and a 'bit too directive...in terms of parenting'. For example, one social worker explained that:

...it does depend on the case, I'd have to say, I've had quite a few conferences, some of it I'm sure you won't be surprised to know, will be chair dependent, I thought this chair was particularly good. I've had experiences where I haven't thought the chairs were particularly good, and haven't kept them focused (Social worker, interview).

## **The Family Group Conference meeting**

### **Family perspectives**

Based on survey responses from the family members involved in the FGC process, the following was reported to have worked well:

- coordination, which was understood to be instrumental in the smooth running of the process (n=10)
- presence of coordinators who were viewed as an independent source of support and were not perceived to have preconceived ideas about the family, thereby facilitating communication (n=10)
- the FGC provided a platform to enhance communication and 'got things out in the open' and allowed 'cards to be put on the table' (Social worker) (n=26)
- the physical space afforded by the conference and a controlled environment, which was more neutral than children's social care settings (n=4)
- the private family time, provided during the FGC to discuss the plan without the presence of professionals, provided a good opportunity for the family to develop a suitable plan to address children's social care concerns
- being listened to: 96% of respondents in Southwark and 75% in Wiltshire considered that their point of view was heard

Areas for development or issues of concern:

- 3 families in Wiltshire indicated some level of dissatisfaction with the people who were invited to, and present at, the conference
- 5 respondents raised concerns about being in close contact with hostile or controlling ex partners, or family members, which resulted in feelings of discomfort and tension
- 7 family members<sup>8</sup> also said that, although plans had been agreed, they were not optimistic that these would be adhered to; family members were unlikely to follow plans, or were perceived to have been untruthful in representing their situation during the conference

Findings from interviews with 15 family members who participated in the FGC process largely mirrored those drawn from the survey data. Daybreak FGCs were generally welcomed because they provided people with an opportunity to provide the family's perspectives; demonstrate to children's services that there was a support network available; and a chance to devise a plan for the child. As one participant explained:

It got the social service to actually know who we are, as a family, and as a unit, and how we operate really, you know what I mean, because as far as I'm concerned we are just a normal loving family (Grandfather).

One mother reported feeling very positive about the family's participation in the meeting:

Yeah, we was all listened to, the whole lot was, everyone had their say basically... you know, health visitors and everything was involved, and they had their say, and where they thought [name of young person] should be, and stuff like that (Mother).

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<sup>8</sup> Free text comments on the survey in relation to 6 FGCs.

A father explained that he was initially sceptical about the purpose of the FGC but later felt that it had given them as a family the time to develop a clearer understanding of what needed to be done:

...just think we treated it initially as another hoop to go through, didn't really take it seriously, but then I think we saw it as an opportunity to...get things out there. I suppose to some extent it does help straighten things in your own head, in your mind, about what you've got to do (Father).

Most family members also reported feeling positive about facilitation by Daybreak coordinators, as they were able to manage what could be a tense environment. As one respondent explained:

...[name of coordinator] was really good in that she...kept us, you know, talking about the right things...because it can so often go off. She kept us focused on what we were doing, and ...she didn't stand any messing around. You know, she was quite firm if she thought people were getting sort of...not nasty, sort of making points that weren't relevant ...I knew that she hardly said anything but when she did it meant something, but I can't remember any specific example. I think she actually threw 1 or 2 little ideas out and got us all going again on a couple of things (Grandmother).

### **Children and young people's participation**

Family members were also asked for their perspectives on the involvement of children and young people in the FGC process. One mother was positive about the way in which her children had been involved in the FGC from its planning, such as choosing the venue and food, through to the day of the FGC:

...the children were able to choose what invitations they wanted to send out, what pictures and that they wanted on the invitations, so it was giving them the control as well. And they sat down and chose all the food that was going to be at the conference..... they let the children choose the venue, because obviously [name of eldest child] was 14 and she was like worried about it being in town and people seeing and saying oh what's going on? So obviously [name of eldest child] asked for it to be out of town and they abided by that....And [name] (the Daybreak coordinator) came around on a few occasions to talk to the children about the process, so they were fully aware, and we understood that we could pull out at any time, it was an optional thing... they could've just said I don't want it read out, or I don't want to say it, and obviously they wouldn't have forced anything how it was being shared. So the children were totally in control (Mother)

Advocates were also considered to play an important role in FGCs when children were not present. One grandparent, whose 2 grandchildren did not attend the meeting, was positive that their views had been represented through the advocate. The importance of children's advocates was also identified by a number of social workers. As one explained:

The advocate that's been used has been the same advocate in all my cases as well, she's been really good involving the children and getting across their views. The food table, I've had a child who that was the most important thing, she called it her party and arranged the whole food table, and she really, that felt like she was an active part of it...and that's been really important to her to be part of that process (Social worker).

Only 1 family member interviewee did not know why their children were not invited to the meeting, and because they were not present, he felt that they did not have a say in the decisions made at the FGC (Father).

## Professional perspectives on the FGC meeting

Feedback forms administered by Daybreak, and completed by 41 social workers,<sup>9</sup> showed that everyone felt that they had received adequate information about the FGC process; that attendees had been given the opportunity to have their say; that the children's wishes were taken into account; and that the family plan addressed the reasons for the FGC. Free text responses highlighted the value of enabling all members of the family to own the support offered, of maximising sources of support, and family members having the opportunity to be honest and open and listened to. Interviews and focus groups with social workers also explored their views and experiences of Daybreak FGCs, but their responses extended beyond this. Professionals also reflected on the strengths and limitations of the FGC model in work with families on the edge of care more generally.

Social workers reported a number of strengths of Daybreak FGC meetings. Eight mentioned that the meetings assisted with establishing families' commitment to engaging with children's social care services, and that they clarified whether or not networks of support were available. This information was thought to be useful to inform decisions about the best outcome for the child. For example, 1 social worker reflected:

For me, by the time the review conference came around we could really see the family had pulled together, which is something that hasn't happened before, their relationships before were quite fractured. So...yeah, and it gives us the evidence, I guess, of whether they can stick to a plan or not, or how it's managed (Social worker)

Three social workers also commented that Daybreak coordinators' involvement had improved their relationship with the families. For example, 1 social worker explained that:

... Daybreak, they are obviously very used to explaining ...the process, and that kind of added reassurance that we, as social workers, are not just trying to remove the child, that we are trying to work with the family to come up with the solution, and

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<sup>9</sup> Forms were handed out at the end of 132 FGCs.

I think that eased my relationship with my mum, because the mum then understood that this was a process for them rather than for me (Social worker).

Another reflected that:

The father does feel now that he's been given an opportunity and he feels his network of support has been acknowledged whereas previously it was kind of discounted, so yeah, it has (Social worker focus group).

This sentiment was echoed by 2 family members who participated in interviews, who reflected that their relationship with their social worker improved as a result of the FGC. One interviewee mother reported that she felt more supported, and no longer believed the social worker was out to get them.

Four social workers also noted that the FGC helped to improve family networks and support. For instance:

...on 1 of my cases as part of the plan was that everybody gave permission for everybody to know everything, which I think was a really big step, because before I had a young couple and they wouldn't tell their parents, or their grandparents, how bad things were, so when I sat there and said we are in pre-proceedings, none of them knew, they didn't understand kind of where the, where the young family were, so they all stepped up... because they...the 18 and 19 year old parents had not been graphic enough (Social worker focus group).

Social workers also valued the independence and impartiality of the Daybreak facilitators and suggested that they were good at keeping discussions focused:

...there was an opportunity for the meeting to be quite lengthy and people to go off quite a lot on certain tangents, and I think that made it more structured (Social worker focus group).

...no-one was afraid to say anything...there was something about the way it was managed that I felt that everyone was safe...it felt very safe. And there were professionals that could have been in line for a bit of a bollocking...and I mean they could have turned on me...there was none of that at all, it was very focused (Social worker, interview).

## **Challenges and issues**

Family meetings, such as FGCs, are acknowledged to be an important means of involving family in decision making processes early, so they can provide support to enable a child to remain at home, or look at alternative permanence options (DFE, 2014). However, previous research has highlighted the tensions that can arise in the use of FGCs, which promote family empowerment, and more traditional and hierarchical models of social work intervention (see for discussion, Barnsdale and Walker, 2007).

Many of the challenges and issues raised by professionals in this evaluation echo those from previous research in this area.

### **Alignment of the FGC process with statutory social work processes**

As the discussion above has demonstrated, professionals highlighted a number of benefits of FGCs. However, there were cases where social workers questioned whether convening an FGC was an appropriate service response. It was noted that in some circumstances family networks are small and/or relationships are too fractured for the process to yield the levels of support that would be required to protect and promote a child's welfare.

In the focus groups, social workers also highlighted that there was a need to clarify the relationship between FGCs and statutory social work processes. It was noted that families can become confused about the role and functions of different meetings.

I get 'another meeting', what sort of meeting is this? And it gets very confusing because depending on where you are with a case it's they are either having monthly core group meetings, they will have had, or possibly have coming up, legal meetings as well, they get completely confused about what kind of meeting it is, who do they bring?

Another social worker suggested:

Where [you're having] a family group conference and child protection conferences it is confusing. And I had a dad only yesterday going into a child's school and saying you should have been at the core group meeting yesterday, and it wasn't a core group meeting yesterday, it was family group conference yesterday. You know, there's still this confusion about what it is and what it's for.

Professionals also suggested that there was scope for FGC processes to be more fully integrated within children's social care planning and review processes.

... because of the discrete nature of family group conference, if what is asked for in the plan is resource intensive it's difficult to be sure that you can guarantee those outcomes, because there isn't...the accountability back through the same process...Because in the child protection process ...you have the review meetings, you have the independent chair...and there's a chain of command and accountability. Whereas when you go through a discrete process there's no accountability... From the family's point of view there's no way of holding them to any accountability (Social worker interview).

Another social worker similarly spoke about plans getting lost because they are not part of the formal child protection process:

I don't think that's really happened, like monitor the plan, I think that's where often plans fall down, you know, unless we take action in terms of like maybe going to

court, and bringing up what the plan is, and who's doing what, or it's done in a more formal way, maybe at a child protection conference, something like that, it kind of gets a bit lost. (Social worker interview).

## **Conflict and risk management**

Feedback on Daybreak's coordination and facilitation was largely positive, but 4 social workers raised concerns about management of familial conflict and diffusion of tensions during FGC meetings, where emotive issues are explored, and children may be present. As a social worker reflected:

....I suppose another thing is just like managing the risks...they are emotive topics, it could get heated, and it's just about how safe is, I don't know, the coordinator, and how well trained are they at diffusing situations... Because it would be kicking off sometimes. And with children being present you would present information in a certain way that's age appropriate, but then you've got adults there who it may be beneficial there for them to hear things a bit more bluntly. So what if you are talking about things that the children don't necessarily need to know about, so I think it's just tricky about confidentiality and managing the emotions in the room (Social worker focus group).

In 2 cases social workers also reported that they felt exposed during the FGC meeting. As one explained:

...I've found a few times, and that's on a practitioner's level, where the social worker is in a very vulnerable position when she walks into a family group conference...and the coordinator protects their independence quite strongly, which leaves the social worker quite isolated, and I have been in situations where I have been verbally attacked...very recently I had a situation where a grandfather became very, very, abusive towards a father, and I had to step in<sup>10</sup> (Social worker interview).

## **Confidentiality**

One of the principles underpinning FGCs is that families can decide who the important people in their lives are and who should attend. Three social workers raised concerns about case confidentiality, especially when multiple fathers and large extended family and friendship networks are involved in FGCs. There were particular concerns about details that may be inappropriate to share amongst all attendees, such as the mother not wanting all fathers to know about her situation, given that it is a space where 'everybody gets to know what's happening' (Social worker):

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<sup>10</sup> Daybreak do carry out risk assessments prior to FGCs and the police are called when necessary.



...And sometimes you'll have like non-family members, maybe neighbours, that maybe shouldn't know the ins and outs of what's happening, so how do you manage that and also include them as a network of support?

... and it gets even more complicated, if there are different dads and different children, you know, what right does that person have to know about the situation, because some members will tie them together but others will have nothing to do with each other, so it depends who you are involving and how you do it (Social worker focus group).

During the project, Daybreak did run separate meetings for some families, in recognition of this issue.

## Plans

### Family perspectives on plans

Wave 1 survey data showed that:

- over 90% (n=64) of respondents were happy with the plan made at the conference, and a similar proportion considered that the plan made constituted the best outcome for the child
- over 80% (n=57) felt that the plan would result in increased safety for the child
- more than three-quarters (76%, n=51) felt that the child would be happier as a result of the plan
- over 80% (n=57) of respondents agreed, or strongly agreed, that their family could make the plan work
- families in Wiltshire were slightly less confident in plans made, and 5 families (11.6%) disagreed that the family could make the plan work

At Wave 2, 3 months later:

- over 90% (n=32) of respondents were happy with the plan made at the conference
- 97% of respondents (n=33) considered that the plan made constituted the best outcome for the child
- almost 90% (n=30) felt that the plan would result in increased safety for the child
- almost 80% (n=27) felt that the child would be happier as a result of the plan
- almost 90% (n=29) of respondents agreed or strongly agreed that the plan was working for their family

Wave 2 survey data also suggested that many found the conferences particularly helpful in securing social, practical and emotional support to improve outcomes for children:

- 17 respondents mentioned support and increased awareness of potential support from family and friends

- of these, 7 also commented positively on family working together and improved family relations
- 4 respondents also noted benefits for children, who were happier, and experiencing greater stability
- autonomy and ownership of the process was also seen as a key benefit: 3 individuals observed that they felt stronger, empowered or more in control as a result of the conference, and 6 commented on the role of the conference in ensuring plans were followed and boundaries put in place

While some negative aspects were also highlighted, these were commonly related to feelings that the plan developed was redundant, as individuals felt that things were already working well:

...family support present regardless of FGC (Mother)

...I took my own steps anyway to keep my child safe and happy, nothing has changed because of FGC (Mother)

...the plan has been the same as per the past 10-12 years. Nothing has changed (Mother)

A full summary of the survey response data is provided in Appendix 4.

