

MAPPING FAMILY GROUP CONFERENCE SERVICES IN WALES



Children in Wales
Plant yng Nghymru

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CONTENTS	PAGE
Methodology and Background	2
Organisations delivering Family Group Conference services in Wales	3
Funding Arrangements	6
Staffing Levels and Structure	7
Referral Criteria	11
In what situations are Family Group Conferences being used?	14
User Involvement	16
Monitoring & Evaluation	17
Service Development & Future Priorities	18
Concluding Remarks	19
Selected Further Reading	21
Family Group Conference Services in Wales – contact details	22

METHODOLOGY

This mapping exercise was undertaken over a series of months, leading up to the production of this report in June 2008. The process began with background information being sent out to each of the service providers in Wales and a discussion exchange at a meeting of the All Wales Family Group Meeting Network and the Family Group Meeting South Wales Practice Exchange. A questionnaire was created and this was again sent to each of the service providers across Wales with a 100% response rate. It was not possible to visit each of the services in turn, though face-to-face interviews took place with managers of 5 of the services across Wales, with a further 2 telephone interviews taking place. The remainder of the information was gathered via the questionnaire survey.

BACKGROUND

This mapping research was instigated by an approach from the Welsh Assembly Government to undertake such a task and a previous recognition of the need to catalogue current practice and service provision across Wales. It is hoped that this report will support and contribute to policy development at a national level and improved practice growth and delivery at a local and regional level.

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Organisations delivering Family Group Conference* (FGC) services in Wales

*Please note: Though the term Family Group Conference or FGC will be used throughout this report, many of the services in Wales prefer the term Family Group Meeting or FGM.

Since Gwynedd County Council commissioned the first Family Group Conference (FGC) service in Wales in 1991 through the Cartref Bontnewydd Trust, there has been a steady proliferation in the number of services across the nation. As Table 1 outlines, there are currently FGC services operating in 18 of the 22 local authority areas, the exceptions being Blaenau Gwent, Merthyr Tydfil, Rhondda Cynon Taff and Torfaen

In Wales, FGC services are either delivered internally through local authority social services departments or commissioned externally to voluntary and charitable organisations (NGOs). This can be either by through a service level agreements (SLA) or a spot-purchase arrangement. The table below provides a detailed breakdown in respect of each local authority area.

TABLE 1

Local Authority	Service Provider	Type	Arrangement
Anglesey	Cartref Bontnewydd Trust	Charity / Voluntary	SLA
Blaenau Gwent	-	-	-
Bridgend	Tros Gynnal	Charity / Voluntary	SLA (3 month Pilot)
Caerphilly	NCH Cymru	Charity / Voluntary	Spot Purchase
Cardiff	Tros Gynnal	Charity / Voluntary	SLA
Carmarthenshire	NCH Cymru	Charity / Voluntary	SLA
Ceredigion	Ceredigion Children's Services	Statutory	N/A
Conwy	Cartref Bontnewydd Trust	Charity / Voluntary	SLA
Denbighshire	Cartref Bontnewydd Trust	Charity / Voluntary	SLA
Flintshire	Flintshire Children's Services	Statutory	N/A
Gwynedd	Cartref Bontnewydd Trust	Charity / Voluntary	SLA
Merthyr Tydfil	-	-	-
Monmouthshire	NCH Cymru	Charity / Voluntary	SLA

Neath Port Talbot	Barnardo's Cymru	Charity Voluntary	/	SLA
Newport	NCH Cymru	Charity Voluntary	/	SLA
Pembrokeshire	Tros Gynnal	Charity Voluntary	/	SLA (3 month Pilot)
Powys	Barnardo's Cymru	Charity Voluntary	/	SLA
Rhondda Cynon Taf	-	-	-	-
Swansea	Barnardo's Cymru	Charity Voluntary	/	SLA
Torfaen	-	-	-	-
Vale of Glamorgan	Vale of Glamorgan Children's Services	Statutory		N/A
Wrexham	Barnardo's Cymru	Charity Voluntary	/	SLA

Table 2 below outlines the specific name of each of the services alongside the length of time a service has operated in that county and whether there has been continuity of service provider during that time.

