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Family Group Conferencing: A thematic analysis of families' perspectives

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Acknowledgements

Contents

Executive summary

In England, the last 20 years has seen a focus on the modernisation of children's services, building towards an outcome-led dialogue (Frost and Stein, 2009; Davis and Smith, 2012; Mitchell, 2018). Since the 1990s, outcome measures have become key to measuring service quality, concentrating on what has been achieved rather than how (Canavan et al., 2009). The Munro Review of Child Protection in England (2011) reinforced the need for a reform of the child protection system, arguing the system was over-bureaucratic and prioritised compliance. She suggested there should be a learning culture, allowing scope for professional judgement of how best to support families. The review followed a long line of policy initiatives in England that have attempted to address the challenges surrounding child abuse for both the state and for wider society since the 1960s (Parton 1985; 2006). Unlike other reviews, Munro (2011) was not in response to an avoidable child death such as Maria Colwell in 1973 (Secretary of State for Social Services (1974).

In 1999, 'serious case reviews' were introduced by the Department of Health, placing a requirement for an executive summary, action plan and review to be undertaken where there were concerns about interagency working following a child's death from serious harm where abuse or neglect was a factor (Parton, 2004, 2006; Munro, 2010; Her Majesties (HM)

Government, 2013). Following the public inquiry into the death of Victoria Climbié (Laming, 2003), the guidance was later updated (HM Government, 2006) to place a stronger emphasis on involving families in serious case reviews and learning lessons from a child's death. An emphasis on learning lessons was further strengthened in the Working Together guidance, responding to recommendations made by Lord Laming (2009) following the death of Peter Connelly (HM Government, 2010).

Ten years on, the long-awaited independent review of children's services is a welcome opportunity to inform the transformation the children's services system to improve the lives of children and families. Leading the review is Josh MacAlister, who has 'set out a plan for a future system that can better guarantee love, safety and stability for children growing up in England' (The independent review of children's social care, 2021).

The Department for Education (DfE, 2019) reported that although one in 10 children had a social worker in the past six years, not all of these children would be registered as a concern, as such figures include those allocated a social worker under children's services following an assessment of their disabilities. These 'children in need' represent children who receive statutory support from

In 2019, 'one in 10 children had a social worker in the past six years' (DfE, 2019).

children's services in local authorities. Within these statistics, from March 2019 to March 2020, there were over 80,000 children looked after by the state in England, an increase of 2% since the previous year. However, care must be taken in considering these statistics, as that figure represents those registered on the 31st of March of said year rather than the total number who were registered with child protection services at some point during the year. Children registered under child protection agencies as part of 'children in need' (CiN) may be noted as requiring a 'child protection plan' or as 'cared for children'. As per the Children Act 1989, all disabled children are CiN and as such, should have a named social worker due to their complex special educational needs and disabilities, and not for concerns around child protection. Furthermore, the one in 10 statistic includes children who have 'ever' needed a social worker between 2012/13 and 2017/18, which may include for example, a child being temporarily cared for due to a single parent requiring hospital treatment or respite care.

Of the CiN identified in the UK 2020, 56% were noted to be in need due to 'abuse or neglect' (Office for National Statistics (ONS), 2020a). Of all children in the UK who were assigned a child protection plan due to abuse in 2020, 50.4% were categorised as 'neglect' (ONS, 2020a). Indeed, neglect has been the highest indicator of 'in need' noted for children registered with service provision for several years. Regarding children in need being placed into state care due to being in need, the British government statistics suggest that around 30,000 CiN enter care every year and around the same number leave (ONS, 2021). However, this includes children who live with single parents who require temporary accommodation

such as the parent having medical needs in hospital. These children are legally referred to as 'looked after children', defined as having been 'provided with accommodation for a continuous period of more than 24 hours, providing the rationale for those children requiring temporary accommodation to fall within this remit. These children are then subject to a care order or are subject to a placement order' (Department for Education (DfE), 2020, p. 36). As of March 2020, there were 582 'looked after' children in the City of Sunderland. The most prominent categories of need that led to children being looked after were 'abuse or neglect' (50%) and 'family dysfunction' (37%) (ONS, 2020b).

Children's services consist of several branches of support for families and children, such as those supporting families with children who have life limiting conditions or complex SEND. This report focuses solely on child protection within children's services. Those working at Together for Children (TfC) within the child protection team are part of children's services. In this report, 'family time' will be used to refer to 'contact' in line with the preference of TfC, the commissioner of the research.