Consistent with the findings from the survey, the vast majority of family members who participated in the interviews agreed with the plans that were made during the FGC. The core components of plans varied case by case, but often covered contact arrangements and identified forms of support and who would provide this. The following respondents explained:

...some of my friends said they'd take care of all the 4 children if needed to be...and obviously a lot of it was supporting me to make sure I seeked (sic) further help if I needed it, to be there to support me and the kids, and to put other people stepping forward to arrange, to supervise contact between dad and the girls, to obviously keep me safe and keep me away from it all and protect me as well...So straight away as a family you feel powerful and in control to keep your children safe and to be trusted as well (Mother).

...some respite, so either my mum or my sister will take my daughter out for the day, and the other one will take me out, either for lunch, or I'll go to my mum's for a bit, or to my sister's. And come around and visit, they'll help me keep the place a bit tidy. They'll, you know, spend time with [name of baby] so I can just relax for a bit or get on with some cleaning (Mother).

In 7 cases respondents perceived that the FGC was a hoop to jump through and/or that plans simply reaffirmed arrangements that the family had in place already, rather than opening up new means of support:

It was pretty much what we had in place anyway ... So I think social services took us to that... just to get it written down, so if something happens in the future... because they can use it as well, they can use the outcome as well, they can take that to court and say well they agreed to do this, and they didn't do it, therefore, you know, it's evidential for them as well as it is for us. So there was a bit of trepidation about whether we wanted to do it in the first place, but as I said we haven't got a choice. (Father).

In another case, an aunt explained that the original plan developed by the family was changed following the FGC, due to the social worker's manager's concerns about contact with the paternal grandparents:

She said oh it's fine, and agreed, but she said she's got to go back and ask her manager before it can go ahead, but she didn't tell us, she said no, everything was fine, and then she went back and wanted to change everything without any of us knowing. .... (Aunt).

## Professional perspectives

In 84 of the 89 cases where management information was supplied, family plans were reported to have been agreed by the social worker. Perspectives were also sought from social care professionals on whether FGC plans were agreed by children's social care and deemed to be safe. Data from the focus groups and interviews with social workers indicate that plans made at the FGC were largely seen to be safe and sustainable.

During the focus group discussions, a number of social workers reported that they would often make minor tweaks to the plans that families developed to maximize the likelihood that plans would work:

X: I think when you come back in, after the family have made the plan they go through it and you can say as a worker whether or not that's safe or appropriate, and why, so you are given the opportunity to do that, and I think that's helpful in making it safe.

XI: I don't think I've had any issues with safe, I think I've tweaked a few things from the family when they've gone through the plan and I've said mmm...

X: Needs to be a bit more specific kind of thing.

XI: Yeah, should we say 1 day a week or..? You know, and kind of weaned them onto what my expectation of that safety bit would be, rather than theirs, so, you know, might be contact 3 times a week, and I said well do you not think you'd better start with 1 day a week? Yeah, because it's their plan isn't it? So it's their idea. But that gives you an idea of how safe they think they are.

XI: So if they are completely out there, and you come in and their plan is like off the wall and dangerous you think oh my God we are not going to get anywhere here are we, because, you know, they are so far away from what our expectation is, but often it just needs a little tweak (Social worker focus group).

Further, as these social workers explained, their input both pre- and post-private family time was important:

I: ...the plan that they come up with wasn't really very specific, it was quite woolly, but it's good that we have a section in the meeting where we can say as the social worker what our view is on the plan, and just sort of say actually we can't endorse that plan, it's just not suitable.

II: ...And on one of mine it was a discussion around contact and actually because the family had already flagged up that was what they wanted to talk about, 1 of the issues, the coordinator was actually, would come to me and say what would your views be? So before they actually had the family time I was actually able to say give some boundaries around what children's services would find acceptable and not. So that was quite good (Social worker focus group).

In 1 case, the social worker modified the plan during the FGC to make it more workable:

The plan that was made was that when the baby is born that the father said that he would be available sort of 24-7, but they are not together. So I remember saying does that mean you are going to actually have your mobile phone on all the time then? If she needs some help in the middle of the night or something are you going to actually do that? It didn't seem like that was going to be possible....I'd asked them to actually be very careful about what they put down in the plan, because it needs to be workable (Social worker interview).

Four social workers identified that FGCs were an empowering space for family members who may have perceived that their opinions had been discounted by children's services in the past. One social worker commented, 'it gives the responsibility back to the adults and makes them the experts'. In particular, plans were seen by 2 social workers as a means to empower families to make decisions about the best support for their children:

For this family it was really well done I think, that the plan was kept to very well, it helped the family having a plan because they knew they could refer to it. So if there were any changes suggested by anyone in the family is it in the plan? If it's not in the plan we'll need to talk to the social worker about that (Social worker interview).

In 1 case, the plan was helpful in spurring the mother to realise what she wanted and was feasible:

.. I think in a way having that conference really helped her think about what the long term responsibilities would be, and her brothers and sisters were there, and, her, you know, stepfather and friends, a long-term friend of her had come, who was quite sensible, and said listen, you know, you need to stop messing around now,

this is serious and you need to think about your son, and what's best for him, and where he's gonna be. I think it did help her understand where she was really, and how she was gonna accept it, and how it was gonna work out (Social worker interview).

One social worker explained, adults with learning difficulties were provided with advocates to assist with expressing the family's views:

...Daybreak have organised intermediaries for the parents and the children and all of that, so there's 4 kids and they've all got their own difficulties, so they've got intermediaries [advocates], and then mum's got learning difficulties, dad's got learning difficulties, so they've got intermediaries [advocates] as well, and that's been organised by Daybreak...because it's about the parents and the kids isn't it, so they've got their own support there, to be able to express their own views. So that's added to the delays, but they bend over backwards to try and facilitate everybody having a view, which is really good (Social worker focus group).

However, another social worker commented that 1 of her families would have benefitted from sustained support throughout the FGC and into family time, echoing previous concerns about the withdrawal of advocates during family time:

I suppose the only thing for me, which I understand is a part of it, is the advocate only stays in for a few minutes. I, on a different case, have had parents with complex needs, and I think it would have been useful, perhaps, if their advocates had stayed in (Social worker interview).

## **Reviews and sustainability of FGC plans**

Under Daybreak's Innovation model, meetings were available to review the plan and make any necessary changes.

### **Family perspectives on review meetings**

Family members were asked for their views on review meetings. Three family members reported that no review meeting had been planned because everything was going fine and nothing had changed from the original plan. A further 2 were unsure whether they had attended an FGC review. Of those that had attended a review meeting, 4 explained that nothing was changed from the original plan at 3 months. In 2 cases, contact arrangements had been changed at the 3 month review. In the first of these cases, this was because the father was not sticking to the initial plan, and in the other, contact was increased following the positive outcome of a residential parenting assessment.

### **Social worker perspectives on the sustainability of FGC plans**

The qualitative data from social workers indicate that review meetings were seen as particularly useful in understanding the long term commitment of wider family members:

I: ... the one with my looked after child I am not very confident about the way the family has managed that. And I do sometimes worry, not just in family group conferences, sometimes in child protection planning, where you suddenly get relatives turning up to it, sometimes my impression is that they are there for a bit of excitement and interest. ... And then as soon as you look away they are going to just drift off again because it's got boring. ...

II: Yeah, they are not always committed, but I think that's where the reviews are quite good as well, and usually by that point you know whether they are going to be involved long-term or just fizzle out (Social worker focus group).

...we did try to have a review, well we did have a review conference, but only X and his mum turned up...you know it kind of sent a message that ... people weren't really buying into it.... they just didn't come, the people were invited and they just didn't come (Social worker interview).

Review meetings were also useful for social workers in providing further insights into the sustainability of plans. As 1 social worker explained:

the first meeting [FGC] [we] had a very detailed and exact plan and it was achievable, and for a brief time that plan went OK, and and most people kept with the majority of it..., however, gradually 1 person stops doing 1 thing, and then all the other plans stop, yeah, like you say it's all evidence .... But yeah, they are usually, yeah, achievable (Social worker, focus group).

One Innovation Project coordinator explained the varied approach to review meetings, because some families decline the review, and sometimes social workers delay it until things have actually been implemented. Flexibility in if and when to hold review meetings was viewed to be beneficial by 1 social worker who asked for an additional review, because of changes in who was holding the cases. She explained:

I asked for a second review on the grounds there was a new social worker and Daybreak granted it (Social worker interview).

One social worker felt that a systematic approach should be adopted and that review should always take place:

There was no review but I think a review should always take place. Need to book in a date with the family immediately. Plans made are good but we need to see whether or not they work (Social worker interview).

## **Children and young people's views**

Sixteen young people aged between 6 and 15 years (mean age 10 years) completed surveys after the family group conference, designed to elicit information about their

perspectives of their own levels of happiness, as well their perceptions of the FGC process and outcomes<sup>11</sup>. Twelve young people reported that they were living with their birth mother at the time of responding, while the remaining 4 were living with foster carers. Parents and carers were also asked for their informed consent to approach children and young people, to invite them to participate in an interview to explore their perspectives on the FGC process. Four young people from Wiltshire agreed to be interviewed.

Overall, findings from the survey revealed that:

- the majority (8 out of 13) agreed, or strongly agreed, that the FGC process was a good thing for them
- 12 of 13 agreed, or strongly agreed, that their views were represented at the conference; only 1 respondent reported that they had no advocate present, and did not feel that someone was present to put forward their view
- 9 out of 13 felt that their views were listened to
- levels of understanding were high, with almost 80% of respondents (n=10) reporting that they understood the plan that was made
- 11 out of 13 reported feeling happy that that the conference had taken place
- 10 of the children and young people surveyed believed that they would be happier as a result of the Family Group Conference
- While 6 respondents agreed or strongly agreed that they would be safer as a result of the conference, the remaining 6 expressed uncertainty.

A table providing a summary of all the survey findings is presented in Appendix 4.

## **Happiness and satisfaction with life**

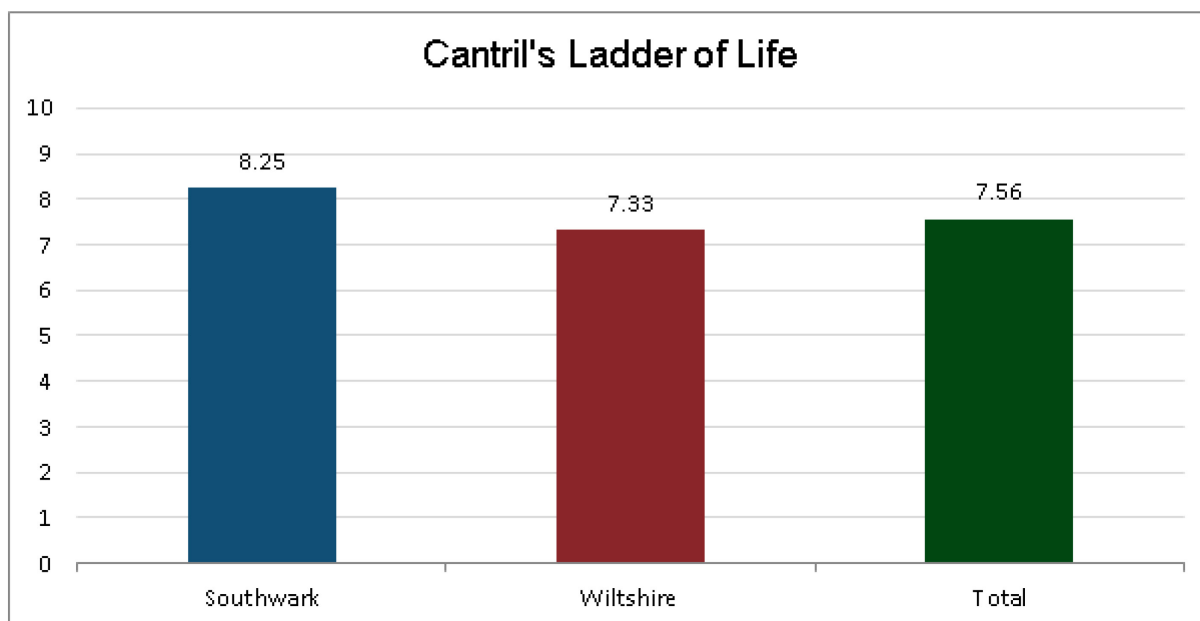
Young people were asked to rate how they felt their life was going on a scale of 1 to 10 (see Figure 1) (Cantril, 1965)<sup>12</sup>. The mean rating was 7.6 (SD, 3.03), indicating that young people had positive views of their present lives. While numbers were too small to assess statistical differences, responses indicated that young people in Southwark were slightly more satisfied than those in Wiltshire.

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<sup>11</sup> As noted previously, high levels of attrition meant that meaningful levels of data were available only for a single time point, shortly after the FGC.

