

Practitioner Research

# Life Changing Decisions

The relevance of Family Group Conferences  
in permanence planning

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## **1. INTRODUCTION**

The purpose of this research was to determine the extent Family Group Conferences (FGCs) are currently being used in Permanence Planning, when it should be considered, what contribution it would make to the process and any potential problems. Despite being a Co-ordinator with Children 1st Family Group Conference Service, in this instance I did not undertake this research to promote FGCs.

Permanence is of particular interest to me as such decisions and subsequent planning were previously part of my day-to-day responsibilities as a Senior Social Worker in a busy Child Care team with Angus Council. Prior to life as a senior, I was a Social Worker with Aberdeenshire holding a complex caseload, including a number of children identified for permanence, which helped me to become very familiar with Form E's! This was further developed by being a member of the Aberdeenshire Fostering and Adoption Panel at that time, taking an active interest in all discussions, recommendations and decisions, including any policy-making decisions.

## **2. PERMANENCE EXPLAINED**

Permanence was first presented as entailing speedy action to ensure children were in a permanent family home, either by returning them to their birth families or by an alternative, which was usually adoption. In the U.K. the concept tended to be applied in practice as meaning adoption, though in some areas and especially later it could also be applied to restoration to the birth family or to permanent fostering, (Maluccio et al 1986).

Most children placed with Foster Carers will return home. For a small number this will not be possible for a number of reasons.

Local Authorities are required to make all reasonable efforts to rehabilitate looked after children with their families whenever possible, unless it is clear that the child can no longer live with his/her family and the Local Authority has evidence that further attempts at rehabilitation are unlikely to succeed.

Furthermore, they have to balance the importance of the child's needs for a secure, stable and loving family to support them through childhood and beyond with all efforts of rehabilitation.

We know from research that children in the care system for longer than 6 months have a greatly reduced chance of returning home. According to Deputy Education Minister Euan Robson, in his Speech to British Adoption and Fostering Scotland Legal Group Conference, June 10, 2005: 6,500 children are being looked after away from home at any one time and many of these young people have been away from home for over a year and are unlikely to be able to return.

This is a growing concern and because “permanence is a framework of emotional physical and legal conditions that gives a child a sense of security, continuity, commitment and identity” (Harnott & Humphries, 2004) new legislation is intended to modernise, improve and extend the system in Scotland.

This legislation includes the new Adoption Bill which will repeal and replace the Adoption (Scotland) Act 1978 and amend the Children (Scotland) Act 1995. While this continues to affirm the value of adoption it also recognises that this is not always the right plan for all children. Subsequently it proposes to introduce a new ‘Permanence Order’, which will replace the existing Freeing Orders and Parental Responsibility Orders.

The Permanence Order is intended to provide stability for children, give long-term responsibility to carers and allow contact arrangements to be tailored to meet the needs of each individual child.

### **3. KINSHIP CARE**

While children need a secure, stable and loving family, identity, culturally appropriate placements and contact with the birth family are also usually vital to the young persons’ emotional development and well-being.

Indeed research shows that these are interrelated and helped by Kinship Care. Research also indicates that Kinship Care is at least as good as and is often better than other systems of care, despite the fact that carers are often less well resourced and supported than foster carers.

Research has consistently found that Kinship Care has good outcomes:

- Placements are more stable and last longer and can mean fewer moves than with foster carers
- It offers more contact with families, which is what children want
- It re-enforces cultural identity and self-esteem
- Children can maintain a sense of identity and continuity

(Berridge & Cleaver 1987, Dubowitz 1990, Gabel 1992, Berrick et al 1994 as cited in Gill, Higginson & Napier 2003).

This supports the legal obligation that placements with relatives should always be considered if in the child’s best interests. The trauma of separation is reduced when placed with adults known to the child rather than with strangers. Loyalty conflicts may also be reduced (Fahlberg, 1994).

Recent research by Aldgate and McIntosh (2006) estimated that 1600 children within the 32 Local Authorities in Scotland, are in Kinship Care placements. The authors state that ‘Kinship Care is increasing mainly because of substance misuse among parents’.

An earlier study showed that those children in the UK that were offered an FGC were more likely to be placed with extended family and that a placement was more likely to be stable (Crow & Marsh 1997).

#### **4. FAMILY GROUP CONFERENCES**

Family Group Conferencing is seen as a 'family-owned' service (Aldgate J & McIntosh M, 2006).

FGCs bring relevant family members together when a significant decision needs to be made about a child or young person or where there are concerns regarding a child's welfare. This model helps the family find their own solutions to difficulties and is based on the belief that given resources, information and power, families will make safe decisions for their children. The term 'family' is used broadly to include both immediate and extended family members as well as any other important person who is recognised by the family as part of their network.

The independent co-ordinator facilitates and prepares everyone for their FGC and support and advocacy is available to assist children in expressing their views. Although the Family Plan has to be agreed by the professional agencies, the planning and decision-making rests with the family group.

Family Group Conferences originated in New Zealand in the early 1980's, although the pressures and ideas that led to them have been occurring throughout the Western World (Hassell & Maxwell, 1991). Subsequently the model has spread throughout the world and is now used in many countries.