Previous research suggests children and parents have had negative experiences with the traditional model for child protection case conferencing, where a social worker leads the assessment of the family (Corby, Millar and Young, 1996). This view was supported by Muench, Diaz and Wright (2017), who felt there was a lack of child participation in traditional approaches and suggested this should be addressed in order to promote their best interests. Darlington et al. (2012) further

suggest that the traditional model's format can be traumatising for parents, hindering positive relationships and engagement between families and social workers. An alternative approach to decision making where there are concerns around child protection is 'Family Group Conferencing' (FGC), which supports a participatory approach for family and child involvement. The purpose of this study is to provide a monograph report and give insight into the service-user perspective of FGC for one local authority in the Northeast of England. What separates FGC from different interventions is that it does not provide direct support for families; rather, it generates support indirectly by providing a medium through which family members can communicate or explore perceived difficulties or needs, and identify opportunities for supporting the family. Ideas and suggestions for improving child safety were provided by the families rather than social workers, thereby supporting agency in the decision-making process for adults and children in the family. The Children Act 1989 requires local authorities to give due regard to a child's wishes when determining what to provide under section 17 and before taking a decision about the action needed to protect individual children (section 47) (HM Government, 2018).

The purpose of the study was to 'investigate the effectiveness of Family Group Conferencing from a service-user perspective' with the following objectives:

1. **To document the challenges encountered by families who took part in the FGC approach**
2. **To identify processes that supported participants in accessing the FGC approach**
3. **To determine if FGC had a positive impact on those who accessed the intervention**
4. **To determine if and how FGC could be improved**
5. **To determine and report families' views on improving user engagement with children's services**

The findings of this study will inform Together for Children in the City of Sunderland by providing evidence of how FGC is perceived by service-users. For this study, 25 semi-structured interviews were held between and March-June 2021. Due to the Covid-19 (Coronavirus) restrictions, all the interviews were carried out remotely using a smartphone. It is recognised that phone interviewing is a limited channel of communication, which may restrict establishing positive relationships with the participants (Arksey and Knight, 1999). However, phone interviews offer the interviewee greater availability to participate, for example during the school day when children are absent from the home (Browning, 2013). The interviewees for this study included primary caregivers who engaged with or had been involved with children's services in Sunderland. In this report, the term 'parents' will describe the child's mother and/or father, and 'caregiver' will apply to another family member who is the primary carer for child, including those with a special guardianship order (SGO).

The sample included parents (n=12), family members with special guardianship orders (n=5) and extended family (n=8). The initial intention was to include 10 children in the study, however, due to the young ages of the children (<5 years), complex special educational needs and disabilities, and recent separation from parents, it was determined no children would be included in the study at this time. It is recognised that the purpose of FGC is to support children – so future studies would benefit from including those who the conference is designed to support. As no children were included in this study, ten additional adult family members took part. Thematic analysis was used to analyse the interview data due to the flexibility it offers in identifying themes, although the medium of smartphone could have affected the thought and depth of responses given (Lechuga, 2012).

Overall, the study found that for the majority of service-users, FGC was an effective intervention and had a positive impact on the lives of parents and families, reducing the level of need and service response. The service-users felt that more families could benefit from FGC and that the approach should be offered as soon as families become involved with children's services (for child protection reasons). The analysis showed that consideration must be given to how best to capture the authentic voice of the child in the FGC. Some participants held the view that it was not in the child's best interests to attend the meeting due to potential hostilities within families, unresolved issues around family time, and the fact children were often bored due to the length of the FGC. A further issue was that children did not always have sufficient opportunities to share their views. To overcome this, it is suggested that the FGC coordinator supports families to capture the child's voice to share at the meeting on their behalf. This could include the child's drawings, photographs they take of what matters to them, a video diary or a written form.

Some interviewees suggested that a mediator could help ease tensions between family members who had experienced complex relationships with one another in the past. Although the coordinator already plays a role in FGC, and some participants were grateful for the independence they were granted during the meeting, others felt that more support during the meeting could have been beneficial.

While most families engaged with their FGC plan, they did not always adhere to the plan directly. That being said, engagement in the plan from other family members coincided with an expansion and an improvement to the parent's social support network. Although they did not always need to access this support, they

overwhelmingly reported that being aware of the availability of extra support was crucial to how they managed and, in some cases, overcame their adversities.

Recommendations

Recommendation 1: For Together for Children to continue to fund Family Group Conferencing, recognising that this approach enables parents and families (involved in child protection services) gain increased levels of social support as a protective factor for child safety and wellbeing.