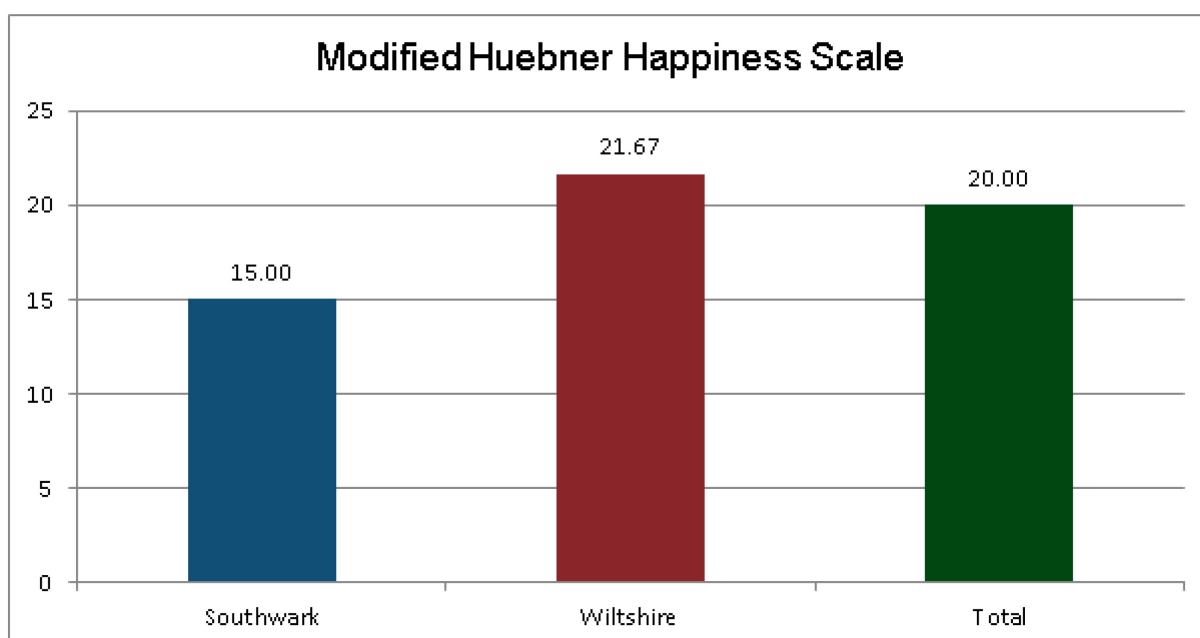
<sup>12</sup> Scale: 1-3 very low, 4 low, 5-6 average, 7-8 high, 9-10 very high.

**Figure 1: Children and young people's satisfaction with their lives**



Young people were also asked to complete a modified happiness scale (see Figure 2). Young people reported high levels of happiness overall, although this varied substantially between local authorities, as Figure 2 shows (Rees et al., 2010)<sup>13</sup>. The reasons for this are not clear but may reflect socio-economic variations rather than issues concerning FGCs.

**Figure 2: Children and young people's perceptions of their happiness**



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<sup>13</sup> The high rates of attrition were particularly problematic here, as no data were available to compare happiness ratings over time, making meaningful conclusions difficult to draw.



The 4 children and young people interviewed were aged between 5 and 13 and they all attended their FGCs. They reported that they valued the family being brought together and said that they were able to input into the plan, especially in relation to contact arrangements with fathers. All of the 4 children and young people reported feeling that they had been listened to at the FGC, and mentioned enjoying choosing the food. When asked if they felt they were listened to, 1 young person commented:

When they left us as a family to talk about what would happen, it was me and [name of sibling] were writing down everything and coming up with some of the idea....And we asked a few questions as well didn't we.... we was all listened to...everyone had their say basically, so I found it really good, because everything was listened to by everyone...health visitors and everything was involved, and they had their say, and where they thought [name of younger sibling] should be, and stuff like that (Josie, interview).

When an advocate was used both prior to, and during, the conference, children, family member and social worker respondents saw this as a positive aspect of Daybreak FGCs (such as having someone read out what they wanted to say via letter, and also when the children were present). Three of the 4 young people talked about having an advocate present. As one young person (Abigail) put it, she had the advocate to say what she was thinking. Josie spoke about the importance of the Daybreak coordinator in addition to the children's advocate in assisting her to say what she thought:

they [the advocate and facilitator] came around and took notes on what like we wanted to say, and if we never had the confidence, like wanted to say it at the meeting, then they would say it for us....I let the advocate say it...But I had a copy in front of me, so like I knew what she was saying. I was sat next to her (Josie, interview).

This young person went on to explain how she participated during family time:

...we all wrote on a massive sheet of paper what we like would want to happen, and then anything that the professionals agreed with they were like write it on a different bit of paper, like a different plan....I wrote a couple of things on there....For me to be in contact with my dad more. To speak to mum's friends or mum if I need anything....Complete homework on time (Josie, interview).

However, Abigail explained that she felt worried before, but also during the FGC due to conflict on the day:

Because I didn't know what was going to happen, and ...my sister's boyfriend and his mum came and they started shouting at my mum (Abigail, interview).

Professional perspectives on the involvement of children in the process were also sought. Two social workers commented that the FGC gave the young people in their cases the opportunity to air their opinions, which appeared to be welcomed:

And I went through the kind of questions that the children wanted to ask them, and they seemed to really enjoy that process, OK, it's about (us) and our lives, some things that have affected us (Social worker focus group).

In the bit beforehand we made sure to ask their views, and I think afterwards and went through the plan we did, so I don't know what happened in the actual room but I think it was very good that they were there, and I know that the daughter, she's 16, said she was able to say some things to her parents that she'd never said before, and she was able to say what she wanted, which she hadn't before. So yeah, I think they did actually get to give views. I think it's good because in a neutral kind of protected space it's easier than going into your front room and saying I want to live here (Social worker, interview).

However, even though children's involvement is a core principle underpinning FGCs, this was a contentious area for some social workers. The circumstances which raised professional concerns included cases where there were high levels of conflict between family members; in discussions about where children were going to live; during family time when children have been without an advocate to protect them from familial conflict.

In 1 focus group a social worker provided the following example:

...although she had an advocate from Daybreak as well I felt that she ended up abandoned with her family, where everybody withdrew, because the coordinator and the advocate withdrew, and it appears that...all these family members [were] going 'you are a very naughty girl'...it was quite an upsetting experience for this young person, it was just an opportunity to attack, I felt... I think my impression is that as soon as kind of there's kind of, almost the boundaries are removed it's an opportunity for people to let rip at each other in quite an insensitive and uncontrolled way (Social worker focus group).

Another reflected:

I think it's with the older children, and the question of whether they do attend their family conference as well ...I think that to be in a room with family that are at conflict, who are arguing about who can care for them, I think that's quite a difficult situation for them to be in, and maybe if a family member or friend is saying that they can't care for them that rejection is quite significant for them. And I raised that with the family group coordinator, and said that I didn't agree that those children should be going to their family group conference, and maybe we could do a mini 1, or we fed back to them afterwards, something like that, be creative with it, and I was told that they had to attend with this Innovations project<sup>14</sup>, and that was something that I really struggled with (Social worker focus group).

The qualitative data, case interviews and focus groups also indicated that children were not always present at FGCs, and some social workers were unaware that their

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<sup>14</sup> Daybreak did not have a policy requiring children to attend the FGC.

attendance was a possibility. One social worker commented that they would like children to be there for at least part of the FGC (such as the plan).

## **The role of Daybreak Family Group Conferences in promoting timely decision making**

Social workers were asked for their views on whether Daybreak FGCs helped to promote timely decision making. Responses were mixed, with some social workers reporting that the FGC process helped, whilst others reported that it made little difference.

Social workers welcomed the simplicity of the referral form, as 1 social worker explained:

...with Daybreak the referral form is simple...it's a very straightforward referral and we are able to speak...we are able to actually present our case verbally, so it's not caused major problems at all (Social worker).

Seven social workers noted that the work undertaken by the Daybreak coordinators to identify and contact extended family members to participate in the FGC reduced the time they had to spend on 'ringing around...and allowed them to concentrate on other aspects of the case' (Social worker). A further 2 reported that Daybreak's work assisted them in the task of identifying potential carers. As 1 social worker explained:

...if we were to do all the aspects of work involved in a family group conference ourselves it would take so much longer, and as I said, the work the Daybreak workers do and the information they give us from that work they do is really invaluable and adds to the information that we have, so I definitely think it kind of moves it forward (Social worker).

Another worker reflected that:

In my experience, I think they've been really good at getting hold of and engaging family members that I wouldn't have the time really, to track down...they've managed to get that family down ...who were completely not in touch with the family unit, to come in (Social worker focus group).

The independence of the coordinators was also welcomed:

...because it's not carried out by us, it's an independent person who has got the time to go and root around and find out people's addresses and...who is important in the family...it helps take the pressure off us in what is already quite a pressurised situation in what things have to be done in a really timely manner (Social worker focus group).

This was perceived to be particularly effective in 1 case where the negative outcome of a parenting assessment was already known:

I think because the parents were having a parenting assessment and that assessment was a negative assessment, or it was looking like it was a negative assessment and at that point we would generally...have a family group conference to get the family together to look at who, as the family, would put themselves forward as long-term carers for the children, that's in the event that they can't stay with parents (Social worker interview).

However, 1 social worker raised a potential limitation to the family driving the decision about who should be at the FGC:

... So the problem...is [that] the coordinator is reliant on the parents to identify who they would like to come to that meeting...And I've often had parents say no, I don't want that person there...Well that person could be the right one to look after their child...and we can't do anything about it (Social worker interview).

Five social workers felt that the FGC made little difference to the time they spent on cases, which 2 attributed to having quite complex cases. As 1 social worker explained:

I think, it's hard to answer that but I think probably by the stage that we get to family group conference...you are spending an awful lot of time on that case anyway, because of the issues...and there is going to be some sort of major decision making going on...you've got to a stage where it's very complex and you need to be clear in a way of going forward and what's going to happen next really (Social worker).

Two social workers were unsure of the effects of FGCs on their time spent. One felt it was too early to comment on whether Daybreak FGCs contribute to reducing time spent on core social work processes because it had not quite taken off, and another commented that there was 'no way of measuring it really' (Social worker focus group). The only way Daybreak FGCs were perceived to increase the time spent on a case, related to attendance at the conference itself, a point raised by 2 social workers.

The following contributions to the timely completion of proceedings were noted by social workers:

- early identification of networks by Daybreak coordinators

Three social workers from the interviews and focus groups commented on how the early identification of networks by Daybreak was helpful in minimizing the likelihood of potential carers coming forward at the last moment, which can delay proceedings:

...getting everybody in 1 room at the same time probably is helpful, getting them to thrash it out and think about it, because otherwise we do often have, you get to court and then suddenly people pop up, that happens, put themselves forward ...if everyone was put in the same room at the same time that might be less likely to happen (social worker interview).

... so if they are putting people forward to care for the children then at least you know early and you don't get the day before you go to court to ask for removal for great aunt Sally to come out of the woodwork and say I'll look after Billy. And you think well I haven't even done a viability on you, I didn't know you existed. So, it helps do that (Social worker focus group).

The FGC was also seen by 1 social worker to reduce their time spent because it provides a space for multiple family members to get together and determine their role at an early stage in proceedings, and therefore minimises social workers' time in visits:

... you've got to go around and see all the family members individually, so actually from my point of view it saves time.... sometimes you'll go and visit different family members and they'll say different things (Social worker interview)

- promoting permanence and facilitating the timely resolution of proceedings

Social workers identified a number of ways in which the FGC process could inform decision making and assist in achieving timely permanence for children, either within the family or with non-relative carers, as the following quote illustrates:

...I've got direct experience of where a child was placed actually by the mother into the care of grandparents at a conference. So, it was a case of I think that it's better for this child to be with you from now on. So, that has happened. We've also had situations though where family members have been in a room with us and said we don't want the child, all of us have decided, we've met and we've all come to the conclusion that the child will be better off in foster care...it's almost like a family can come together and are feeling more empowered to actually say no, we don't want to be forced into taking on this responsibility (Social worker interview).

Similarly, social workers felt that the FGC process helped demonstrate that potential carers had been considered, and provided evidence of whether plans were being adhered to, to inform court decisions. As 1 social worker reflected:

...we were able to go to court with the assessments done, with the family conference done, saying that no other family had come forward...it meant that we could have an early resolution hearing rather than take the full 6 months...(Social worker interview).

Another social worker explained that:

...it helped speed up the process, and things like viability assessment, once the family put themselves forward we can't really say oh, you know, wait until we are ready, you know, we need to do it as soon as we can for this child's timeline...and as I said in terms of evidence in the plan, was good or not so good, again that could help in our outcomes as well, and in the plan that was made and the family sticking to the plan and achieving it (Social worker interview).

However, social workers also provided examples of cases where they perceived that

FGCs were not appropriate and made little difference to the duration of the case. One social worker felt that FGCs do not work as well when the family were not open:

It may not work as well where there's lots of issues, it's really serious, the family's already fractured and they don't want you to know their business, and those are the ones that will come out of legal panel meetings generally, where we are saying we need to have a conference (Social worker).

Two social workers also perceived that some Innovation funded FGCs were a tick box exercise:

...sometimes we know from working with the families, we do work with the families for a very long time before we go down the proceedings route, that they are a family who are not viable, we would have already started to assess them informally in our own minds, grandparents and so on, and the family group conference is really just a...it identifies people, we will go out, we will do a viability assessment on those people, we know that they are not going to be able to get through, you know, it's a foregone conclusion because of their history or whatever, their current circumstances, so it is just something that the courts want to do (Social worker interview).

I think sometimes it feels a bit forced, where there is very little family, or where we are back in proceedings with another child from the family, where we've already been through this, already had a family group conference with other children or whatever, or we are going back into proceedings with the same set of children and already established that there is no kind of, the family can't really offer that much, or where there is very little family, like where we have foreign nationals living in the UK, via the Army, and they haven't got any family, or they have 1 family member who isn't particularly close to them, and it feels like you are having the FGC for the sake of it sometimes. (Social worker focus group).