Crowe and Marsh 1997 outline 5 key features of the FGC model:

1. An independent co-ordinator
2. A wide and inclusive notion of the extended family
3. Information given in plain and concise ways
4. Private family time
5. A process of negotiating and agreeing the Plan

These characteristics are what define this method as different from other decision making processes (Gill, Higginson & Napier, 2003). As a result more FGC Services are being established.

Children 1st now consider themselves to be champions of FGCs in Scotland and continue to expand as more and more Local Authorities are 'adding on' this service, in addition a number of other independent agencies are now using this model and one Local Authority has their own FGC Co-ordinators.

Nationally, approximately 57% of Local Authorities in England and all of the Local Authorities in Wales have FGCs.

Internationally, 16 countries in Europe have FGCs as do most states in USA and Australia. In addition it is mandated in New Zealand and Ireland (and some USA states).

The role of FGCs is mentioned in recent Scottish policy documents: e.g. Ch 5 of the 21st Century Social Work Review and Aldgate & McIntosh (2006), which highlights that:

- FGC fits with the overarching principles of the Children (Scotland) Act 1995 i.e. the welfare of the child is paramount; taking the child's views into account and with the No Order principle
- FGC fits with Social Work principles (21st Century Review) i.e. it is reported as being a tested model to increase capacity, which is a "family centred and structured decision making process that has produced good results internationally in diverting children from the child protection system, reducing offending behaviour and preventing some children being accommodated away from home".
- FGC fits with the Children's Hearing System (for young offenders and children in need of care and protection) for the reasons noted above.

Children 1st pioneered the use of FGCs in Scotland. As an organisation we have undertaken in excess of 500 FGCs, 170 Review FGCs and 350 significant pieces of work over a seven year period in an ever growing service. Subsequently we have found that the model is effective in cases of child protection; when the child or young person is at risk of being accommodated, restorative justice and can be used in many other areas such as adult care etc. Hence there is no reason to think that it could not apply equally well when decisions are being made about permanent placements.

## **5. RELATED THEORIES**

It is vital for independent co-ordinators when preparing children for their FGC to understand that children who have experienced traumatic separations will find the moves and tensions involved in permanence challenging. A number of the professionals in the sample, particularly those that sit on Fostering and Adoption Panels, stated that an understanding of these theories would be pertinent to enable the co-ordinator to fully understand the situation and to help them relate appropriately to all concerned.

Given how traumatic permanence is for both children and extended family members knowledge of related theories is important for the Co-ordinator. These include:

### **Loss & Attachment**

Attachment problems can affect the child's conscience development, self-esteem or interpersonal interactions.

Children with an insecure or avoidant attachment for example may want to avoid contact with parents or family members and the co-ordinator would need to allow them to understand the benefits (if appropriate) from ongoing contact.

Similarly, a child with an ambivalent attachment may want contact and support but may be fearful at the same time.

The co-ordinator needs to be sensitive in every situation and understand that all children, including those with faulty attachments, can be loyal to their parents and find it hard to express their true feelings. Furthermore, although many children facing permanence can be very vulnerable, some can be resilient.

Therefore it may be helpful to be aware of factors which act as a buffer and strengthen the child to help them withstand difficult life events, (Daniel, Wassell & Gilligan, 2000).

These include:

- A supportive family member
- A self-confident, cheerful responsive disposition
- Being well-liked
- Able to use coping strategies – including humour and
- promote mastery over adversity

Those experiencing abrupt losses are more likely to become “stuck” in the grief process than those experiencing planned separations. Many perceive separation as having been “taken away from parents” and see themselves and their parents as having no control over the situation. Without preparation, the child can be prone to chronic fears and anxiety and there can be diminished trust of adults and self, which can lead to an imbalance between age appropriate dependency vs. autonomy being created or enhanced (Fahlberg, 1994).

### **Stages in Children’s Emotional Development**

An understanding of developmental theory will help the co-ordinator relate to the child, primarily because the age and stage of development will be influenced by their cognitive capacity to make sense of the situation (Daniel, Wassell & Gilligan, 2000). Direct work with children provides them with an opportunity to express their feelings and to participate in the planning process. However, it is important for the co-ordinator to recognise the impact of trauma on the child’s capacity to understand or retain information. Although they can still:

- Listen to the child’s messages
- Create opportunities for the child to express their feelings and wishes
- Reinforce positives for the child (Harnott & Humphries, 2004)

In addition, understanding the stages of emotional development and the impact of separation and loss on behaviour will help the co-ordinator see why children looked after away from home demonstrate a wide variety of problems (Howe et al 1997).



These can include developmental delays and therefore the child's chronological age may not match their emotional stage of development.

### **Behaviour**

Indeed an understanding of behaviour is also helpful as the impact of day-to-day experiences on a child's behaviour is powerful. Most children looked after away from home show evidence of underlying problems by their behaviour (Fahlberg, 1994).

Furthermore behavioural or psychological problems are commonly seen in children with attachment problems.