TABLE 2

Local Authority	FGC's operational in that county	Name of service	Continuous provider?
Anglesey	1991	Cwlwm Family Group Meeting Project	Yes
Blaenau Gwent	-	-	-
Bridgend	2007 (Dec - pilot project)	Family Circle	Yes
Caerphilly	2005	NCH Family Answers	Yes
Cardiff	2000	Family Circle	Yes
Carmarthenshire	2003	Families Forward	Yes
Ceredigion	2001	Ceredigion Family Group Meeting Project	Yes
Conwy	2001	Cwlwm Family Group Meeting Project	Yes
Denbighshire	2005	Cwlwm Family Group Meeting	Yes

		Project	
Flintshire	1998	Taith Y Teulu	Yes
Gwynedd	1991	Cwlwm Family Group Meeting Project	Yes
Merthyr Tydfil	-	-	-
Monmouthshire	1999	NCH Family Answers	Yes
Neath Port Talbot	2001	Barnardos Neath Port Talbot Partnership	Yes
Newport	2001	NCH Family Answers	Yes
Pembrokeshire	2007 (Dec – pilot project)	Family Circle	Yes (spot purchasing had taken place with another provider prior to this date)
Powys	2007	Barnardos Family Group Meeting Service	Yes
Rhondda Cynon Taf	-	-	(Spot purchasing of FGC s had taken place with NCH Cymru)
Swansea	2008	Barnardos Cymru	Yes
Torfaen	-	-	(An SLA with NCH Cymru was in place between 2001– 2006)
Vale of Glamorgan	2004	Vale Family Group Meeting Project	Yes
Wrexham	2007	Barnardo's Cymru Compass	No (an SLA with Flintshire Children's Services was in place between 2004 - 2006)

Key points

As the table above indicates, consistent arrangements have been in place between a local authority and the FGC service providers across Wales with the exception of only one county, which changed its commissioning arrangements (Wrexham).

Also to note is that only one county has discontinued with its FGC service (Torfaen) having previously had an SLA in place with NCH Cymru.

Funding arrangements

The table below sets out the current funding arrangements in place and the number of FGCs each service has been commissioned to undertake.

TABLE 3

Local Authority	Service Provider	Funding stream	Max. no. of referrals
Anglesey	Cartref Bontnewydd Trust	Social Services Department (SSD)	30
Blaenau Gwent	-	-	-
Bridgend	Tros Gynnal	WAG – children on the brink of care grant'	10
Caerphilly	NCH Cymru	Spot-purchase	Spot-purchase
Cardiff	Tros Gynnal	SSD & Cymorth	40
Carmarthenshire	NCH Cymru	Cymorth & SSD	25
Ceredigion	Ceredigion Children's Services	Local Authority Revenue Support Grant (LA RSG) & Cymorth	No upper limit set
Conwy	Cartref Bontnewydd Trust	SSD	30
Denbighshire	Cartref Bontnewydd Trust	SSD	16
Flintshire	Flintshire Children's Services	60% Cymorth 40% Children First /LA RSG	90-100
Gwynedd	Cartref Bontnewydd Trust	SSD & Cymorth	35
Merthyr Tydfil	-	-	-
Monmouthshire	NCH Cymru	SSD	12-15
Neath Port Talbot	Barnardo's Cymru	Barnardo's & Cymorth	30-50
Newport	NCH Cymru	SSD, Cymorth & Community Safety Partnership (3 projects)	65 (in total)
Pembrokeshire	Tros Gynnal	WAG – children on the brink of care grant'	6
Powys	Barnardo's Cymru	SSD	40
Rhondda Cynon Taf	-	-	-

Swansea	Barnardo's Cymru	SSD (via WAG public law outline)	15 (in first 6 months)
Torfaen	-	-	-
Vale of Glamorgan	Vale of Glamorgan Children's Services	Children First / LA RSG	No upper limit set
Wrexham	Barnardos Cymru	Barnardo's & Local Authority	40

Key points

Whilst column 4 above outlines the maximum number of referrals a service is commissioned to undertake, this can be somewhat misleading in that it does not provide an accurate indication of the number of referrals that are received. Whilst a small minority of services do not meet their referral target due to a lack of referrals being received – this will be discussed later in this report – the majority of services stipulated that received referrals are well in excess of the amount of funding they receive. There are two different types of response to this. Some services return to the local authority and re-negotiate additional funding to undertake this work, whilst other services attempt to absorb this additional work.