A couple of social workers cited examples of when FGCs were decided against because of very difficult family relationships, and the potential effects on the child, as one reflected:

Well, mine was where the child was scapegoated within the family and actually left the family, and relationships were just so poor it just would have added to the abuse really, emotional abuse, which would have been unfair on her really (Social worker focus group).

## Outcomes

So far, qualitative findings from the evaluation have shown high levels of satisfaction with the FGC process amongst key stakeholders. This section examines children's and families' needs, circumstances and pathways through the system, drawing on quantitative, anonymised Management Information System data (MIS) supplied by the

local authorities on families who received a letter of intent to initiate proceedings during the study period<sup>15</sup>. It contributes to understanding of the costs and early outcomes achieved and the extent to which FGCs may contribute to the central aims of the pre-proceedings process, namely to:

- reduce the use of care proceedings, by diverting suitable cases from court and resolving them in other ways
- minimise delay and facilitate quicker decisions on those cases that did enter the court arena because alternative placements with family members could be explored before the application was made (Judicial Review Team 2005; DFES et al. 2006; TACT 2007).

The avoidance of drift and delay is in children's best interests and also has cost benefits for local authorities, through reductions in court fees and the cost of legal representation provided by external lawyers, as well as reducing the time social workers spend preparing statements and attending court (Masson et al., 2013).

Statistical return data on children who started and ceased to be looked after in Southwark and Wiltshire over a 5 year period were collated to examine trends to enable comparisons to be drawn between time periods before and after the intervention (Department for Education, 2016). Statistical return data on children who started and ceased to be looked after in the 3 closest statistical neighbour local authorities over time were also collated, to look at trends in admissions to care in these areas are also provided in Appendix 5 to facilitate comparisons.

## **Family needs and circumstances**

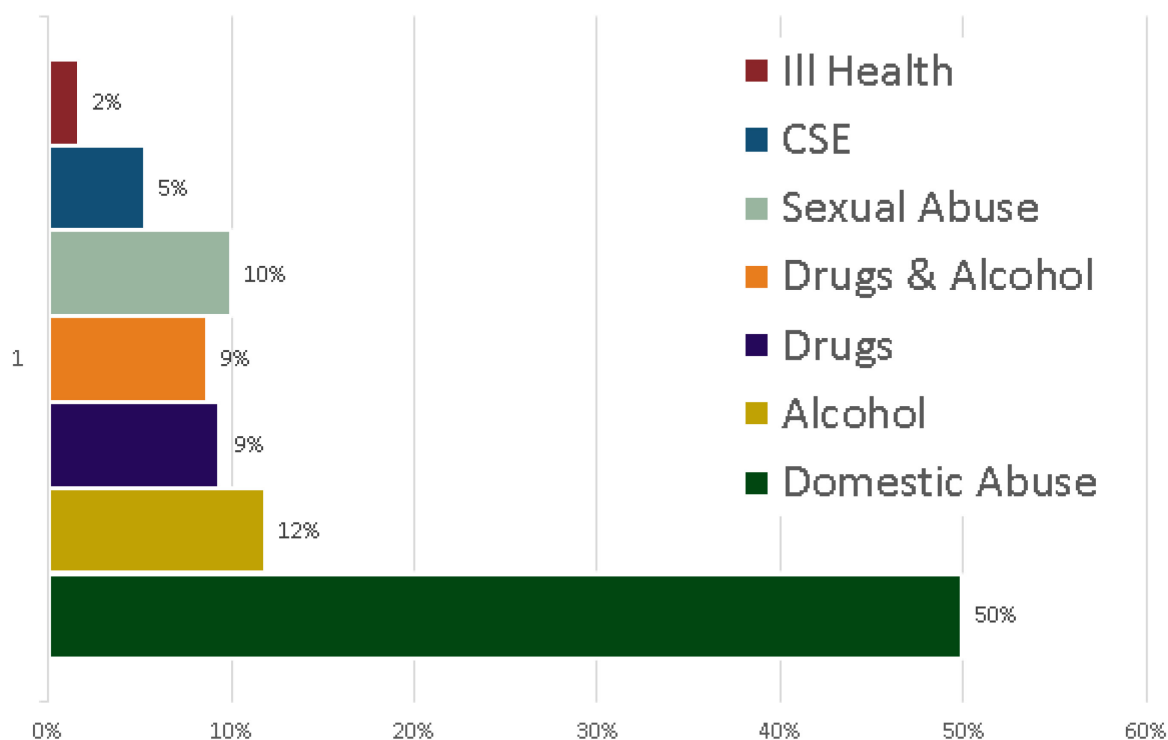
Based on the child in need census categorisations, the main reason that the majority of the sample started to receive services was in response to abuse and neglect (66%). 28% had a primary need code of family dysfunction or family in acute stress, and 5 per cent on the basis of parental disability or illness.

As one might expect, children came from families facing a number of issues known to affect parenting capability including, for example, domestic violence, and substance misuse (Jones et al., 2006; Cleaver, 2011; Ward et al., 2012). Data on family needs and circumstance supplied by Daybreak is presented below.

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<sup>15</sup> The majority of data items that were requested aligned with those collected for the national statistical returns (SSDA903 returns and CiN Census) (Department for Education, 2015).

**Figure 3: Issues affecting parenting capacity**



### Living arrangements

Analysis of the anonymised MIS data from Southwark and Wiltshire was undertaken to explore where children were living between 3 and 12 months after Daybreak's involvement. As the pie charts, below, show, in cases where an FGC was held, just over three-quarters of children were living with a parent (60%) or a relative (16%). The most common arrangement was that children remained living with their mother. In at least 2 cases,<sup>16</sup> children moved from their mother's care to live with their father when it became apparent that the former could not provide good enough parenting.

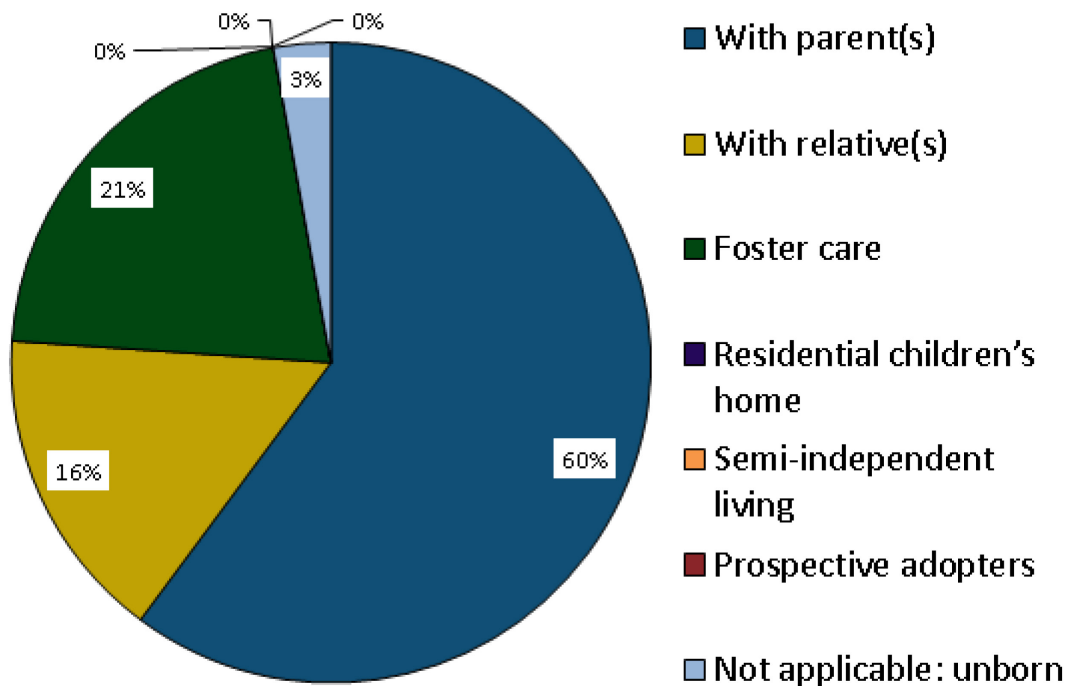
In cases where no FGC was held, the proportion of children living with a parent or relative was lower than when an FGC was held (61% no-FGC and 76% FGC). Fewer children in the no-FGC cohort were living with a parent (50% no-FGC and 60% FGC).

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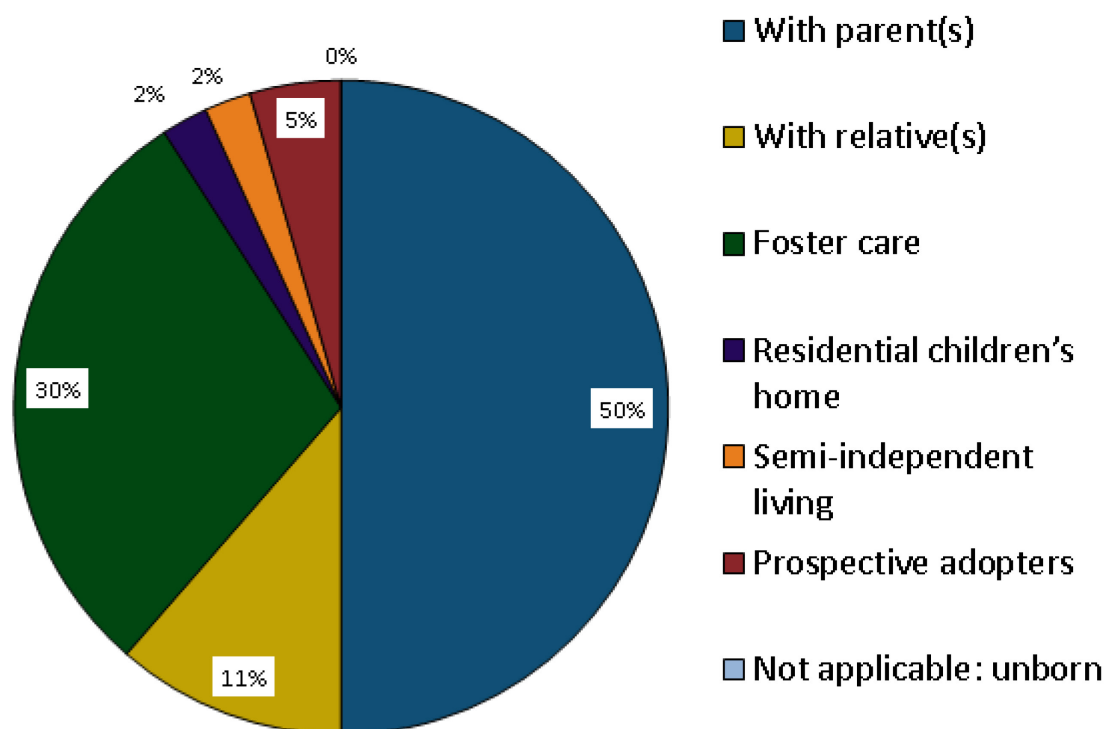
<sup>16</sup> Based on free text case notes supplied by the local authority



**Figure 4: Living arrangements in cases where an FGC was convened**



**Figure 5: Living arrangements in cases where no FGC was convened**

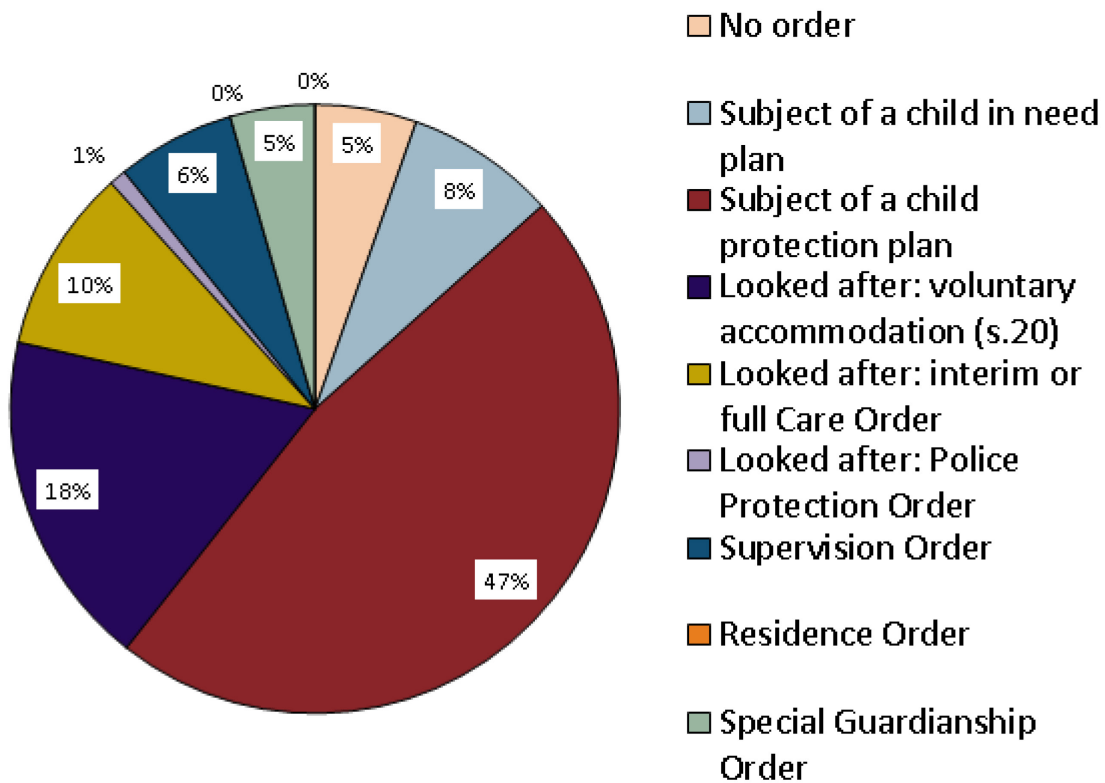


The pie charts below provide an overview of the arrangements in place to protect children in the sample. In a number of cases, the intensity of children's social care involvement diminished as the case progressed, reflecting reduced concern about parenting capability and improvements in the care provided (such as step down from child protection to child in need status, or granting of Supervision Orders following care

proceedings). However, as the discussion below reflects, there were cases where assessment was ongoing, or where concerns escalated and the sustainability of arrangements was being questioned, and proceedings were being actively considered.