## **6. RESEARCH DESIGN AND METHODS**

In order to determine the extent FGCs are currently being used in Permanence Planning, when FGCs would be most beneficial and what an FGC would contribute, I sought to obtain the views of key professionals from two main data sources: Local Authority and Children 1st Co-ordinators/Managers. The method used to gather the data from both was by telephone interviews, with only one face to face meeting. This was given that there was not enough time to do face to face interviews, given the geographic distances covered. I hoped that interviews would give me a fuller account than questionnaires as I heard directly from the professionals themselves, which afforded me the opportunity to take detailed notes of what people said, including verbatim statements. Information was gathered by way of Telephone Interview Schedules with a set of 13 questions for professionals within the Local Authority (Appendix 1) and a set of 10 similar questions for FGC Co-ordinators within Children 1st (Appendix 2).

Initially I wrote to 13 of the 32 Local Authorities in Scotland (Appendix 3). This was to inform them of the topic and to seek their agreement for me to telephone relevant members of staff within the Local Authority in order to ask the said questions designed to help me gather the relevant information. The 13 Local Authorities in this sample were chosen because they already use Children 1st Family Group Conference Co-ordinators. Given that I wanted to determine how the Family Group Meetings are used in relation to permanence I restricted my contact to Local Authorities that actually use this model. I also hoped that by having experience of using the FGC model they would be able to identify any problems that had arisen and also identify benefits to the professionals themselves, to the family and to the young person.

I obtained information on 25 referrals in relation to permanence. While this may not reflect the actual total it does reflect the referrals that the professionals could recall from memory. Given changes in personnel both in Children 1st and in Local Authorities there may have been other such referrals but for the purpose of this study I used the data collated from the 25 referrals discussed.

As a result I spoke to 18 professionals in 8 authorities who were all asked, “What is your understanding of a Family Group Conference?” With one exception, they all appeared to have a good understanding of the FGC model and process: Even the ‘exception’ had a basic understanding of the model.

These professionals represented a wealth of knowledge, skills and experience. In addition to the professionals from the Local Authorities I spoke to two academics, one of whom is a member of a Fostering & Adoption Panel. They were asked the same questions and their answers were predominately based on their experiences as a former Senior Social Worker and a former Project Manager.

<b>PROFESSIONALS</b>	<b>NUMBERS CONTACTED</b>
Social Workers	3
Team Leaders	3
Senior Social Workers	1
Looked After Children Development Officer	1
Service Manager	3
Manager of Fostering & Adoption Service	2
Area Manager	1
Academics	2
Chair of Fostering & Adoption Panel	1
Co-ordinator of Fostering & Adoption Panel	1

*Table of professionals contacted in the study. These professionals worked in 8 of the sample Local Authorities.*

After the survey of local authority staff and academics was complete, I interviewed 11 FGC Co-ordinators/Managers within Children 1st, one of whom was a former Panel Member to the Children’s Hearing system and one who had acted as an Advocate and supported a parent in a Family Group Meeting.

## **7. RESEARCH FINDINGS**

### **Local Authorities and Family Group Conferences**

From this piece of research only 14 of the 32 Local Authorities in Scotland use the FGC model and only 6 of those Authorities have Permanence in their referral criteria, specifying something like: “children for whom permanency planning is being considered” as it is in Fife or in East Lothian where “priority is given to families where

permanence has been decided”. Despite this it has been used in a further 3 Local Authorities under the referral criteria of ‘Children at Risk of Being Accommodated’.

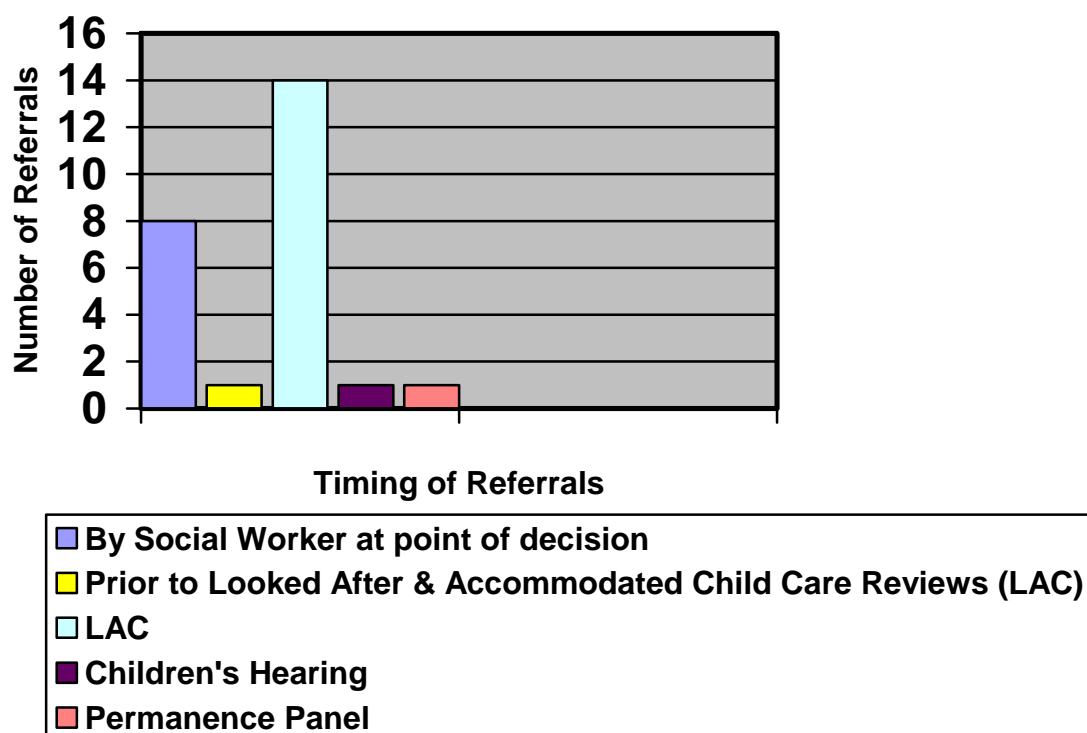
However, from this sample it would seem that only 25 such referrals have been made overall. While this can’t be compared to 1300+ enquiries and referrals that Children 1st FGC Co-ordinators have received, it does seem that a very small percentage of professionals consider this model of practice when permanency has been identified.