For the majority of services however, currently levels of funding are insufficient to meet the demand being placed on their service currently, with pressure expected to increase with the arrival of the Public Law Outline. This in addition to the perpetual challenge of seeking to secure long-term funding to enable services to build capacity and retain exiting staffing levels

A further notable point for reflection is the disparity in relation to the number of referrals services are commissioned to undertake. Excluding the pilot and newly established services, numbers can range between 12/15 (Monmouthshire) and 16 (Denbighshire), to 65 (Newport) and 90/100 (Flintshire). It is clear that this disparity cannot be explained simply in terms of demography or the number of children and young people who it is perceived could benefit from a FGC intervention within these local authority areas.

Staffing levels and structure

The following table has been compiled to illustrate the contrasting staffing structures and arrangements in place within each FGC service.

TABLE 4

Local Authority	Name of service	Staffing levels & structure
Anglesey	Cwlwm Family	1 x project manager (p/t)

	Group Meeting Project	(Gwynedd & Anglesey) 8 x sessional coordinators (Anglesey, Gwynedd, Conwy & Denbighshire)
Blaenau Gwent	-	-
Bridgend	Family Circle	1 x coordinator (p/t)
Caerphilly	NCH Family Answers	Spot purchase arrangement – no dedicated staff
Cardiff	Family Circle	1 x project leader/practitioner 2 x coordinators (f/t & p/t) 2 x sessional coordinators 3 x sessional advocates 1 x administrator
Carmarthenshire	Families Forward	1 x coordinator (f/t) 1 x coordinator (p/t) 2 x advocates (p/t) 1 x sessional advocate
Ceredigion	Ceredigion Family Group Meeting Project	1 x senior sessional coordinator 3 x sessional coordinators
Conwy	Cwlwm Family Group Meeting Project	1 x project manager (p/t) (Conwy & Denbighshire) 8 x sessional coordinators (Anglesey, Gwynedd, Conwy & Denbighshire)
Denbighshire	Cwlwm Family Group Meeting Project	1 x project manager (p/t) (Conwy & Denbighshire) 8 x sessional coordinators (Anglesey, Gwynedd, Conwy & Denbighshire)
Flintshire	Taith Y Teulu	1 x project manager 1 x senior coordinator 18 x sessional coordinators 1 x administrator (p/t)
Gwynedd	Cwlwm Family Group Meeting Project	1 x project manager (p/t) (Gwynedd & Anglesey) 8 x sessional coordinators (Anglesey, Gwynedd, Conwy & Denbighshire)
Merthyr Tydfil	-	-
Monmouthshire	NCH Family Answers	Co-ordinators
Neath Port Talbot	Barnardos Neath Port Talbot Partnership	1 x senior practitioner/team leader 3 x sessional coordinators 4 x sessional advocates
Newport	NCH Family Answers	Co-ordinators
Pembrokeshire	Family Circle	1 x coordinator (p/t)

Powys	Barnardos Family Group Meeting Service	1 x team leader 5 x sessional coordinators
Rhondda Cynon Taf	-	-
Swansea	Barnardo's Cymru	1 x coordinator (f/t) Sessional staff – 20 hrs pw.
Torfaen	-	-
Vale of Glamorgan	Vale Family Group Meeting Project	1x coordinator/manager 1x coordinator/advocate 1x administrator
Wrexham	Barnardo's Cymru	1 x senior practitioner (f/t) 3 x sessional coordinators (1 day p.w. each) 1 x administrator (p/t)

Key Points

i) Staffing

As Table 4 illustrates, different arrangements are in place in each service in relation to staffing structure and levels with a number of services employing a large base of part-time and/or sessional staff. All services are comparable in that they employ dedicated FGC coordinators, whose role is to lead on the arrangements to convene an FGC for individual families.

Many services were reliant on sessional and/or part time staff due to funding constraints, and this is always a source of pressure in terms of being able to respond immediately once a referral is received.

ii) Advocacy

Contrasting arrangements are in place however in relation to the provision of advocacy for children and young people. A number of services employ professional advocates (Neath Port Talbot, Cardiff, Carmarthenshire) whilst other services utilise existing staff who can either operate as coordinators or as advocates when another staff members is acting as coordinator (Vale of Glamorgan, Newport, Monmouthshire). It would appear that there is less of recourse for professional advocates within the services operating in North Wales.