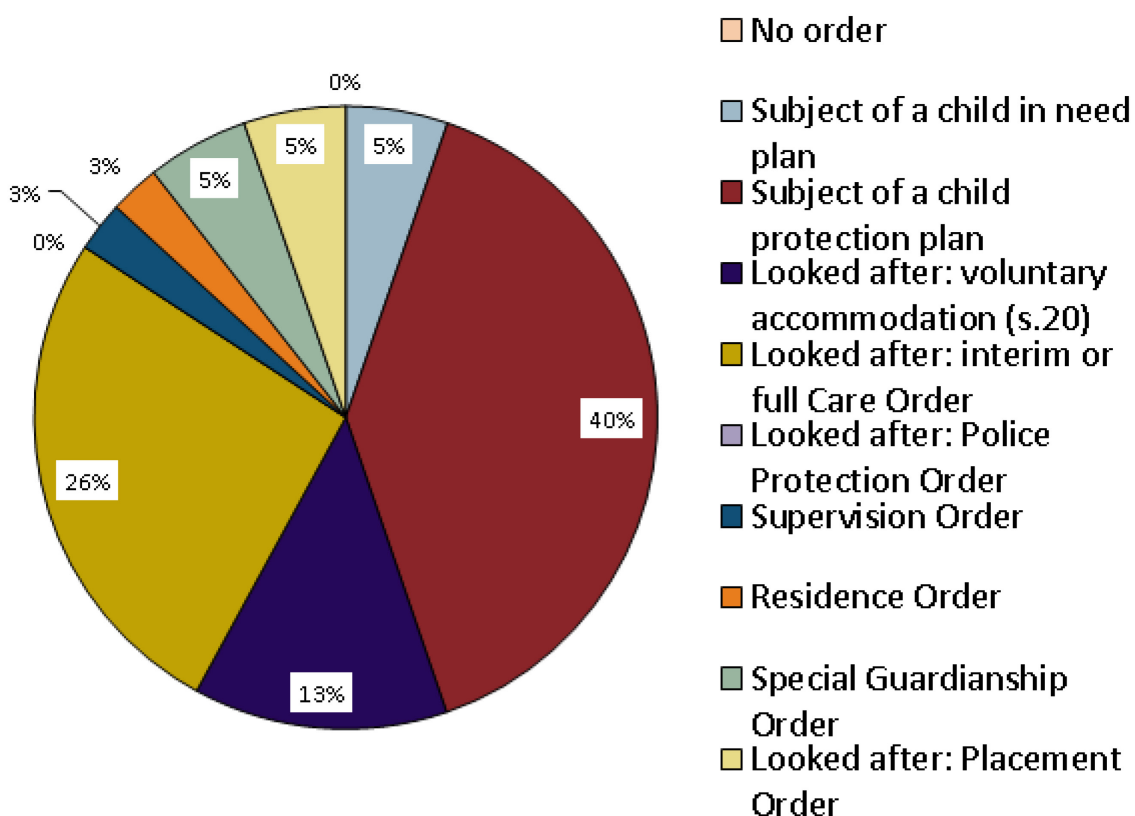
It is noteworthy that a lower percentage of the FGC cohort were looked after, compared to the no-FGC cohort (29% compared to 44% in the no-FGC cohort). Moreover, in line with the no order principle, voluntary accommodation, with parental consent, was more common amongst the FGC cohort.<sup>17</sup> As the qualitative accounts suggest, the FGC process can mobilise family to support parents to provide good enough care, and/or help parents to make the difficult decision that an alternative care arrangement with kin or adopters may be in the child’s best interests. Special guardianships via private proceedings were also facilitated by the FGC process.

**Figure 6: Children's Services Involvement and Legal Status in cases where an FGC was convened**



<sup>17</sup> Section 1 of the Children Act 1989 provides: '(5) where the Court is considering whether or not to make one or more orders under this Act with respect to a child, it shall not make the order ... unless it considers that doing so would be better for the child than making no order at all.'

**Figure 7: Children’s Services Involvement and Legal Status in cases where no FGC was convened.**



### Diversion from care proceedings and current status

In a mixed methods study of the pre-proceedings process for families on the edge of care in 6 local authorities, Masson and Dickens (2013) found that the pre-proceedings process succeeded in diverting about a quarter of cases from care proceedings; in a third (33%) of these, children were protected by kin or foster carers; and in two-thirds (66%) by virtue of improvements in the home (p.1-4). Diversion rates ranged from 12.5 to 33% in the local authorities that participated in the study.

For the Daybreak evaluation, the local authorities supplied data which allowed the research team to explore whether diversion from care proceedings was achieved, and by what means, within the study timeframe. Diversionary routes include improvements in parental care; alternative care by family members by agreement or via private proceedings; entry to care under voluntary agreement (accommodation under s.20 Children Act 1989). Analysis revealed that in 72% of cases where an FGC was held, proceedings had not yet been initiated. In contrast, in cases where no FGC had been convened, only half of cases had been diverted from proceedings. These proportions are substantially higher than those found by Masson and colleagues (2013). However, it is important to note that, in a significant proportion of our study cases, the local authority deemed outcomes to be provisional, particularly when children remained with a parent. Children’s social care were still in the process of assessing whether improvements in care at home would be maintained. In some of the sample cases, it was also clear that

arrangements were likely to change in the near future, with free text comments highlighting issues such as 'significant ongoing concerns and the child's sibling has entered care' and 'a change in care plan following mother's return to a violent partner'. Monitoring plans over time would be desirable to provide a fuller picture.

### **Length of proceedings**

Past research has shown little difference between the length of care proceedings for cases where the pre-proceedings process was used and those that went directly to proceedings. This serves to demonstrate that courts do not always take pre-proceedings work into account and that this can serve to delay decision-making and waste resources (Masson et al., 2013). Local authorities in the current study were asked to supply data on the expected duration of care proceedings for sample cases. For the 25 cases for which data were provided, around half fell within the PLO 26 week target timeframe for the conclusion of proceedings. The mean average expected case duration of cases was 28 weeks. However, the range of expected case duration was broad, ranging from 7 to 75 weeks. The shortest case was in respect of a former foster carer who was seeking a Special Guardianship Order. The longest related to a case that was being managed through the Family Drug and Alcohol Court (FDAC) (Harwin et al., 2011). In 4 cases, residential parenting assessments were undertaken, and the expected duration of these cases ranged from 24 weeks to 41 weeks (Munro et al., 2014). Placement Orders were secured within 20, 25 and 35 weeks.

### **Cost pathways**

The annual compendium of Health and Social Care costs (Curtis, 2014) provides data on social services' costs associated with supporting children in need within their families, and the costs of providing care or accommodation for looked after children. The average cost of field and centre staff carrying out social services activities with, or on behalf of, children in need was found to be £163, compared to an average cost of £791 when children were looked after (p.89). Using these figures, the research team calculated the average weekly cost of care per child in both the FGC cohort and in the no-FGC cohort. The costs were £381.14 and £447.00 respectively. The lower weekly average cost in the FGC cohort reflects the fact that fewer of this group were looked after, and more were living with their birth families, with support from children's services, as the subject of a child in need or child protection plan. Further exploration of cost pathways was also undertaken, using data from a series of research studies and evaluations, to explore the relationship between costs and outcomes of services provided to vulnerable children and their families (cf. Ward, Holmes and Soper, 2008; Holmes and McDermid, 2012). The initial research focused on looked after children and the methodology has since been extended to include children in need.

The Loughborough programme of research utilises a bottom-up approach (Beecham, 2000) to costing services. Essentially, all the costs are built up from an individual child or family level, based on all the support and services that an individual receives. The activities associated with this support are organised into a set of social care processes

(see Table 8 and 9 in Appendix 6 for further details). The approach identifies the personnel associated with each process or service, and estimates the time they spend on it. Amounts of time are then costed using appropriate hourly rates. The method therefore links amounts of time spent to data concerning salaries, administrative and management overheads, and other expenditure. The costs of management and capital overheads are based on those outlined in an annual compendium of Health and Social Care costs (Curtis, 2014).

Drawing on MIS data supplied for the Daybreak evaluation, and using the Loughborough cost estimates, the research team produced 3 case studies to demonstrate similarities and differences in cost pathways over a 6 month period. It was assumed that care planning and review took place in line with statutory requirements.

## Child A

Child A was referred to children’s services as an adolescent because she was living in a family where the parenting capacity was assessed to be chronically inadequate. She remained living at home whilst the subject of a child protection plan. An FGC was convened and the family provided additional support to Child A and her parents. Three months later the case was stepped down following improvements in the home environment.

**Table 3: Social care costs for Child A in a 6 month period**

Process	Unit cost	Frequency/duration	Total
CiN Process 3: On-going support (CPP)	£242	3 months	£726
CiN Process 3: On-going support (CiN)	£112	3 months	£336
CiN Process 6: Planning and Review	£268	Twice	£536
<b>Total cost incurred for Child A during a 6 month period</b>			<b>£1,598</b>

## Child B

Child B was known to children’s services in response to family dysfunction and was the subject of a child protection plan at the time an FGC was held. Two months, later Child B was accommodated under a voluntary agreement (s.20 Children Act 1989). Child B was placed with a family member, rather than with unrelated foster carers. The costs

incurred by children's social care would have been higher had care proceedings been initiated.

**Table 4: Social care costs for Child B in a 6 month period**

<b>Process</b>	<b>Unit cost</b>	<b>Frequency/duration</b>	<b>Total</b>
CiN Process 3: On-going support (CPP)	£242 per month	2 months	£484
LAC Process 1: Child becomes looked after	£1,021	Once	£1,021
LAC Process 2: Care planning	£247	Twice	£494
LAC Process 3: Maintaining the placement	£824 per week	4 months	£14,282.66
Process 6: Review	£638	Twice	£1,276
<b>Total cost incurred for Child B during a 6 month period</b>			<b>£17,557.66</b>

## Child C

Child C became the subject of a child protection plan in response to abuse and neglect. Four months after the FGC was held, Child C was accommodated under s. 20 of the Children Act 1989. Later that same month, an Interim Care Order was sought, and subsequently granted.

**Table 5: Social care costs for Child C in a 6 month period**

<b>Process</b>	<b>Unit cost</b>	<b>Frequency/duration</b>	<b>Total</b>
CiN Process 3: On-going support (CPP)	£242 per month	4 months	£968
LAC Process 1: Child becomes looked after	£1,021	Once	£1,021
LAC Process 2: Care planning	£247	Once	£247

<b>Process</b>	<b>Unit cost</b>	<b>Frequency/duration</b>	<b>Total</b>
LAC Process 3: Maintaining the placement	£824 per week	2 months	£7,141.33
LAC Process 7: Legal processes	£ 4,976	Once	£4,976 <sup>18</sup>
Process 6: Review	£638	Once	£638
<b>Total cost incurred for Child C during a 6 month period</b>			<b>£14,991.33</b>

As the case studies demonstrate, costs ranged from £1,598 for Child A, who remained living with her parents throughout, to £17, 557.66 for Child B, who was looked after for 4 months out of the 6 month timeframe. However, these costs also need to be considered with reference to outcomes. The step-down from a child protection to a child in need plan in Child A's case suggests that progress was made after the FGC was convened. In Child B's case, remaining at home was assessed not to be in their best interests and alternative care was required. In line with the principles of Daybreak FGCs, Child B was placed with a friend and family carer. Longer term follow-up would facilitate exploration of whether Child A remains in her parents' care, Child B is provided with a secure stable base with relatives, and whether there is a timely conclusion of proceedings to ensure that Child C is permanently placed with long term carers who can provide safe and effective care.

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<sup>18</sup> The cost included is the standard unit cost for a full Care Order.

# Conclusion

## Impact on care proceedings

- 3 - 12 months after FGCs had been convened, three-quarters (75%) of children were living with a parent (n=83, 60%) or a relative (n= 22,16%). The proportion of family placements was lower in cases where no FGC was convened (61% in total; n=22, 50% with parents and n=5, 11% with relatives)
- during the study timeframe, proceedings were initiated in 29% of FGC cases, compared to 50% of cases where no FGC was convened
- three months after the FGC, 97% of survey respondents considered that the plan made constituted the best outcome for the child
- in many cases, children's services were still assessing whether proceedings would need to protect children from harm, so the outcomes above should be viewed as provisional

## Costs

- the research team calculated the average weekly cost of care per child in the FGC and no-FGC cohorts. Costs amongst the FGC cohort were lower, reflecting the fact that more of this group were living with their birth families
- illustrative cost case studies showed the wide variation in costs incurred over a 6 month period, depending on children's pathways. The cost for Child A, who remained living with their parents throughout was £1,598, compared to £17,557.66 for Child B, who was looked after under s.20 Children Act 1989 (voluntary accommodation) for 4 months<sup>19</sup>

## Implementation of the model

- overall, findings show that processes associated with good outcomes (including good preparation, follow-up and a clear and consistent model of delivery) had been put in place by Daybreak
- local authorities were expected to offer a Daybreak FGC to all families who had been sent a letter of intent to initiate proceedings during the study period. Interview and focus group data suggested that, in some cases, including cases where family networks were limited and/or levels of conflict were high, social workers questioned the value added by the FGC process.

