

- Interview with Network founder member Val Owen
- Article on Human Rights and Family Group Meetings.
- Research Report by Abyd Quinn Aziz (pictured with family)



## Family Group Meetings: A Rights Based Approach by Sharon Gay

When we talk about human rights, people often feel that it is a legal process, which is somehow removed from every day life. Consequently it doesn't really apply to the ordinary person on the street. In recent years there has been considerable work within the social care field to change this perception and to raise awareness about the everyday application of these rights. This article is intended to be a basic introduction as to how Family Group Meetings operates within the Human Rights model. The concept of Family Group meetings falls squarely within the remit of Article 8—The Right to Respect for Private and Family Life. Much of our work involves working with families to self identify if, and how a child's needs may be met within the home, drawing on wider family networks where possible. In cases where it may not be possible for children to live with their parents, Family Group Meetings can be arranged to address sensitive issues such as contact with birth parents. We also work



with people who may have problems with housing or have issues with anti social behaviour, which may be impacting on both the family and members of the wider community.

A key part of our work revolves around Article 6, the right to a fair hearing. This aspect of human rights work may be achieved on a number of levels. Children and family members have commented that the Family Group Meeting process has enabled them to feel heard. In circumstances where there may be social services involvement, the Family Group Meeting model provides families with the opportunity of greater involvement in the decision making process, for they are able to have greater access to information from professionals and are given the opportunity to come up with their own plan to address issues or concerns. There are times when child welfare cases need to go to court. In

such circumstances family plans can provide a voice for families, regardless of the overall outcome of the case.

Family Group Meetings can play a key role in safeguarding a child's right to education (Protocol 1, Article 2). We have facilitated meetings for families and professionals to discuss issues around school attendance.

The process of Family Group Meetings is inclusive and sensitive to the cultural and religious requirements of families. The coordinators are trained in cultural awareness and are committed to arranging meetings to suit the family. They are also consulted as to where, when and how the meeting should take place – and what the family may like for food and refreshments at their Family Group Meeting (Article 9).

Sharon is a Family Group Meeting Coordinator with Cardiff's Family Circle Project

## What is the All Wales Family Group Meeting Network?

Interview with Val Owen, Trust Director of Cartref Bontnewydd Trust

Manager of a Family Group Meeting Project and Founder Member of AWFGMN



**Why was it deemed necessary to have a separate Welsh network?** There was a combination of factors but mainly due to the birth of the Welsh Assembly Government, we needed to respond to the needs of Welsh Initiatives and we felt that we weren't getting that through the UK Network. Also we realised that services in Wales were of a similar size and budget so we could share experiences and challenges.

**What did you want out of it?** We wanted a stronger lobbying voice in Welsh Local Authorities, and to be able to respond to the needs of Wales such as those laid out in Children 1<sup>st</sup>. As well as central Welsh government we believed it was feasible to push for a Family Group Meeting service in each one of the 22 Welsh Local Authorities. One last thing we wanted was not to have to spend hours on the train to London 4 times a year, we alternate the venue around Wales and this makes it easier for people to attend Network meetings regularly.

**How many projects/counties are involved?** There has been a maximum of 19 Local Authorities represented at the Network.

**What has the network achieved so far?** We hosted and chaired the 3<sup>rd</sup> annual European FGC Network Conference in November 2006 and produced a report from that conference. We have delivered training to the Children's commissioner for Wales Advice Team. The Network has given evidence, along with 2 family members, to the safeguarding Vulnerable children review at the National Assembly. We have given a presentation to the heads of Children's services on FGM's and Kinship Care. There is a regular AWFGMN Newsletter produced bi-annually. The Network has funded and participated in an all Wales research project carried out by Cardiff University. A European Internet Notice Board has been established by the Network. The Welsh contribution in the National toolkit is evident and there are 2 chapters, written by me as a Welsh representative, for the Toolkit reader. Of course last but not least the 2009 National Conference.

**What have been your highlights?** Out of the many highlights over the years it would have to be the publication of the toolkit in Welsh. I feel that this and the bi-lingual values of the Network identifies it strongly as a Welsh Network for Welsh projects.

**What have been the challenges?** Keeping the Network moving forward positively, despite threats to funding, competitive tendering processes and short term contracts.

**What does the future hold for the network?** Continuing the work of the Network as a long term entity despite personnel changes, organisational re-structuring and changes of government at Local Authority and National levels.

## Family Group Meeting research in Wales - Report by Abyd Quinn Aziz of Cardiff University

There have been many research studies of family group meetings internationally and in England and Wales. Most of these have been studies of individual projects. Several studies yielded information about the progress of FGMs and the suitability of this model for the Welsh context and North Wales was the site of one of the pioneering FGM projects. In fact the first FGM in the UK was held in North Wales in 1993. Since then, the number of projects in Wales has grown and now FGM projects have been adopted in the majority of Welsh local authorities and projects continue to collect qualitative feedback from participants. For a review of FGM research in England and Wales, see Quinn Aziz (2007)