Recommendation 2: To explore the feasibility of offering targeted FGC to families where there are early concerns. The targeted support could be determined by the identification and assessment of the threshold of need, with level one and above being considered for the FGC intervention for children who are referred to child protection services as a child in need (Sunderland Safeguarding Children Board, 2018, appendix 1).

Recommendation 3: To develop creative approaches to engage children in the FGC so that their voices are authentically represented in the outcomes and decisions, and to recognise that for some children, this will include opportunities outside of the FGC itself.

Recommendation 4: To provide an independent referee/advocate on the day of the FGC to give impartial support, manage any hostilities, and ensure all support network members (including children) have their voices heard.

Recommendation 5: To make it explicit in the child and family 'guide to our service' on the TfC website that the FGC coordinator is independent of the referring service in children's services

Recommendation 6: To further develop mechanisms for reviewing and reporting FGC impact on preventing further engagement from children's services, where child protection concerns exist by robustly tracking the approach on the child and family.

Recommendation 7: To review family time arrangements following changes agreed on an FGC plan to determine possible adaptations for such arrangements following SGO placements and family time meetings. Such discussions should be held with the SGO, parent(s) and social worker, to include what worked well for the child and address any post-family time issues that occurred such as bedwetting, anxiety, and negative behaviours.

Recommendation 8: To provide core training for workers in children's services and ongoing continuing professional development (CPD) regarding the causes, prevalence and impact of adverse experiences on children and parents.

Recommendation 9: Promoting a positive understanding of children's services workers to counteract the negative stigma associated with children's services involvement in family matters across communities.

Glossary

Acronyms

ACEs	Adverse Childhood Experiences
BAME	Black, Asian and Minority Ethnic
BERA	British Educational Research Association
CiN	Children in Need
CPD	Continuing Professional Development
DfE	Department of Education
FGC	Family Group Conferencing
FGDM	Family Group Decision-Making
FTM	Family Team Meeting
HM	Her Majesty's
ONS	Office for National Statistics
SGO	Special Guardianship Order
TfC	Together for Children
UK	United Kingdom
UN	United Nations
UNCRC	United Nations Convention on Rights of the Child
WHO	World Health Organisation

Terms

Abuse	Child abuse is when a child is intentionally harmed by an adult or another child – it can be over a period of time but can also be a one-off action. It can be physical, sexual, or emotional and it can happen in person or online. It can also be a lack of love, care and attention – this is neglect (National Society for the Protection of Cruelty to Children (NSPCC), 2021a).

Children in Need	A child will be "in need" if: (a) he is unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for him of services by a local authority under this Part; (b) his health or development is likely to be significantly impaired, or further impaired, without the provision for him of such services; or (c) he is disabled (Children Act, 1989, s. 19(10)).
Continuing Professional Development	Continuing professional development (CPD) is the reflection and learning activity that social workers do throughout their career to maintain and improve their practice (Social Work England, 2021).
Covid-19	Coronavirus disease (Covid-19) is an infectious disease caused by a newly discovered coronavirus World Health Organization (2021).
Neglect	Neglect is the ongoing failure to meet a child's basic needs and the most common form of child abuse. A child might be left hungry or dirty, or without proper clothing, shelter, supervision or health care. This can put children and young people in danger. And it can also have long term effects on their physical and mental wellbeing (NSPCC, 2021b).
Special Guardianship Order	A special guardianship order is an order appointing a person or persons to be a child's special guardian (Department for Education, 2017).

Background

Working in partnerships with parents

Nurmatov et al. (2020) suggest there is considerable evidence regarding how child protection in children's services could improve family involvement in decisions that affect them. Literature on the involvement of children's services in the adversities of families with children at risk of or experiencing abuse and neglect has shown the partnership between the families and social workers is essential to the dynamics of providing effective care (Roose et al., 2009; Morris and Featherstone, 2010). Understanding parents are at the heart of an effective partnership and children should also be given agency in decision-making. An early study by Colton et al. (1997) into child protection aspects of children's services found that 'although the majority of service providers believed service users participate to a large extent in decision-making' (p. 256), only 25% of service users believed this to be the case.