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<sup>19</sup> This figure includes the social care costs associated with entry to care, care planning, placement costs/maintaining a placement with a relative foster carer and review.



## Satisfaction with the model

- key stakeholders reported high levels of satisfaction with Daybreak FGCs
- all family members who responded to the survey agreed, or strongly agreed, that they understood what was going to happen at the FGC
- over 95 per cent of family members reported that the coordinator had adequately prepared them for the process; agreed, or strongly agreed, that they understood why the conference was happening and had been involved in decisions regarding who should be invited
- the vast majority of children and families felt they had a voice, were listened to and empowered

## Support provided to the families

- it should be acknowledged that FGCs do not happen in a vacuum, and that the services and support provided by children's social care will shape children's pathways and outcomes
- children, families and professionals all welcomed the use of advocates, both prior to, and during, the FGC, and saw this as a positive aspect of Daybreak FGCs
- FGCs were valued as a mechanism to mobilise family support, and the majority of family members agreed with the FGC plans that were put in place
- the coordinators' role in identifying and building relationships with the family was welcomed, and had the potential to reduce the time spent by social workers on this activity. Early identification of networks could also help avoid delays associated with family members coming forward at a late stage in the proceedings

## Recommendations for policy and practice

- conduct longer term follow-up to determine whether plans remain safe and prove to be sustainable
- review strategies to manage tensions when 1 family member presents a known risk to another, and ensure that all those involved in the FGC understand these arrangements
- implement strategies to improve the rate of completion of Daybreak feedback forms
- explore with local authorities whether mechanisms could be put in place to integrate the FGC process more fully into existing child protection planning processes, to facilitate on-going monitoring and review
- make feedback from participants a requirement of the process, to maximise ongoing learning
- review the management of children's involvement in family time in situations of high conflict

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# Appendices

## Appendix 1: Overview of Daybreak Family Group Conferences

### What is Daybreak?

Daybreak is the UK's largest specialist provider of Family Group Conferences and associated training. Based in Hampshire, it delivers FGCs to a range of Local Authorities across the Southern Region and Greater London. As an independent charity, Daybreak seeks to ensure that high quality FGCs are delivered for a range of needs, and has carried out specialist projects working with public sector partners to support vulnerable children and adults.

Through its training and accreditation process, Daybreak acts to drive up quality across the sector, and improve support for families across the UK.

### What is a Family Group Conference?

A family group conference is a meeting of the extended family and friends to make decisions and plans for resolving problems around a child, young person or vulnerable adult.

This may involve, for instance, support for a lone parent; families struggling with alcohol or drug abuse; domestic violence; elder abuse; offending, or potential offending; behaviour of a young person; or problems with school attendance or behaviour.

### The Meeting is in 3 Parts.

The first part is chaired by the coordinator, who welcomes everyone, and asks the professional people to share their information. The family can ask questions and discuss the situation with them.

Then the family is left by itself for the most important part of the meeting, the private family time, when it will make a plan to help the child, young person or vulnerable adult. These plans are nearly always far more creative and wide ranging than any made by a group of professionals who do not have the intimate knowledge and life-time commitment of grandparents, children, aunts, uncles, cousins, and close friends.

The third part of the meeting is when everyone comes back together to agree the plan and formalise the commitment to it. Nearly all plans are agreed by everyone at this stage. The family arranges a time to meet again and assess how well the plan is going, and any changes that may need to be made.

The meeting is nearly always held in a neutral place, where the family wants it to happen and feels most comfortable. This can be in a community centre, for instance. There is always a meal, which indicates both the importance and significance of the meeting, and is a normal and positive way in which families celebrate being together.

## **What is the Process?**

The process starts with the very careful preparation of everyone for the meeting. This is done by the coordinator, who will try to visit everyone to be invited, and discuss what is involved. He or she will try to smooth out any problems that might deter someone from attending.

The process is very sensitive to the diverse nature of families. It is always in the first language of the family, and takes place according to the particular wishes of the family. For instance, some cultures may wish to start with a prayer. Others may wish an elder to open the meeting. As it is always held in the first language of the family, translation is provided for those who cannot understand this language.

The principles on which this process is based include the belief that any plan made by a family themselves is much more likely to be successful than one that has been imposed on them by outsiders. It helps all family members to have a voice in what happens. This includes the child, young person or vulnerable adult for whom the meeting may be held. It respects the importance and dignity of everyone.

It also brings in a whole network of people other than the immediate family to share the problem and offer solutions. These include the wider family network and also often the local community. For instance, a youth leader, local church members or someone from a local voluntary organisation may be invited by the family.

It builds on the strengths of families and communities, rather than leaving individual family members to struggle on their own.

The model is based on empowering the widest possible network of extended family members and friends to participate in decision making about a member of their own family. It recognises that family members have a life-long commitment to each other, and an intimate knowledge of family history that goes back a long time. It encourages and enables family members to bring a wide range of their own resources to the meeting.

The coordinator will ensure that high quality information is presented to the meeting for sharing and discussing. This includes information about the issue to be resolved, and also information about professional resources that are available to the family. Because the family chooses what they feel to be the most appropriate to their situation, there is a much higher chance of everyone being committed to the plan. It is difficult to be committed to a plan that has been devised by others for you to implement.

The active participation of children, young people and vulnerable adults in their own FGC is central to the model. With respect to child welfare, for instance, there is a consistently high proportion of children and young people who attend their own meeting and feel that they were heard by the adults present and treated with respect and dignity.

## Appendix 2: Referral Tracking Process

Figure 8: Referral Tracking Process – Southwark

April 2015



**Figure 9: Referral Tracking Process – Wiltshire**

April 2015





## Appendix 3: Survey Instructions for Daybreak Coordinators

### Instructions for Daybreak Coordinators: Wave 1 Child and Family Member Survey

The following provides an overview of the process and action points involved in administering the survey to children and family members.

Stage	Action
1. New family agrees to FGC	Project Manager at Daybreak assigns Case IDs to families
2. Daybreak coordinator preparation before meeting with family	<p>Obtain survey packs for each participating family member / other adult:</p> <ul style="list-style-type: none"> <li>• Child pack (white envelope) containing child survey; child consent form; child information sheet; prepaid envelope</li> <li>• Adult pack (brown envelope) containing adult survey; adult consent form; adult information sheet; prepaid envelope</li> </ul> <p>Insert the full family Case ID on relevant materials in the pack (for instance on consent forms and survey)</p>
3. Intro to study and consent visit	<p>Explain project to family</p> <p>Option 1: gain consent and complete consent forms (adult and child); complete 1<sup>st</sup> part of survey with child (Q 1-8). Keep the child survey with you to complete the second part at the FGC (stage 5).</p> <p>Option 2: if it has not been possible to gain consent at this time, leave the project information with the family and encourage them to think about participating.</p> <p>Do NOT give adults the survey at this family visit. Adult surveys will be distributed at the FGC (stage 5).</p>
4. In preparation for the FGC	<p>Gather together the following survey materials:</p> <ul style="list-style-type: none"> <li>• adult packs with any signed consent forms</li> <li>• survey packs with unfilled consent forms (for instance, if consent was not gained at stage 3). Also take extra packs for additional adults or family members participating in the conference</li> <li>• if applicable (such as if child is attending FGC) child survey packs with any partially completed children's surveys</li> <li>• ensure you have case ID numbers with you</li> </ul>

Stage	Action
5. At the FGC	<p>Immediately after the FGC has finished, if option 2 was followed (for instance, consent not yet obtained at the family visit), ask if the family are now happy to consent to participating in the research, and obtain signed consent forms from all parties.</p> <p>Assign Case ID numbers to the relevant survey documents in the pack (such as the consent form and survey). Please ensure that a number is assigned to each participating family member (for example Case ID followed by 1 for mother or 2 for father and so on)</p> <p>Immediately after the FGC, provide participants with the option of completing the survey in the following ways:</p> <ul style="list-style-type: none"> <li>• there and then, in paper form or online using a laptop or tablet if available. You, or an interpreter, can assist the participants if required. Completed paper surveys should be sealed and sent in the freepost envelope provided (preferably by the coordinator) to UCL IOE</li> <li>• by taking the survey pack away (please ensure that relevant survey materials have full Case ID numbers allocated for all participants) and posting it back to UCL IOE in the pre-paid envelope provided</li> </ul>
6. After the FGC (if the survey was not been completed at the time of FGC)	<p>Daybreak coordinator should contact the participants within 2-7 days to remind participants to complete the survey if they have not yet done so, but plan to do so.</p> <p>If the survey has NOT been completed, explain to participants that they can do so in one of the following ways (please refer to the instruction guide entitled Wave 1 survey: family follow-up post FGC):</p> <ul style="list-style-type: none"> <li>• on the paper copy: participants should send their completed survey in the pre-paid envelope and post this back to UCL IOE</li> <li>• online: the coordinator should direct the participant to the survey pack where they will find the link to the online survey. They will also need their Case ID number, which can be found in their packs, on the consent form and the survey</li> <li>• with someone from the research team: the co-ordinator should obtain the participant's contact details and pass these on to the project team</li> <li>• over the phone with the Daybreak coordinator: the coordinator should record the participant's answers on the paper version of the survey and return to the research team in a pre-paid envelope. Ensure that the correct Case ID number (including the individual family member code) is written on the survey</li> </ul>

## Wave 1 Survey: Family follow-up post FGC

For coordinators following up participants who **did not** complete the survey after the FGC, please use the following script:

Thank you for expressing an interest in being part of the independent evaluation of Daybreak Family Group Conferencing. The aim of this evaluation is to seek families' perspectives on their Family Group Conference process. This is a follow-up reminder call for you to complete the survey if you have not yet already done so, and wish to do so.

If you have already completed the survey, could you tell me if you have done this online, or on paper and posted it back in the pre-paid envelope?

(If survey completed, thank participant and tick relevant box) Online  Paper

(If no, ask if they are still happy to complete the survey and tick box)

Yes  No

(If yes, proceed with the following and tick option the participant has selected):

While Daybreak are helping with the research process, this is an independent evaluation and we are keen that participants feel free to provide their full and honest opinion when completing the survey. To do this, we would like to offer you 4 options. You can choose to:

1.	Complete the paper version of the survey and post it in the pre-paid envelope provided in your pack, or	<input type="checkbox"/>
2.	Complete the survey online, or	<input type="checkbox"/>
3.	Complete the survey with an independent researcher from the evaluation team over the phone. If you prefer this option, we will need your consent to pass on your contact details to the research team for them to contact you, or	<input type="checkbox"/>
4.	Complete the survey over the phone with me now and I will pass your survey to the evaluation team	<input type="checkbox"/>

If the participant selects **option 1 or 2**, check if they still have their original survey pack. If they do not, please send them a replacement pack ensuring that the Case ID number, including the individual family code, is written on the relevant documents (that is, survey and consent form).

If **option 1** is selected and the participant wishes to complete the paper version of the survey, remind them to send the completed survey in the pre-paid envelope which they will find in their pack.

If **option 2** is selected and the participant wishes to complete the survey on-line, direct them to their survey pack where they will find the link to the online survey. They will also need their Case ID number, which can be found on the consent form and the survey.

If **option 3** is selected, and the participant would like to complete the survey with someone from the research team, please obtain their preferred contact details and pass to the project team (v.meetoo@ioe.ac.uk):

Name: \_\_\_\_\_

Contact no. \_\_\_\_\_

Best time to call \_\_\_\_\_

If **option 4** is selected, please complete the survey with the participant by **noting their answers on the paper version** and post back to the research team in a pre-paid envelope. Please ensure that the correct Case ID number (including the individual family member code) is written on the survey.