Qualifications

This mapping exercise also sought to reveal the qualifications required by services for key posts and the further opportunities for professional development. In the main, for managerial posts or FGC project leaders, a professional qualification and/or formal qualification would be deemed essential, alongside the need to have the necessary work experience in a similar or related field.

For coordinator posts, professional and/or formal qualifications are seen as being highly desirable, with services keen to attract individuals with a

qualification (e.g. diploma, NVQ level 4) in a related field such as social work, health, youth justice, education, youth & community work, psychology or mediation.

However, services also place an emphasis on potential employees having extensive work experience in a related field. In the main, this would include experience of working with children, young people and families, chairing meetings and/or attending meetings about young people.

Some services are explicit in terms of these requirements, including the length of experience required e.g. 2 years of working with children and families, whilst others were less so. For some less senior posts, a number of services were clear that potential staff were not required to hold specific qualification in order to secure a post.

Staff development & training

This mapping exercise also invited services to identify the sources of training they access for staff in relation to acquiring the necessary knowledge around the preparation and meeting process, and the intrinsic value base within the FGC intervention model.

The majority of services undertake in-house training in FGCs for newly appointed staff, which can include specific training around advocacy, coordinating a meeting, child protection and lone working practices. In addition, staff would also be expected to attend additional training of value to their post, including IT, health and safety etc.

A number of services have also developed good partnership arrangements with other service providers in Wales, which allows staff from one service to attend training provided by another. Some services have also made use of FGC training delivered by the Family Rights Group in London. This organisation both coordinates and delivers regular training sessions as an introduction to FGC or more advanced packages for existing FGC practitioners and those individuals more accustomed to the model.

A growing number of FGC coordinators have undertaken accreditation training as an additional means of obtaining formal recognition for their knowledge and skills

Language

The survey also asked services which languages could they deliver a FGC through.

Aside from English, 4 services providers operating in 8 local authority areas said that they could provide the service in Welsh and 1 was able to provide a service in another language (Urdu). For the remaining services with only English speaking staff, respondents stated that they would make alternative arrangements at the request of a family. Examples given were of purchasing

a linguistically compatible coordinator or ensuring that translation services were provided.

Referral Criteria

This mapping exercise was keen to ascertain the context in which FGC as a family intervention was being used across Wales. Here the survey asked questions around which agencies and/or individuals could refer for a service and what was the criterion for this referral, in relation to the status and age of the child. The following table and discussion captures the detail around this.

TABLE 5

Local Authority	Criteria	Referral from	Age of child	Self referrals accepted
Anglesey	Child in Need	SSD	0 – 18	No (but some flexibility)
Blaenau Gwent	-	-	-	-
Bridgend	Children on the brink of care	SSD	0 – 18	No
Caerphilly	Child in Need / Looked After Children (LAC) / Child Protection (CP)	SSD & Courts	0 – 15	No
Cardiff	Broad	Any agency	0 – 18	Yes
Carmarthenshire	Broad	Any agency	0 – 18	Yes
Ceredigion	Child in Need	Any agency	0 – 18/19	No
Conwy	Child in need	SSD	0 – 18	No (but some flexibility)
Denbighshire	Child in Need	SSD	0 – 18	No (but some flexibility)
Flintshire	Child in Need / CP	All agencies	Pre birth – 25	Yes (via Cymorth)
Gwynedd	Child in Need / LAC / Homeless	SSD, after care workers & homelessness officers	0 – 18	No (but some flexibility)
Merthyr Tydfil	-	-	-	-
Monmouthshire	Child in Need / CP / LAC	SSD	0 – 16	No

Neath Port Talbot	Broad	All agencies	0 – 18	No
Newport	Broad	SSD, Health, Education, Voluntary & Private Sector, Courts	0 – 25	Yes
Pembrokeshire	Children on the brink of care	SSD	0 – 18	No
Powys	Children in Need / CP	SSD & Youth Offending Team (YOT)	0 - 18	No
Rhondda Cynon Taf	-	-	-	-
Swansea	Risk of involvement in family court proceedings	SSD	0 – 18	No
Torfaen	-	-	-	-
Vale of Glamorgan	Child in Need / CP / LAC	SSD, YOT, Flying Start Team & NCH Family Support Team	Pre-birth – 18 (25)	No
Wrexham	Child in Need / CP	SSD	0 - 18	No

Key Points

1. Criteria for referral

As Table 5 illustrates, the context in which the FGC intervention is being used differs greatly across Wales, and appears to be determined by the particular SLA that is in place between a service provider and the local authority. It also appears to be influenced by the source of funding which is attached

From the information gleaned from services, it is clear that a number of externally commissioned NGOs funded solely through the local authority SSD have little or no flexibility in relation to the referral criteria and are only able to accept referrals where a child has been initially assessed as being a child in need – as defined by the Children Act 1989 – and/or where there are child protection concerns and/or a child is looked after. Families in this contexts are not able to self refer for this intervention.