## 8. TIMING OF REFERRALS

Timing is vital. Trauma of separation or loss can be lessened if the child is prepared (Fahlberg, 1994).

It seems that the 25 referrals in relation to Permanence were made at different stages in the process in different Local Authorities. For example:

### Timing of Referrals



From the above table we note that over 50% of the referrals directly related to Permanence were made following the Looked After Child Care Review when the decision for Permanence was ratified. 33% were made by the Social Worker in the early stages of their discussions re permanence but 1 of the 25 referrals had reached the Permanence Panel before a referral was made.

The split between referrals made by the social worker and those made at the looked After Child Care Reviews are indicative of the mixed opinions from information gained from the 18 interviewees:

- 4% (one) thinks referrals should be made at point of parallel planning (see below)
- 40% (seven) think it should be as soon as a decision for permanence is made
- 56% (ten) think the Looked After Child Care Review when permanence is discussed is an appropriate time to refer

However, while there can be an agreement at what point the referral to the FGC service is made, it can still be dependant on individual situations. Some children may have been in limbo for so long families think that is how it will continue.

The professionals were asked if, on reflection, the timing (of the referral) was right. From the sample, all agreed timing was crucial. No-one felt that an early referral in this area could ever be too early and it could avoid children being accommodated needlessly, if a family placement could be identified. Furthermore some said that it brings families alongside and informs them of what is happening.

This is particularly important as it is vital that other family members understand what is involved in a decision to go for permanence and what it would mean if the child were to be placed out with the family.

The general view was that referrals could be made at different times in the process and could be aligned with new legislation, such as Getting it Right for Every Child (GIRFEC) or alongside Kinship Care assessments or at a time of parallel planning.

## **9. PARALLEL PLANNING**

Parallel planning (or twin tracking) occurs when a rehabilitation plan with timescales is in place, while at the same time the agency formulates an alternative permanence plan in the event that the rehabilitation plan proves unsuccessful.

It is hoped that parallel planning will shorten the decision making process by allowing any assessment required to take place to avoid any delay, (Harnott & Humphries, 2004): This is similar to what happened with one particular family in East Lothian that I was advised of by both the Co-ordinator and the mother's Advocate.

In this instance the referral was to identify a family placement for Lorna who was accommodated by the Local Authority and for permanent plans to be considered. Her older sister, Mary, lived with her father and his partner and consideration to her circumstances was not being discussed, (names have been changed to protect confidentiality).

During preparation it shifted and gave consideration to the mother, (Marion) having the opportunity to use the FGC to provide evidence that she would be able to resume responsibility for Lorna.

Meantime however, although given the opportunity to formulate such a plan, social work continued to consider permanence plans should mum be unable to care for Lorna. Furthermore, the family were also asked to consider an alternative plan in the event of that being the case.

### ***Background***

Lorna and Mary's mother had been brought up in a variety of foster care placements and had endured periods of homelessness and substance misuse. She was also in a violent relationship with another substance misuser.

### ***Preparation***

Marion had an advocate for the FGC whose role was to prepare her for her first Family Group Meeting. The advocate helped Marion form statements and questions that she wanted to make at the meeting. The advocate also helped Marion work out strategies to cope with her anger. The co-ordinator prepared the seven identified significant family members and the four relevant professionals.

### ***The Meeting***

According to the Advocate Lorna was able to express her views with an increased level of determination during the FGC. She was able to articulate what she thought was in Lorna's best interests and Marion herself suggested specific deadlines to 'prove' to the Local Authority that she should be the first choice to care for her child. She then agreed that if this did not happen, who in the family she felt would be best placed to take on this responsibility.

All the participants created a clear and comprehensive Plan and Marion played an active role in this.

The Plan described how the family would deal with substance misuse, it detailed contact arrangements and identified available support. The family also considered who was in a position to care for Lorna if Marion was unable to resume her care. The family identified four alternative options for Lorna and specified their order of preference, with the families in Lorna's local area being given priority.

## ***Outcome***

Unfortunately Marion was unable to manage the plan and failed to carry out the tasks she had agreed: A Children's Hearing was convened to decide alternative permanency plans.