## Appendix 4: Survey Data

**Table 6: Adult Survey Data Waves 1 and 2**

		Wave 1			Wave 2		
		Southwark	Wiltshire	Total	Southwark	Wiltshire	Total
<b>Pre Conference Perspective</b>		% (n)	% (n)	% (n)	% (n)	% (n)	% (n)
I felt that the coordinator prepared me for the Family Group Conference	Strongly agree	30.8% (n=8)	68.2% (n=30)	54.3% (n=38)	0.0% (n=0)	78.9% (n=15)	44.1% (n=15)
	Agree	61.5% (n=16)	29.5% (n=13)	41.4% (n=29)	93.3% (n=14)	21.1% (n=4)	52.9% (n=18)
	Not sure or don't know	3.8% (n=1)	0.0% (n=0)	1.4% (n=1)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Disagree	3.8% (n=1)	2.3% (n=1)	2.9% (n=2)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Strongly disagree	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	6.7% (n=1)	0.0% (n=0)	2.9% (n=1)
I understood what was going to happen at the Family Group Conference	Strongly agree	28.0% (n=7)	52.3% (n=23)	43.5% (n=30)	0.0% (n=0)	78.9% (n=15)	44.1% (n=15)
	Agree	72.0% (n=18)	47.7% (n=21)	56.5% (n=39)	86.7% (n=13)	21.1% (n=4)	50.0% (n=17)
	Not sure or don't know	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Disagree	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	6.7% (n=1)	0.0% (n=0)	2.9% (n=1)
	Strongly disagree	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	6.7% (n=1)	0.0% (n=0)	2.9% (n=1)
I was consulted about who should be invited to the Family Group Conference	Strongly agree	26.9% (n=7)	59.1% (n=26)	47.1% (n=33)	0.0% (n=0)	84.2% (n=16)	47.1% (n=16)
	Agree	69.2% (n=18)	36.4% (n=16)	48.6% (n=34)	93.3% (n=14)	5.3% (n=1)	44.1% (n=15)
	Not sure or don't know	3.8% (n=1)	0.0% (n=0)	1.4% (n=1)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)

	Disagree	0.0% (n=0)	4.5% (n=2)	2.9% (n=2)	0.0% (n=0)	5.3% (n=1)	2.9% (n=1)
	Strongly disagree	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	6.7% (n=1)	5.3% (n=1)	5.9% (n=2)
I understood why the Family Group Conference was happening	Strongly agree	30.8% (n=8)	48.8% (n=21)	42.0% (n=29)	0.0% (n=0)	78.9% (n=15)	44.1% (n=15)
	Agree	65.4% (n=17)	46.5% (n=20)	53.6% (n=37)	93.3% (n=14)	21.1% (n=4)	52.9% (n=18)
	Not sure or don't know	0.0% (n=0)	4.7% (n=2)	2.9% (n=2)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Disagree	3.8% (n=1)	0.0% (n=0)	1.4% (n=1)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Strongly disagree	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	6.7% (n=1)	0.0% (n=0)	2.9% (n=1)
<b>At the Conference</b>							
The conference coordinator enabled the process to run smoothly	Strongly agree	24.0% (n=6)	63.6% (n=28)	49.3% (n=34)	0.0% (n=0)	78.9% (n=15)	44.1% (n=15)
	Agree	72.0% (n=18)	34.1% (n=15)	47.8% (n=33)	86.7% (n=13)	21.1% (n=4)	50.0% (n=17)
	Not sure or don't know	0.0% (n=0)	2.3% (n=1)	1.4% (n=1)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Disagree	4.0% (n=1)	0.0% (n=0)	1.4% (n=1)	6.7% (n=1)	0.0% (n=0)	2.9% (n=1)
	Strongly disagree	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	6.7% (n=1)	0.0% (n=0)	2.9% (n=1)
The right people were at the Family Group Conference	Strongly agree	20.0% (n=5)	47.7% (n=21)	37.7% (n=26)	0.0% (n=0)	72.2% (n=13)	39.4% (n=13)
	Agree	80.0% (n=20)	45.5% (n=20)	58.0% (n=40)	93.3% (n=14)	27.8% (n=5)	57.6% (n=19)
	Not sure or don't know	0.0% (n=0)	2.3% (n=1)	1.4% (n=1)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Disagree	0.0% (n=0)	4.5% (n=2)	2.9% (n=2)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Strongly disagree	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	6.7% (n=1)	0.0% (n=0)	3.0% (n=1)
I feel that my point of view was listened to at the Family Group Conference	Strongly agree	24.0% (n=6)	45.5% (n=20)	37.7% (n=26)	0.0% (n=0)	66.7% (n=12)	36.4% (n=12)
	Agree	72.0% (n=18)	29.5% (n=13)	44.9% (n=31)	86.7% (n=13)	22.2% (n=4)	51.5% (n=17)
	Not sure or don't know	0.0% (n=0)	9.1% (n=4)	5.8% (n=4)	0.0% (n=0)	5.6% (n=1)	3.0% (n=1)

	Disagree	4.0% (n=1)	11.4% (n=5)	8.7% (n=6)	6.7% (n=1)	5.6% (n=1)	6.1% (n=2)
	Strongly disagree	0.0% (n=0)	4.5% (n=2)	2.9% (n=2)	6.7% (n=1)	0.0% (n=0)	3.0% (n=1)
The Family Group Conference gave us the opportunity for time as a family and wider network to come up with a plan without professionals present	Strongly agree	23.1% (n=6)	61.4% (n=27)	47.1% (n=33)	0.0% (n=0)	88.9% (n=16)	48.5% (n=16)
	Agree	73.1% (n=19)	36.4% (n=16)	50.0% (n=35)	86.7% (n=13)	11.1% (n=2)	45.5% (n=15)
	Not sure or don't know	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Disagree	3.8% (n=1)	0.0% (n=0)	1.4% (n=1)	6.7% (n=1)	0.0% (n=0)	3.0% (n=1)
	Strongly disagree	0.0% (n=0)	2.3% (n=1)	1.4% (n=1)	6.7% (n=1)	0.0% (n=0)	3.0% (n=1)
We came up with a plan that addressed the concerns at the Family Group Conference	Strongly agree	19.2% (n=5)	54.5% (n=24)	41.4% (n=29)	0.0% (n=0)	78.9% (n=15)	44.1% (n=15)
	Agree	80.8% (n=21)	40.9% (n=18)	55.7% (n=39)	86.7% (n=13)	21.1% (n=4)	50.0% (n=17)
	Not sure or don't know	0.0% (n=0)	2.3% (n=1)	1.4% (n=1)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Disagree	0.0% (n=0)	2.3% (n=1)	1.4% (1)	6.7% (n=1)	0.0% (n=0)	2.9% (n=1)
	Strongly disagree	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)	6.7% (n=1)	0.0% (n=0)	2.9% (n=1)
<b>Plans and future expectations</b>							
I am happy with the plan made at the Family Group Conference	Strongly agree	23.1% (n=6)	48.8% (n=21)	39.1% (n=27)	0.0% (n=0)	84.2% (n=16)	47.1% (n=16)
	Agree	73.1% (n=19)	41.9% (n=18)	53.6% (n=37)	86.7% (n=13)	15.8% (n=3)	47.1% (n=16)
	Not sure or don't know	0.0% (n=0)	4.7% (n=2)	2.9% (n=2)	6.7% (n=1)	0.0% (n=0)	2.9% (n=1)
	Disagree	3.8% (n=1)	0.0% (n=0)	1.4% (n=1)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Strongly disagree	0.0% (n=0)	4.7% (n=2)	2.9% (n=2)	6.7% (n=1)	0.0% (n=0)	2.9% (n=1)
I think the plan made at the Family Group Conference is	Strongly agree	15.4% (n=4)	55.8% (n=24)	40.6% (n=28)	0.0% (n=0)	84.2% (n=16)	47.1% (n=16)
	Agree	73.1% (n=19)	32.6% (n=14)	47.8% (n=33)	93.3% (n=14)	15.8% (n=3)	50.0% (n=17)

the best outcome for the child	Not sure or don't know	3.8% (n=1)	9.3% (n=4)	7.2% (n=5)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Disagree	7.7% (n=2)	0.0% (n=0)	2.9% (n=2)	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Strongly disagree	0.0% (n=0)	2.3% (n=1)	1.4% (n=1)	6.7% (n=1)	0.0% (n=0)	2.9% (n=1)
I believe that the child is safer as a result of the plan made at the Family Group Conference	Strongly agree	15.4% (n=4)	41.9% (n=18)	31.9% (n=22)	0.0% (n=0)	78.9% (n=15)	44.1% (n=15)
	Agree	65.4% (n=17)	41.9% (n=18)	50.7% (n=35)	80.0% (n=12)	15.8% (n=3)	44.1% (n=15)
	Not sure or don't know	11.5% (n=3)	11.6% (n=5)	11.6% (n=8)	0.0% (n=0)	5.3% (n=1)	2.9% (n=1)
	Disagree	7.7% (n=2)	2.3% (n=1)	4.3% (n=3)	13.3% (n=2)	0.0% (n=0)	5.9% (n=2)
	Strongly disagree	0.0% (n=0)	2.3% (n=1)	1.4% (n=1)	6.7% (n=1)	0.0% (n=0)	2.9% (n=1)
I believe that the child is happier as a result of the plan made at the Family Group Conference	Strongly agree	8.3% (n=2)	48.8% (n=21)	34.3% (n=23)	0.0% (n=0)	78.9% (n=15)	44.1% (15)
	Agree	70.8% (n=17)	25.6% (n=11)	41.8% (n=28)	66.7% (n=10)	10.3% (n=2)	35.3% (n=12)
	Not sure or don't know	16.7% (n=4)	18.6% (n=8)	17.9% (n=12)	13.3% (n=2)	5.3% (n=1)	8.8% (n=3)
	Disagree	4.2% (n=1)	0.0% (n=0)	1.5% (n=1)	13.3% (n=2)	5.3% (n=1)	8.8% (n=3)
	Strongly disagree	0.0% (n=0)	7.0% (n=3)	4.5% (n=3)	6.7% (n=1)	0.0% (n=0)	2.9% (n=1)
I believe that this family can make this plan work or that the plan is currently working for this family	Strongly agree	28.0% (n=7)	51.2% (n=22)	42.6% (n=29)	0.0% (n=0)	83.3% (n=15)	45.5% (n=15)
	Agree	64.0% (n=16)	27.9% (n=12)	41.2% (n=28)	80.0% (n=12)	11.1% (n=2)	42.4% (n=14)
	Not sure or don't know	8.0% (n=2)	9.3% (n=4)	8.8% (n=6)	6.7% (n=1)	0.0% (n=0)	3.0% (n=1)
	Disagree	0.0% (n=0)	2.3% (n=1)	1.5% (n=1)	0.0% (n=0)	5.6% (n=1)	3.0% (n=1)
	Strongly disagree	0.0% (n=0)	9.3% (n=4)	5.9% (n=4)	13.3% (n=2)	0.0% (n=0)	6.1% (n=2)



**Table 7: Children and young people’s views on the process and outcomes of the Family Group Conference**

<b>Statement</b>		<b>Southwark % (n)</b>	<b>Wiltshire % (n)</b>	<b>Total % (n)</b>
The Family Group Conference is a good thing for me	Strongly agree	66.7% (n=2)	50.0% (n=5)	53.8% (n=7)
	Agree	33.3% (n=1)	0.0% (n=0)	7.7% (n=1)
	Not sure or don't know	0.0% (n=0)	40.0% (n=4)	30.8% (n=4)
	Disagree	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Strongly disagree	0.0% (n=0)	10.0% (n=1)	7.7% (n=1)
I was able to say what I thought	Strongly agree	0.0% (n=0)	60.0% (n=6)	60.0% (n=6)
	Agree	0.0% (n=0)	30.0% (n=3)	30.0% (n=3)
	Not sure or don't know	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Disagree	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Strongly disagree	0.0% (n=0)	10.0% (n=1)	10.0% (n=1)
Someone was there to give my views for me	Strongly agree	0.0% (n=0)	80.0% (n=8)	61.5% (n=8)
	Agree	100.0% (n=3)	10.0% (n=1)	30.8% (n=4)
	Not sure or don't know	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Disagree	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Strongly disagree	0% (n=0)	10.0% (n=1)	7.7% (n=1)
I had an advocate	Strongly agree	0.0% (n=0)	90.0% (n=9)	69.2% (n=9)
	Agree	100.0% (n=3)	0.0% (n=0)	23.1% (n=3)
	Not sure or don't know	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Disagree	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Strongly disagree	0.0% (n=0)	10.0% (n=1)	7.7% (n=1)
My views were listened to	Strongly agree	0.0% (n=0)	60.0% (n=6)	46.2% (n=6)
	Agree	66.7% (n=2)	10.0% (n=1)	23.1% (n=3)
	Not sure or	0.0%	20.0%	15.4%