Externally commissioned services which do not solely rely on SSD funding appear to have greater scope in which to accept referrals from a range of agencies and have a broad referral criteria to reflect this – where there are issues around the welfare of the child or where agencies feel that the child

could benefit from a FGC intervention. This is especially true of those projects that have secured Cymorth funding.

FGC services, which are provided internally by the local authority – Ceredigion, Flintshire & Vale of Glamorgan – are largely in a position to determine their own referral criteria, with the former 2 counties accepting referrals from any agencies.

2. Age

Also to note is the disparity between services in terms of being able to accept a referral on the basis of the age of the child. Whilst the majority of services receive referrals concerning children aged between 0 – 18, both Newport and Flintshire provide FGC's for young people up to the age of 25. In addition, both Flintshire and the Vale of Glamorgan are also able to convene an FGC prior to the birth of a child.

3. Professional 'Gatekeeping'

A significant majority of respondents raised a number of key concerns around professional 'gatekeepers' who were determining which families received information on FGC and also, which families were able to access the service. In many situations, whether or not families received an opportunity to have a FGC was very much depended on which individual social worker within a team had responsibility for the case. Some social workers, who were supportive and recognised the value of this intervention, routinely referred families for FGC, whilst others often within the same team did not refer. In essence, a family's opportunity to access a FGC could be dependent on which social worker the family had been allocated and whether or not and individual, team and/or team manager were supportive of this intervention.

Equally in other settings e.g. education, there was inconsistent referral practice apparent amongst education welfare officers and teaching staff in schools.

4. Constraints

Given the constrictions placed on FGC services in respect of the referral criteria and funding streams, respondents were also asked if they believed other families could benefit from a FGC intervention if the criteria for referral were extended. They was also asked in what circumstances did they feel a child and/or family could benefit from an intervention and why they believed this to be the case

Respondents who were only able to receive referrals directly from SSD in particular recognised the value of this intervention for children and families in other circumstances. Many services would be keen to be able to accept referrals from other sectors including health, education, YOT and voluntary agencies, as neighbouring FGC services are presently able to do.

With the creation of the All Wales Family Group Meeting Network, as a forum for information and good practice exchange, respondents were aware of the

disparities between services across Wales and the often greater opportunities for children and families to access a FGC elsewhere.

Many services would be keen to be able to accept self-referrals directly from children and families. Presently, the majority of services are only able to accept referrals from professionals, and in a number of instances, professionals from specific sectors.

In what situations are FGCs being used?

Respondents were asked to outline in what situations are FGCs being used in their service. The FGC intervention is routinely used in a variety of situations, which include –

- Where there is a risk of a child being taken into care
- Where there are education issues, including the risk of a child being excluded from school
- Where there is a risk of a child losing a placement with a foster carer
- Where there are health issues or concerns (including substance misuse)
- Where it is proposed a child is to be placed for adoption
- Where court proceedings are pending
- Where there is risk of offending or a child has been involved in offending behaviour
- Where there are housing issues and concerns about where a child will live
- To make contact plans for LAC to see their family
- To make arrangements to return a child to their birth family
- Where there is a risk of a family becoming involved in family court proceedings
- Where there are domestic abuse issues within the family

This list is not exhaustive but does provide an insight into the many areas in which FGC are being routinely used to help develop a plan to support a child and their family, and for the child to remain at home or in school, or to reduce the risk of offending

In what situations is a FGC most appropriate and helpful?

The exercise was also keen to build on the previous question in seeking to ascertain in what situation have FGCs proved particularly helpful and appropriate.