However, although Marion was unable to care for Lorna, the family had already identified alternative family members who were in a position to care for Lorna. Their commitment to keep Lorna in the East Lothian area recognised their understanding of how important contact with her mother was to Lorna and their commitment to ensuring Lorna was cared for by her extended family "rather than go to strangers" meant that Lorna felt claimed and heard.

## **10. BENEFITS**

From this particular research it would seem that the number of benefits to having a FGC when permanence has been identified is quite considerable. When professionals were asked if they had ever considered using a FGC in a case when permanence has been considered or decided and what the benefits were, they could easily identify a considerable number of benefits. Similarly they could easily identify a number of possible benefits even when they had not used the model.

### **Professionals Views**

Professionals in this sample mentioned a wide range of benefits. They stated:

#### **Communication**

- Helps miscommunication in families
- Offers a clear statement of issues
- Everyone gets a chance to put their views across in an organised and constructive manner

#### **How it helps the child**

- It gives the child identity, which helps their development if they remain in their own family
- Focuses on the child
- Family are a means of monitoring safety and care of a child at critical times

#### **How it helps the Family**

- It draws all the family together
- An (independent) objective agency – (and given their independence) one the family perceive as being objective
- A structured way of bringing a family together and helping them to make the best possible decision for the child

- Gives family the opportunity of being part of an imminent decision and offers them the opportunity to discuss
- Within limits given family can think creatively, which is empowering
- Family have a central role
- Makes family come to terms with what is happening
- An empowering process

### **How it helps the Professional**

- Provides opportunity for honest up-front assessment of support available within family and extended family
- Maximises resources within the family
- Empowers the family to look at needs of child and take appropriate levels of responsibility – a lengthy process for social work
- It is a quick way of getting people together – rules people in or out
- Clarifies motivation, links and availability
- Best way to explore all options
- Increased partnership

Professionals even identified benefits when the FGC process can identify no family solutions, such as:

- Planning can be speeded up for child to go elsewhere

In general it seems that a FGC is a very good means of communication, it gives all family members the same information and the same opportunity to discuss and deliberate together. Extended family is then involved in the decision making process, take responsibility for decisions, have the opportunity to offer resources and to seek resources from agencies (Gill, Higginson & Napier, 2003).

### **Co-ordinators Views**

Co-ordinators could also see a substantial number of benefits for all concerned with the families they worked with.

For example, benefits for:

#### **The Child**

- Less traumatic for the child and their family
- The child knows after the FGC, or at a later stage, that as much effort as possible had gone into exploring their extended family
- The child is heard

## **The Family**

- Gives mechanism for all the family to get together
- Allows the family to take ownership
- Allows the family to be part of the decision making process
- Can reduce conflict
- Gives all family members full knowledge and understanding of the situation

## **The Professional**

- Takes a lot of work away from the professional
- Every effort is made to explore extended family
- Determines families abilities
- Brings extended family members together

## **11. PROBLEMS PERCEIVED BY PROFESSIONALS**

Historically in the United Kingdom adoption has been considered for some children before the availability of care within the family has been fully explored (Trent 1989, Walton et al 1993, Ryburn 1995 as cited in Gill, Higginson & Napier, 2003).

On the other hand, one criticism for Kinship Care is that children placed with family can be left in a 'legal limbo' with a lack of clarity as to their right to long-term security (Sheindlin 1996).

While the sample Local Authorities and co-ordinators spoke of a considerable number of benefits to the use of FGCs in permanence planning, this has to be balanced against potential problems, which are mainly:

### **i) Timing**

Respondents said that families need to be able to access the service at the right time, including preparatory work, which can be difficult due to;

- The work taking too long
- The process being too slow
- FGC service waiting lists

### **ii) Families**

It was recognised that some referrals will not lead to a FGC because families may not wish to proceed with the referral or be part of a FGC; alternatively it could be because the preparation stage has in itself led to a positive outcome, without a FGC being convened.



In addition family members may not always be willing to be part of a Family Group Meeting. That does not mean however, that family members are ruled out because, even if family members are unwilling to attend, as long as they are willing to participate their views can still be presented at the FGC, which was the case for one co-ordinator in Aberdeenshire, who advised that she was able to represent the birth-father's views.

Furthermore, family emotions can be running high, which could lead to further difficulties, such as;

- Parental resistance
- Increasing conflict between birth-mother and family members
- Some family members objecting to the sharing of information with the wider family
- Lack of commitment from family
- Deep seated difficulties
- Conflicting needs of different family members
- Different loyalties and views

However, despite the situations noted above, which some felt would not be relevant for this model, one question asked by every Permanence Panel is 'have you spoken to all extended family / significant people in this child's life?' Subsequently, in my opinion it would seem that this model would be very beneficial in ensuring all angles are covered when permanence has been decided.

### **iii) Tensions in Decision –Making**

An argument put forward by one person was that a FGC would put another layer in the process and cause further delay. It is also another agency and yet more people the family have to deal with. People are aware too that the FGC has no authority to make recommendations, indeed any decision the family make still has to be ratified and/or assessed.