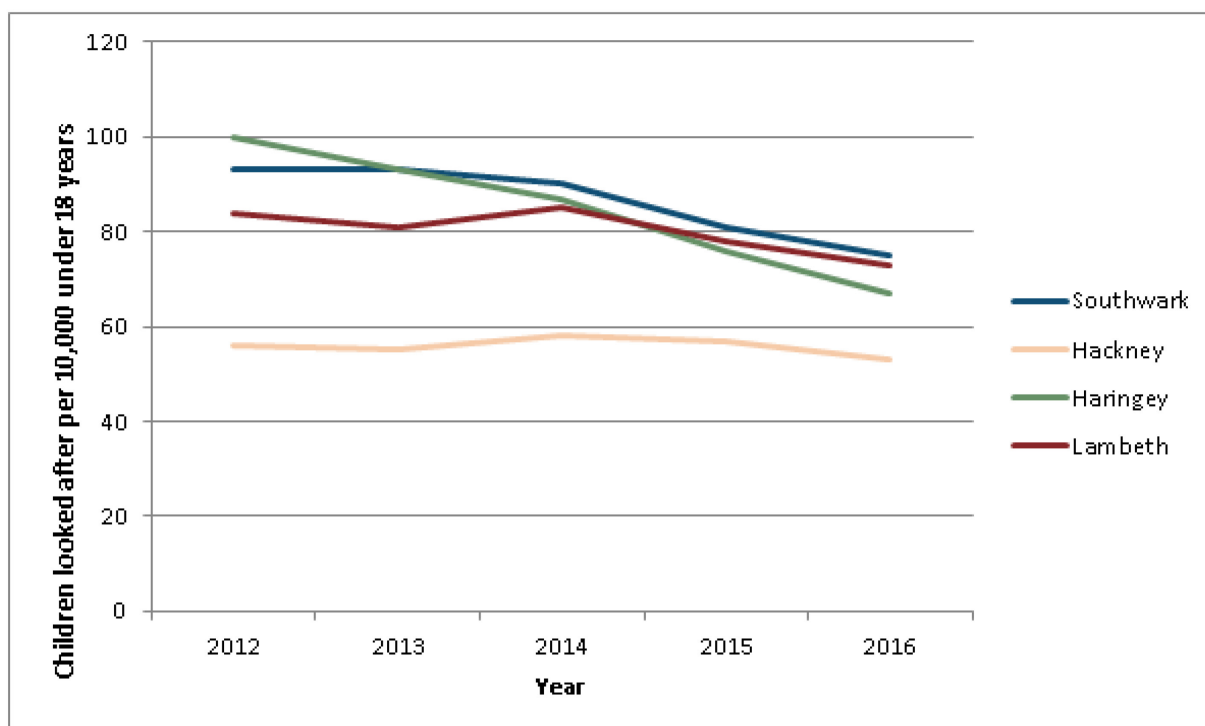
		<b>Southwark</b>	<b>Wiltshire</b>	<b>Total</b>
	don't know	(n=0)	(n=2)	(n=2)
	Disagree	33.3% (n=1)	0.0% (n=0)	7.7% (n=1)
	Strongly disagree	0.0% (n=0)	10.0% (n=1)	7.7% (n=1)
I understand the plan that was made	Strongly agree	0.0% (n=0)	50.0% (n=5)	38.5% (n=5)
	Agree	66.7% (n=2)	30.0% (n=3)	38.5% (n=5)
	Not sure or don't know	0.0% (n=0)	10.0% (n=1)	7.7% (n=1)
	Disagree	33.3% (n=1)	0.0% (n=0)	7.7% (n=1)
	Strongly disagree	0.0% (n=0)	10.0% (n=1)	7.7% (n=1)
I am happy that we had a Family Group Conference	Strongly agree	0.0% (n=0)	50.0% (n=5)	38.5% (n=5)
	Agree	100.0% (n=3)	30.0% (n=3)	46.2% (n=6)
	Not sure or don't know	0.0% (n=0)	10.0% (n=1)	7.7% (n=1)
	Disagree	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Strongly disagree	0.0% (n=0)	10.0% (n=1)	7.7% (n=1)
I think I will be happier because of the Family Group Conference	Strongly agree	0.0% (n=0)	40.0% (n=4)	30.8% (n=4)
	Agree	100.0% (n=3)	30.0% (n=3)	46.2% (n=6)
	Not sure or don't know	0.0% (n=0)	20.0% (n=2)	15.4% (n=2)
	Disagree	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Strongly disagree	0.0% (n=0)	10.0% (n=1)	7.7% (n=1)
I think I will be safer because of the Family Group Conference	Strongly agree	0.0% (n=0)	22.2% (n=2)	16.7% (n=2)
	Agree	100.0% (n=3)	11.1% (n=1)	33.3% (n=4)
	Not sure or don't know	0.0% (n=0)	66.7% (n=6)	50.0% (n=6)
	Disagree	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)
	Strongly disagree	0.0% (n=0)	0.0% (n=0)	0.0% (n=0)

## Appendix 5: Trends in rates of Looked after Children

In order to evaluate the impact of the Innovation Project and situate the evaluation findings, statistical data on the rates of looked after children and numbers of children entering care, were examined for each of the 2 index local authorities and 3 of their respective statistical neighbours (Department for Education, 2016).<sup>20</sup> As far as could be determined, all but one of the selected statistical neighbours made use of an FGC approach (the remaining LA used Family Network meetings). The extent to which FGCs were used varied, but none of the statistical neighbour LAs appeared to have a policy in place requiring FGCs to be offered to all families on the edge of proceedings.

In Southwark, the rate of children per 10,000 who were looked after continued on a downward trend over the period of the Innovation Project (see Figure C). While this trend was mirrored in neighbour authorities, Southwark moved closer to its neighbours in terms of rates of LAC than in previous years.

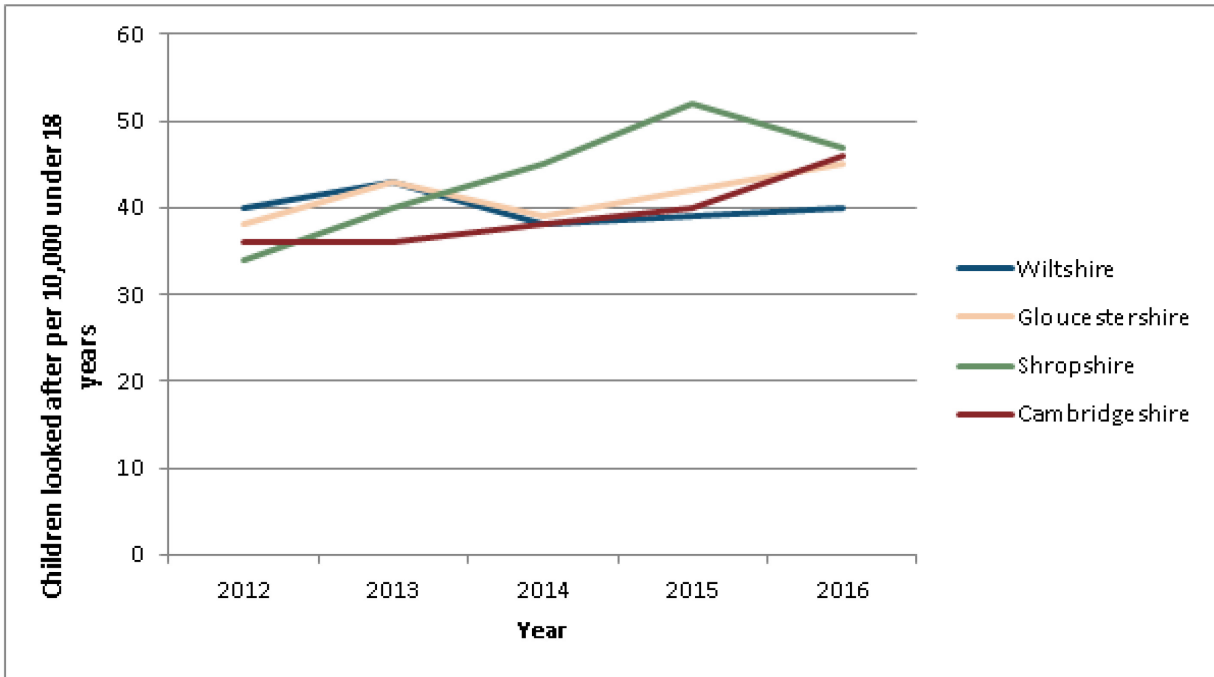
**Figure 10: Children looked after on 31st March in Southwark and its Statistical Neighbours**



In Wiltshire, the trend was relatively flat (see Figure D) with the authority remaining lower in terms of rates of LAC per 10,000 than its closest neighbours, 2 of whom demonstrated increases in rates of looked after children.

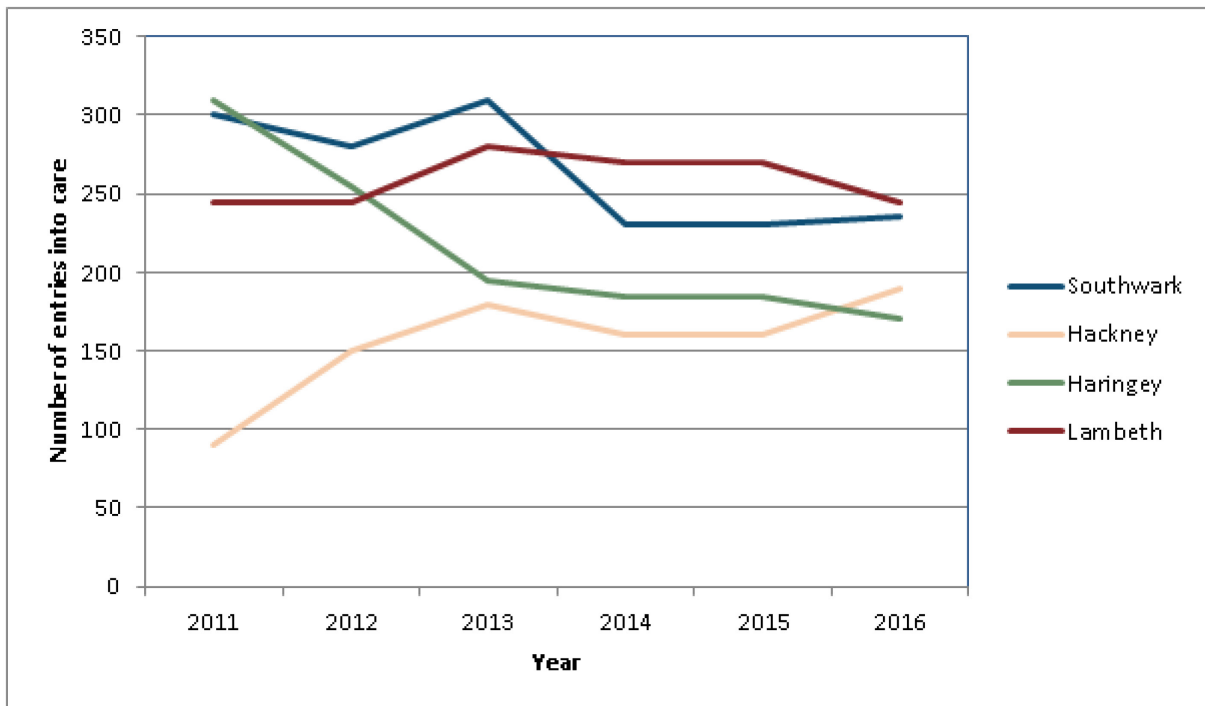
<sup>20</sup> Statistical neighbours were selected on the basis of similarity to index authorities in terms of age, gender and rate of looked after children per 10,000

**Figure 11: Children looked after on 31st March in Wiltshire and its Statistical Neighbours**



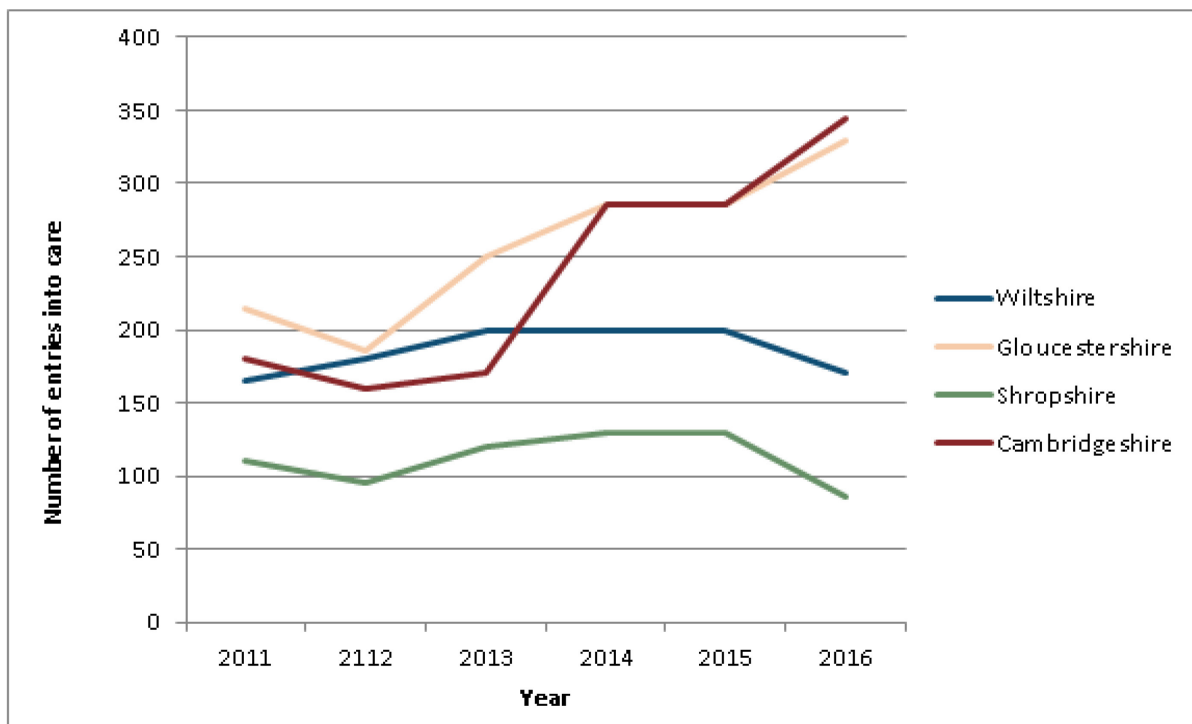
In terms of new entries to care, comparison between Southwark and statistical neighbours showed the local authority to be second in number of entries into care (see Figure E). However, this reflected a general downward trend for the index local authority over the Innovation project period.

**Figure 12: Children who started to be looked after during the year ending 31st March in Southwark and its Statistical Neighbours**



Wiltshire had the second lowest number of entries into care of the 4 comparable authorities. The number of entries into care also fell in this authority following the introduction of the Innovation project.

**Figure 13: Children who started to be looked after during the year ending 31st March in Wiltshire and its Statistical Neighbours**



## Appendix 6 Social care processes

**Table 8: Social care processes for all Children in Need (CiN)**

CiN 1	Initial contact and referral
CiN 2	Initial Assessment
CiN 3	On-going support
CiN 4	Close case
CiN 5	Core Assessment
CiN 6	Planning and review
CiN 7	Section 47 enquiry
CiN 8	Public Law Outline

(Holmes and McDermid, 2012, p.36)

**Table 9: Social care costs of case management processes for a looked after child**

LAC 1	Deciding child needs to be looked after and finding first placement
LAC 2	Care planning
LAC 3	Maintaining the placement (per month)
LAC 4	Exit from care/accommodation
LAC 5	Finding a subsequent placement
LAC 6	Review
LAC 7	Legal interventions
LAC 6	Transition to leaving care services

(Ward, Holmes and Soper, 2008, p.54)



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