The most effective use of FGC were identified within this order

1. Where there is a risk of a child being unable to remain in their family home and having to find alternative living arrangements
2. Where there is a planned return home from local authority care

3. When a child is placed in local authority care, an FGC can make contact plans with the wider family network to ensure that they do not lose contact with their extended family when in care
4. Where there is a risk of a child being excluded from school and plans need to be put in place to help ensure this doesn't happen
5. Where there is a breakdown in a foster care or family placement
6. Any situation whenever a plan or decision needs to be made for a child in whatever situation

At what stage is the intervention best used?

This was perhaps considered to be a complex question in which to provide an accurate response as each family's constitution and circumstances could be very different. However, it was generally felt that ideally, families should be able to request a FGC as soon as an issue arises that needs a plan or series of decisions to be made which involves the wider family network and professional support. Early intervention prior to a problem escalating was a repeated plea.

Yet, family members may not always be motivated to resolve a problem or difficulty until it reaches crisis point or are informed that state intervention may become necessary to safeguard a child. This was a particular challenge for many services where it was felt by the professional that a family would benefit from a FGC intervention sometime after an issue or concern had first emerged.

At what stage is the intervention least helpful or inappropriate?

A number of respondents related examples of where referrals are often received when the child is on the point of being taken into care or on an interim care order and an FGC may well have come too late if decisions have already been made or circumstances have deteriorated rapidly within the family. However, in spite of this, a FGC can be effective in looking at ways to support a LAC to safely move back home or from care when it is deemed appropriate and safe to do so.

Again, the power of referral in the majority of instances rests with the case holding professional, so a family may not get an opportunity to have a FGC until they are made aware of the possibility. This relates back to the earlier discussion around 'professional gate keeping', which can result in a child remaining in care longer than may be necessary.

Raising awareness

Services were asked whose responsibility it was to raise awareness of the service locally. Once again, this was generally linked to the particular funding the service was able to acquire. Where funding was secured beyond the local SSD, a number of services had developed a training package for single or multi-agency workshop programmes designed to raise awareness of the intervention and encourage greater use of their service. In addition to this,

services routinely joined team meetings to raise awareness or were actively seeking further opportunities to promote the model.

The Tros Gynnal Family Circle Project in Cardiff, for instance have had dialogue with leading family court judges in the area to inform them of the opportunity for families to have a FGC prior to decisions around care proceedings being completed.

Services are also all listed on the Children in Wales website which supports the All Wales FGM Network – www.fgcwales.org.uk - and a number are also listed on the Family Rights Group website – www.frg.org.uk

User involvement

This mapping exercise was also keen to learn from services what structures were in place for involving service users in the service's development.

Of the 11 services operating within and across local authorities in Wales, the majority reported that they do have structures in place to facilitate the involvement of children, young people and/or families in the development of their FGC service. The level of involvement can vary considerably, from one-off consultation exercises to gather feedback from children, young people and/or their families, to firmer participatory structures that involve working towards more routine means of engagement. The structures referred to included:

- Young Person's Group
- Parents Support Group
- Family steering or member group

In the main, these opportunities for engagement have been developed both to provide further on-going support for children and parents who have previously had a FGC intervention and to help promote and raise awareness of the service to help enable other families to benefit. Children, young people and/or families have been involved in

- Designing promotional literature and child friendly documents
- Developing other promotional tools e.g. DVD
- Delivering training to professionals
- Specific task focused activities
- Befriending and mentoring activities
- Recruiting and appointing FGC staff

Barnardo's Neath Port Talbot Project, for example, have a Young person's group which is in the process of being constituted in order to access funding. They are currently working with the Performing Arts department from Swansea Metropolitan University on a Community Theatre project. The aim of which is to devise a piece of work to be performed around the importance of children and young people having a say in their future. The process is being

filmed and there are plans to document the making of the piece of work, together with the finished performance, which can then be used as a promotional tool for FGCs. They are hoping to take the DVD into schools in Neath Port Talbot in the autumn and plan to approach Pastoral Support Teachers and ask if young people can view the DVD in PSE lessons.

Monitoring & Evaluation

The mapping exercise was keen to explore with respondents what procedures were in place for monitoring the effectiveness of the intervention. The following were given in relation as examples:

1. Feedback forms

A number of services request that all attendees at a FGC, including children and their family, complete an evaluation form immediately after their meeting, which is then used to inform and improve the development of the service. This form would invariably include questions around the planning and preparation leading up to the meeting, and also their thoughts and views on the meeting and the Plan developed and agreed. Some services have produced specific questionnaires for children to complete.