The Family Plan in itself could lead to conflict. One view was that ongoing contact might be an issue. It is the beginning of something new for this young person and contact could bring up historic hurts which may not be helpful. However, this has to be balanced against the known potential benefits of contact, such as self-esteem, self-worth, and identity issues. Therefore this is an area that needs to be assessed for each individual situation.

Indeed, one Professional stated that when you consider FGCs, you need to consider risks. His view is that there is as much potential for disaster as for positive outcome. This is given Private Family Time when there is "people with a history in a room, with no-one else but family". He stated that "You have to question if risk outweighs gain".

## **12. PROBLEMS PERCEIVED BY CO-ORDINATORS**

The co-ordinators in the sample did not identify many problems but four co-ordinators did see the feelings that are around in the early stage as a problem but believed that this could be overcome by counselling and empathy skills. In addition one co-ordinator stated that the Family Plan identified was not implemented by Social Work.

Indeed co-ordinators are aware of individual family member's resistance and that in some situations no-one in the family was able to put the child's needs first. Co-ordinators also spoke of fewer resources for Kinship Care than for permanence as well as a lack of professional support and communication for families: Although co-ordinators believe an FGC addresses these problems!

## **13. OUTCOMES**

Both professionals within the sample Local Authorities and co-ordinators were able to give a number of examples of positive outcomes in relation to the cases they had experienced where FGCs were used:

- 'Nuts and Bolts implemented' (meaning it ensures every angle is covered)
- Identified long-term permanent carer
- One child was placed with extended family, which according to her social worker, was the best place for her
- In another situation Gran is looking after the child but the family have identified a plan for contact

In one instance several positive outcomes were reported for a little boy:

- His family decided unanimously who would bring him up
- They decided on mechanisms to introduce paternal relatives
- Contact details of all family members were shared.

In another authority, the Family Plan helped one young girl as it:

- Was detailed and concise
- Ensured her right to see her dad
- Identified the importance of her carers and was very clear about how the family worked together and what support they could offer.

The social workers' views of the respective FGCs are that the child was placed much quicker and that in another instance the FGC endorsed the case to the Permanence Panel.

Indeed the three frontline social workers that participated in this study all stated that it "went very well" and that the FGC was "very, very helpful".

#### **14. WHEN THE MODEL IS NOT USED**

In order to compare the use of FGCs with routine practice, the interviewees were asked how their staff engages with significant people or family members if the FGC model is not used. All professionals indicated that when this model is not used it involves a 'lot of leg work' for the individual social worker, who is required to assess every family member individually.

Permanence Panels will not make a decision unless all extended family members have been considered. Indeed before making a placement out with the family social workers have a duty to check resources within the family.

Interviewees stated that it is not always easy to find out who or where the family members are. This is given that, as one professional said, "too often parents want to keep information from their families, they don't tell you who is out there – danger is you miss people".

They also reported that if family members do express an interest the social worker will contact them and visit them. In many Local Authorities they will ask for the family member to declare any interest in writing. However, while people often verbalise an interest, many don't follow it through.

Practice and research suggests that conflict and differences of opinion that can take place within the confines of a FGC but what happens when this model is not used, how do professionals handle this?

Professionals reported that this too involves a lot of leg work. They can possibly try to get family members together but feel that it is time consuming. One professional stated that with difficult families there can be real power/control issues. The worker has to go backwards and forwards on an individual basis.

#### **15. RECOGNISED ADVANTAGES**

Most recognised that bringing people together is the best way forward and many see the advantage in having an independent co-ordinator.

Earlier research identified a number of advantages for the Local Authority, (Gill, Higginson, Napier, 2003):

- Joined up working between professionals and partnership working with families
- Family members helped to move forward to a clearly focused meeting
- The co-ordinator will undertake work that could have a significant impact, for example:
  - enable the child to express their views
  - contact the wider family, members possibly not known to social work
  - help the family move on emotionally from what could have been an entrenched position
  - save social work time by linking with all extended family

This fits with experience elsewhere, which has shown that, in addition to the children benefiting greatly from the FGC, “there is less demand on Local Authority Resources” Nixon 2001.

## **16. WHEN WOULD THE MODEL BE MOST RELEVANT**

Nearly half of professionals in the sample 42% (eight) said this model is relevant in all permanence cases, a further 15% (three) said in most cases, if not all, and in more complicated larger sibling groups in particular. One comment was that FGCs should be the way we work, it should be the model used routinely, even when it seems no family members are interested or involved as surprising things can happen.

It was seen as especially relevant for very young children before stranger adoption is considered or where there is a wide extended family, even if there is a disagreement within the family or the family is widely scattered. They said FGCs would make it clear why family members could or could not be assessed. It ensures extended family members are aware of the situation as they may have an investment in the child. Furthermore it rules any options in or out at an early stage. Some professionals in the sample stated that this is particularly helpful as they are not always aware of all extended family members, nor are families likely to tell them as their relationship with the professional may have broken down.

It was also reported that the FGC covers all angles, particularly where ongoing contact is part of the Family Plan and decisions need to be made as to how it will be managed.