In Wales, as with the rest of the UK, there were difficulties in collecting quantitative data due to the small numbers of families involved in each project. A grant from Tros Gynnal gave Dr Sally Holland, Dr Amanda Robinson and me the opportunity to develop an evaluation tool that could gather a significant amount of comparable data from across Wales. We also wanted the tool to be flexible, not create an extra layer of form filling for projects and to be based around a small amount of core data that all the projects would want to collect as part of their work. This would possibly provide outcome data from across Wales on hundreds of FGM as core data and projects might want to develop their own extra quantitative and qualitative questions as they needed. There needed to be careful consideration concerning aspects such as the ownership of the information and access to it. Most importantly, any evaluation tool needed to emerge from the wishes and needs of the projects and their users, and not simply be externally imposed. The principles guiding the development of the evaluation tool were that it should be done in a participatory manner, in the spirit of FGM philosophy, be bilingual (Welsh and English), take a broad view of the nature of outcomes to be measured and the methodology that might be used to measure outcomes and to avoid burdensome bureaucracy for projects, whilst maintaining rigour.

"the first FGM in the UK was held in North Wales in 1993"

The first part of evaluation tool was used to gather demographic data on the family, whether any of the children's names were on the child protection register and/or were the subject of court orders, languages spoken etc. as well as who attended the FGM. The second part of the tool asked the referrer, young person, main carer and any other carer's views on what the aim of the FGM had been and how well this aim had been met.

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The report The Development of an all-Wales Evaluation Tool for Family Group Conferences: Final Research Report which details the research methods, process and the tool and offers an analysis of the data gathered in the first 18 months was presented to the All Wales FGM Network in January 2007. Since then, a further grant from Cwlwm in North Wales enabled data gathering for a further 18 month period and the findings of both these phases are summarised below.

There are 8 projects providing FGMs across Wales. Several of these operate across more than one local authority so that nearly all of the local authorities in Wales have access to a FGM service (either in-house or independent). All but one project that operate in Wales took part in the evaluation and there is considerable variance in the size of each project and the number of FGMs provided by each and reported from each. Data were gathered on all families, where some work was carried out in preparing participants for a family group meeting even though not all the families went on to have a meeting. These cases were included at the request of the all-Wales network in recognition of the work that goes into these families but also because this level of intervention sometimes facilitated positive change in families, even where an actual meeting does not take place. Often families say that the process of discussing the need for a meeting has led them to resolve the issues in advance of a meeting, and therefore decline to participate further.

Therefore, the data included in this report are as follows:

486 families were prepared  
3793 people were prepared (an average of 8 people being prepared per case)  
Almost 80% of these families went on to have a FGM  
2853 family members attended these meetings (average of 7 per meeting)  
of the family members attending, 736 were children (averaging 2 per meeting)  
686 professionals attended these meetings and there were professionals at nine out of 10 of the meetings.

In regard of the demographic makeup of the families who participated in the meetings, the vast majority were white UK with English as a first language although one in ten families said they used Welsh at home. Just over one in ten of the families said they had a child with a disability and just fewer than 15% contained an adult with a disability. Just over a quarter of the families had a child on the child protection register and just under a quarter had a child with a court order. The second phase of data gathering also began to collect data on whether the father of the child whose FGM it was attended the meeting or not. This new category was introduced on the data form after collection had begun and so not all projects reported on this. Of the returns that recorded this, fathers attended well over half of the FGMs.

The aims identified most often for the meetings (out of a predetermined 12) were to involve the wider family in the child's welfare, to improve relationships and communication, and to support parents in caring for their children. The least commonly identified were to prevent offending behaviour, to enable return home and to address education. In most of the meetings, more than one aim was identified as being addressed.

In summary when looking at how well the different participants felt these aims had been met by the meeting, where the stated aim was to involve professionals in the child or children's welfare, just over 90% of referrers said that the aim was mostly or fully met and almost 80% of young people and almost 80% main carers felt this to be the case. The high level of agreement between all these participants is also a very positive sign. Where the stated aim was to protect children, 74% referrers, over 80% of young people and over 80% of main carers agreed said the aim had been mostly or fully met.

Overall these figures show that well over half the participants involved in this process felt that the aims had been mostly or fully met by the intervention, except where the stated aim was to facilitate return home, where just under half the young people felt this to be the case. What we can suggest is that referrers, young people and their carers felt that overall, for most of the reasons FGMs in Wales were held, they achieve the outcome desired. These findings can be viewed in a variety of ways, such as being compared favourably in comparison with other decision making processes in child care and child protection.

In its development, the tool was to supplement project's existing information gathering systems but this has not been taken up by projects so the data is no longer being gathered. We also attempted to collect follow up data from these families 6 months after their FGM had been held to see how the case had progressed. Due to the short term nature of involvement by projects and case closure and worker changes in referring agencies, only a small proportion of family data has been gathered and will be analysed separately.

The significant aspects of this research are that the evaluation tool was developed with the participation of young people and families that use the services as well as professional involved, echoing the ethos of FGM, that the evaluation was designed to capture data from all over Wales, providing large numbers of families and that apart from collecting base data on families, the research asked participants' views about the outcomes of their FGM, rather whether they were satisfied with the process. This makes this piece of research significant and unique.

[Quinn Aziz \(2007\) Family Group Conferences: Where Next? Policies and Practices for the Future](#)