A number of services prefer to send out evaluation forms with a copy of the family Plan soon after the FGC to allow children and families to reflect on the process, meeting and decisions reached.

One of the pilot projects utilises the Goodman's strengths and difficulties tool and was also involving an independent person to undertake face-to-face interviews and a focus group with families to ascertain their view of the process.

2. The Family Plan

The exercise was also keen to learn of what arrangements were in place for reviewing the Family Plan and ensuring its implementation.

A number of services offer families an opportunity to hold at least one Review meeting. This process involves the family with the professional(s) reconvening to address any changes that need to be made to the previously agreed Plan and to make amendments accordingly should any of the activities in the Plan not have been undertaken or if the child's circumstances have changed. It also provides an opportunity for both family members and professionals to bring to task any of the agreed actions that have not been carried out or to feedback on those which have.

The FGC process is clear in that, as the ownership of the Plan belongs to the family, it is the family who has primary responsibility for the Plan and its effectiveness. No service would have a role in enforcing a Family Plan although there was a clear expectation that the professional who had referred

the family for an FGC would take responsibility for providing support for the child and/or family in implementing and monitoring the Plan.

3. Long term evaluation

This exercise also sought to learn of the mechanisms in place to evaluate the long-term impact of the intervention over time.

A number of services reported that they had been evaluated, either internally by their agency or externally by an outside body. Some of the more established projects – Flintshire’s Taith Y Teulu – have been evaluated on a number of separate occasions, with the Cymorth funded service also subject to independent review. The Cartref Bontnewydd service, which operates across 5 local authority areas in North Wales, achieved the Clywed Kitemark in 2006/7 for offering a service that demonstrated its commitment to listen to children and young people.

The NCH Family Answers service was subject to a 2 year evaluation undertaken by Cardiff University in which professionals, family members and children/young people were interviewed and asked their views on the service they had received and the impact of this service after 6 months from their FGC (*see selected further reading section of this report*). The pilot projects meanwhile are subject to on-going evaluation necessitated by the nature of the short term funding arrangements.

A number of services were also able to provide examples of how their service has made changes in response to recommendations for improvement within evaluations undertaken. These included improving the involvement of users in informing the development of their service and extending the provision and support of advocacy for children prior to, and during a FGC.

A minority of services reported that they had not been independently evaluated. However, all 11 service providers across Wales have been actively involved in providing data to inform the Cardiff University developed All-Wales Evaluation Tool Programme. Further information on this project can be obtained from Abyd Quinn-Aziz, at Cardiff University, E-mail: QuinnAzizA@cf.ac.uk

Service development & future priorities

Priorities at a local level

Many services spoke of the perpetual need to secure additional funding to ensure that the current delivery levels of FGCs are maintained, to assist with further growth of the service and to secure workforce stability. For recently established services, the impetus was about raising awareness and increasing the referral rate and opportunities for families to access the intervention.

Services also made reference to making links with the judiciary and court solicitors in progressing their work in this key area, and also developing greater use of their service with the education, youth justice and health sectors and amongst underrepresented groups. Links with the Public Law Outline, kinship care and restorative work with young offenders were also references as future priorities.

The Taith Y Teulu service operating in Flintshire have introduced a Community Conferencing service as an extension to the principles and values of the FGC model. This intervention has been utilised in relation to anti-social behaviour and intergenerational work that also takes self-referrals from across the community. The goal here is to develop this service further

Priorities at a national level

A number of respondents cited key priorities at a national level that were seen as implicit if the progress to date around FGC growth and development was to be built upon and taken to the next level. Key priorities were seen as:

1. Development Worker

Although there were recurring examples of partnership and promotional work undertaken between and within agencies, a need to locate a national lead to help develop the model was cited by several respondents. To date, dialogue had taken place in relation to identifying funding opportunities and a job description for this post.

2. Role of the Welsh Assembly Government

The Welsh Assembly Government was cited by respondents as having a key leadership role to play in relation to raising awareness and promoting the use of FGC at a national and strategic level. It was felt they needed to consider the plethora of opportunities a FGC can provide when policies and guidelines are being produced in the field of social care, education and health in particular.