Local Authority representatives saw a lot of merit to be gained bringing everyone under the one roof to consider seriously who should care for this child. It was felt FGCs were of most benefit early in the planning stage to avoid repeating damaging situations for children.

In addition there was a consensus among both co-ordinators and professionals that two FGCs would be helpful:

1. When permanence is first decided, to consider final rehabilitation, to identify supports and services available and to identify potential family members in the event of rehabilitation breaking down.
2. When the final decision for permanence is made

However, while experience tells us that the FGC model can be adapted in most situations, it was recognised that this method of intervention would not be relevant in certain circumstances. For example:

- Relinquishing mothers – mothers who decide when pregnant that they want the baby adopted and don't want family to know about the baby,
- When it is unlikely that family members would be able to keep a child safe
- If previous checks for an older sibling was unable to identify suitable family members, or where agencies have sufficient evidence to rule in or out family members.
- If there are significant amounts of abuse, or when a child is born of an incestuous relationship

## **17. THE DECISION MAKING PROCESS**

Winnicott states that “the pain of separation from those we love is for all of us a devastating experience, but for the dependant child, the whole of his or her world collapses and everything loses meaning” (Fahlberg 1994).

A number of factors could influence the child's reaction to parent separation or loss, (appendix 4). However the least harmful perception of how a separation comes about is for the young person to see decision-making as a shared responsibility. It is best if the child feels that he or she, along with others, has input but not full responsibility for the Plan, that they are listened to and their views are taken into account. In addition the family need to be aware of their continuing role towards this child or young person and (if appropriate), both the child and birth parents are clear about the plan for contact.

Even if Birth Family Members are not able to parent the child themselves a Family Group Meeting should not be disregarded. This is because they may be able to be supportive of the child joining another family. These relatives may play a critical role in helping the child disengage from birth family by giving him or her permission to move on and become a member of another family (Fahlberg, 1994). This is illustrated by a case in Mid Lothian involving a 12 year old girl. Her FGC confirmed that no family members were suitable but enabled her to come to terms with the decision.

Sometimes it is important to the child that long-term contact with their birth family members be allowed. This recognises that past relationships continue to be important to the child and indeed can help in his or her continued growth, development and identity formation, which is what happened in East Lothian when 2 children were referred to the service, (a boy of 6 and a girl of 7). Their parents were separated and unable to sustain contact with their children. In this instance the parents did not attend the FGC but extended family supported the decision for permanency made by Social Work at the Looked After Child Care Review. Although unable to care for the children, the extended family did offer contact, weekends and holidays, and the actual FGC freed the children to express their views.

## **18. CONCLUSIONS AND RECOMMENDATIONS**

### **Conclusion**

Given that the interviewees were mostly positive about their experiences of FGCs, could see the potential value in a FGC in relation to permanence and were able to identify an extensive list of benefits to having a FGC: There have a limited number of such referrals made!

This research shows that, according to relevant Local Authority managers, the benefits of a FGC when permanence has been decided far outweigh any potential problems. Kinship Care should be considered first and foremost for each individual child and young person before being placed out with the family given the noted advantages to their emotional development and well-being. Furthermore we must remember how well the model sits with legislation and see the benefits in giving the child a voice. Indeed in my opinion there very few problems or conflict that a skilled co-ordinator could not deal with effectively.

A FGC also helps family members and relevant professionals to consider what their aims, objectives and expectations are of the meeting and to what extent the child will be involved in the decision making. Article 12 of the United Nations Conventions on the Rights of the Child (1989) states that children are entitled to express their views and that their views are given proper consideration: A FGC affords that opportunity and ensures the child is heard!

Furthermore if a placement is made out with the family, the extended family coming together can give the child permission to attach to another family (Harnott & Humphries, 2004).

Finally, there is less demand on Local Authority resources; it offers a clear statement to families and avoids miscommunication and the child knows at the meeting or later that every effort had gone into exploring their extended family. Indeed such is the advantage, that rather than feeling rejected they feel claimed and like the little boy referred to earlier in the study, they can say “I’ve got a really big family now”!

### **Recommendations**

**Referrers** need to be clear about the purpose of a Family Group Meeting and appreciate the benefit of Kinship Care for children and young people.

It is important that referrals are made as early in the process as possible to offer the best possible outcome for the child or young person and to avoid repeating damaging situations. Subsequently referrals should be made:

- At time of decision for permanence
- At point of parallel planning or ‘twin tracking’
- Alongside Kinship Care assessments

It is anticipated that referrers will recognise the benefits of a FGC and realise it is the best way to explore all options and to ‘speed up’ planning for the child to go elsewhere if there are no solutions within the family.

Given that Social Workers are required to check resources within the family before any Permanence Panel will make a decision this model should be at the fore-front of their thinking, given the advantages to the child, the family and indeed to the professional.

Referrers could also consider two FGCs:

1 at point of decision to consider rehabilitation and to identify potential family members and supports in the event of rehabilitation breaking down and

2 at point of final decision, to ensure all options have been considered before going to Permanence Panel.

Referrers could consider a referral even when family members are not able to parent the child or young person as they may be able to help the child move on.

**Co-ordinators** require an understanding of the many feelings that are around when such a decision has been made and would need to demonstrate counselling and empathy skills.