The present Minister for Children has previously attended and addressed a number of key events coordinated by members of the All Wales FGC Network and this support was recognised as invaluable by a number of respondents. Recognition of FGC was also becoming more prominent within a number of key documents issued by the Welsh Assembly Government and this was again seen as evidence that greater recognition of the value of the intervention is being reflected at the highest level in the Assembly.

Concluding remarks

Though steady progress has been made, respondents believed that the national political drive could go much further towards the realisation of the aspiration whereby FGCs are routinely offered to all families who are working with social services. As previously discussed, presently professionals are

determining which families are put forward for a FGC and which are not. The current discretionary practice requires some form of scrutiny to help ensure that consistency is applied within and across local authority areas in Wales. The willingness amongst some professionals to allow families to seek solutions for themselves with statutory support was questioned by respondents throughout this exercise. The 100 plus referrals received in Flintshire demonstrate clearly what can be achieved when the intervention is mainstreamed and embedded within everyday practice. Presently, the system relies on individuals to champion the model, and without this, uptake and engagement is weak.

FGCs are already being recommended as one of many interventions available to professionals working with families at a national strategic level – explicit within the recently revised Children Act 1989 Court Rules Guidance. Yet the practice has yet to become mainstream. FGCs are still very much marginalised and on the periphery within the arena of child welfare, and indeed, are not available in every local authority in Wales. Further work is required with heads of services in many areas as there is no statutory requirement to provide or commission FGC services.

A number of respondents felt strongly that children and families should have a statutory right to be offered a FGC in certain situations, including pre care and alongside child protection investigations, with the FGC Plan being fed into the child protection conference. Further examples given were when a contact plan is required for a child in care and when a child can no longer live at home (and there is no immediate risk to that child).

Independent Reviewing Officers could also play a vital role in enquiring whether a FGC has been considered or not during the LAC Review, and exploring the reasons for this. There will of course be individual cases when a combination of factors makes a FGC inappropriate, yet a referral should be at least considered in all cases, with reasons given where it was felt unsuitable.

There is also a need to address the lack of, and inconsistency in funding to help support growth and development. Without this, services feel that the variations in referral criteria across Wales will continue to result in a postcode lottery service dictated by where a child resides rather than their specific individual needs.

A national strategic approach to FGC practice and delivery was cited as part of a means to address many of these key challenges with the Welsh Assembly Government well placed to build on existing policy in this area.

Selected Further Reading

Family Rights Group (2007) Using Family Group Conferences for Children who are, or maybe, subject to court proceedings; A guide for courts, lawyers, CAFCASS officers and child care practitioners

<http://www.frg.org.uk/pdfs/Final%20version%20of%20Guide%20for%20practitioners.pdf>

Family Rights Group (2007) Family Group Conferences: Where Next? Policies and Practices for the Future

http://www.frg.org.uk/fgc_toolkit.html

Holland S, O'Neill S, Scourfield J, Pithouse A (2003) Outcomes in Family Group Conferences for children on the brink of care: a study of child and family participation, **Cardiff University School of Social Sciences**

Holland S and O'Neill S (2006) 'We had to be there to make sure it was what we wanted: enabling children's participation in family decision-making through the Family Group Conference' **Childhood, 13 p91-111**

<http://chd.sagepub.com/cgi/content/abstract/13/1/91>

Welsh Assembly Government (2007) Safeguarding Children – Working Together under the Children Act 2004

<http://www.wales.gov.uk/topics/childrenyoungpeople/publications/guidance/?lang=en>

National Assembly for Wales (2001) Framework for the Assessment of Children in Need and their Families

<https://wales.gov.uk/childrenfirst>

Welsh Assembly Government (2008) The Children Act 1989 Regulations and Guidance Volume 1 Court Orders

<http://new.wales.gov.uk/topics/childrenyoungpeople/publications/guidance/childrenact/?lang=en>

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Children in Wales Plant yng Nghymru

Children in Wales is the national umbrella organisation in Wales, bringing organisations and individuals together to make the United Nations Convention on the Rights of the Child a reality in Wales. Children in Wales also fights for sustainable quality services for all children and young people and special attention for children in need, as well as ensuring children and young people have a voice in issues that affect them.

Children in Wales has over 200 members, including the major voluntary children's agencies, professional associations and local authorities, as well as many smaller community groups.

Children in Wales works in partnership with the National Children's Bureau in England, and Children in Scotland and internationally with the European and International Forums for Child Welfare.