Also, given that a number of the professionals in the sample stated that an understanding of Separation and Loss; Age and Stage of Development; Behaviour; Attachment; Vulnerability and Resilience were pertinent to enable the co-ordinator to fully understand the situation, then these must be identified as training needs before such FGCs are undertaken if knowledge is limited in any of these areas.

In addition the co-ordinators need to remember the potential problems identified by professionals in this study and take active steps to counteract them. With regards to timing for example, early referrals would ensure a timely service and are likely to be when the family are most motivated to participate in the process.

Ultimately the co-ordinator is required to demonstrate sensitivity and be skilled at dealing with conflict.

Finally the co-ordinator should actively promote the benefits for the child, the family and the professional of a FGC in cases where permanence has been decided.



## **19. APPENDIX**

### **Appendix 1**



### **The relevance of Family Group Conferences in Permanence Planning**

#### **TELEPHONE INTERVIEW SCHEDULE**

1. What is your role in relation to making decisions with regard to the permanent care of a child or a young person (apart from their birth family)?
2. What is your understanding of a Family Group Conference?
3. Does your Local Authority use this method of practice? If yes, in what circumstances?
4. Have you ever had a Family Group Conference in a case when permanence has been considered or decided?
5. At what stage did you consider/use a FGC?
6. On reflection: **A:** was the timing right? Or  
**B:** should a referral been made earlier or later?
  - What were the benefits of the FGC?
  - What problems were encountered, if any?
7. What was the outcome?
  - i.e. i) Did the referral lead to a meeting?
  - ii) What were the decisions?
  - iii) Have these decisions been implemented?
  - iv) What are your views about the meeting?

8. If a FGC has not been used in relation to permanence planning, how do you and your staff engage with significant people or extended family members:
- A:** when a permanent alternative family is being considered and  
**B:** when a decision has been reached to place the child in a permanent alternative family?
9. In what circumstances, if any, might discussions take place with more than one person or couple together, as opposed to individually e.g. at case conference, children's hearing, more informally? If so, how are these meetings planned and handled?
10. When significant people and extended family members are mainly seen separately, in what ways are differences in opinion about the plan handled How do you and staff seek co-operation by significant people and extended family members:  
**A:** with the plan as a whole and **B** with associated plans for contact?
11. If you have not used a FGC, what do you think benefits of a FGC were/ would be? What do you think the problems might be?
12. What permanence cases do you think a FGC would be relevant?
13. What permanent cases do you think a FGC would not be relevant?

## **Appendix 2**

### **RESEARCH**

#### **Questions for FGC Co-ordinators**

1. Is permanence in your criteria for referrals?
2. Have you had any referrals for permanence?
3. If so at what point did they refer?
4. Do you think the timing was right? Or do you think it should have been:
  - i) earlier or
  - ii) later
5. If permanence was an issue but wasn't the reason for referral, what was?
6. Who referred?  
  
Name:  
Contact number?  
Line manager?
7. What were the benefits of an FGC for:
  - i) the family
  - ii) the professionals
8. What were the problems (if any)?
9. What was the decision/outcome of the FGC?
10. Where do you think an FGC is most relevant in relation to permanence?

### **Appendix 3**

#### **Sample letter sent to 13 of the Local Authorities in Scotland**

«GreetingLine».....

#### **Re: Research into “How relevant is a Family Group Conference in Permanence Planning?”**

I am undertaking a small piece of research with regard to the above topic.

Family Group Conferences are a way of getting family members, friends and relevant agencies together when decisions need to be made about a child or young person. Indeed the ultimate aim of Children 1st is for a Scotland “where no life-changing decision is made for a child without the opportunity of a Family Group Conference”.

Although I am a Co-ordinator with the South Lanarkshire Family Group Conference Service, I am not promoting Family Group Conference’s in this instance. Instead I am undertaking a small research exercise to determine:

- The extent FGCs are currently being used in permanence planning
- The contribution a FGC could make to the process
- At what stage a FGC should be considered
- Any potential problems that may occur in the use of FGCs in permanence planning

I would like to obtain information and views about this by means of telephone interviews. With your agreement I would appreciate the opportunity to telephone Senior Social workers in your service with a few questions, designed to help me gather the relevant information. It is anticipated that only one telephone call of 15-30 minutes will be required. Furthermore, all information gathered will be anonymised to protect confidentiality.

I would hope to contact seniors within the next month and would appreciate your support in this matter.

Collated information will be available by the autumn and I shall be glad to provide you with a summary of the results. Meantime, please do not hesitate to contact me should you have any questions.

Yours sincerely

## **Appendix 4**

*Table 1*

### **Factors influencing the child's reaction to parent separation or loss**

- The child's age and stage of development
- The child's attachment to the parent
- The parent's bonding to the child
- Past experiences of separation
- The child's perceptions for the reason for the separation
- The child's preparation for the move
- The "parting messages" the child receives
- The post-separation environment
- The child's temperament
- The environment from which he / she is being removed

A Child's Journey Through Placement  
BAAF, 1994  
Ch 3 Separation and Loss, P134

Vera I Fahlberg

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