Generally, research has shown that public perception of social workers in the UK is more negative than positive (Aldridge, 1990), especially compared to the United States. Reid and Misener (2001) found that these negative perceptions predominantly originated from 'stories about child welfare practice' (p. 194). For many parents the experience of working with a social worker on issues related to child protection is fraught with stress, worry and difficulties (Dale, 2004; Dumbrill, 2006; Buckley, Carr and Whelan, 2011) even when the outcome is 'no further action' (Davies, 2011). Research by Ghaffar, Manby and Race (2012) emphasised the importance that parents place on social workers having an empathetic approach, effective listening skills and involving them in making decisions. Some research has

also shown that a lack of empathy can lead caregivers to feel 'ashamed' of their situation and needs, which can be a barrier to seeking children's services support (Kissane, 2003, p.139). Barnsdale and Walker (2007) note that children's participation in decision-making is often limited due to their right to protection. There is also evidence that parents are more engaged in support services that focus on family-led decision-making and empowerment (Alpert, 2005). Other essential characteristics of an effective less stigmatising social service for struggling families include informality and accessibility (Featherstone and Broadhurst, 2003).

Protective and risk factors from childhood adversity

The term 'adverse childhood experiences' originated from the Kaiser Permanent adverse childhood experiences (ACE) study (Felitti et al. 1998), one of the most extensive studies into childhood abuse, neglect and household challenges. The study reported on three categories of abuse: psychological, physical and contact sexual abuse, and four categories of household dysfunction, including mental illness, exposure to substance misuse, domestic violence and criminal behaviour, alongside a physical examination (Felitti et al. 1998; Widom et al. 2015; Slack et al. 2016).

Kelly-Irving et al. (2013, p. 2) define ACEs as 'intra-familial events or conditions causing chronic stress responses in the child's immediate environment. These include notions of maltreatment and deviation from societal norms, where possible to be distinguished from conditions in the socioeconomic and material environment'. The National Scientific Council on the Developing Child (2014) describes chronic stress as 'prolonged activation of the stress

response systems that would occur during adverse childhood experiences (ACEs) in the absence of a protective relationship'. Felitti et al. (1998) and other studies have shown that exposure to ACEs without supportive environments led to multiple risk factors for leading causes of early mortality (Gilbert et al., 2010). Indeed, exposure to numerous ACEs in childhood without supportive mitigating factors increases the risk of disease, 'including heart disease, cancer, lung disease, liver disease, stroke, hypertension, diabetes, asthma, arthritis and mental health problems' (Institute of Health Equity, 2020). Spratt, Devaney and Frederick (2019) suggest that services involved in the care and protection of children need to understand the impact of multiple adversities on children's futures. However, there is considerable variability in the literature defining adversity and trauma impact in terms of who needs service support (Martin-Denham and Donaghue, 2020). This is believed to be partly due to a lack of a universal definition of childhood adversity that accounts for accurate screening and assessment (Anda et al. 2010; Finkelhor et al. 2013; Mersky et al. 2017) and recognises that the number of adversities in isolation is not an automatic correlation to outcomes for all.

Vinson, Baldry and Hargreaves (1996), and Freisthler et al. (2014a) propose that a risk factor for child maltreatment is a lack of connection to extended family, resources in the neighbourhood or a sense of community. Furthermore, a lack of resources in a local area with no sense of community is associated with increased child abuse and neglect (Vinson, Baldry and Hargreaves, 1996). Social isolation is an additional risk factor for parents becoming involved with children's services and the need for foster care (Polansky et al., 1985; Corse et al., 1990; Limber and Hashima,

2002; Gracia and Musitu, 2003; English et al., 2015). The risk of abuse of children increases when parents do not live near to their social network (Gaudin and Pollane, 1983; Coohey, 2000, 2007; Ortega, 2002; Li, Goddinet and Arnsberger, 2011; Freisthler et al., 2014a). The lower the perceived level of support, the higher the likelihood of children becoming neglected, such as being left in unsafe places (Freisthler et al. 2014b).

Legal aid is means-tested and available for limited circumstances, such as where a child is at risk of abuse and the parent is unable to afford legal costs, to prevent parental contact, where there has been domestic violence and abuse (Child Law Advice, 2021), or for separated parents seeking contact with their children. In the UK, families can apply for the time-limited Family Mediation Voucher Scheme, in which they receive up to £500 towards the cost of family mediation as an alternative to resolving family law disputes in court; an approach particularly targeted to separating parents to agree access to children. The scheme was introduced in response to Covid-19, to support the backlog in family courts and to encourage more people to resolve disputes through mediation (Family Mediation Council, 2021). Not every case is eligible and the scheme only applies to those regarding a child, or a financial matter involving family members that are in dispute regarding a child (Ministry of Justice, 2021).

The presence of protective factors in a child's life can nurture resilience and mitigate the potential outcomes of higher levels of ACEs (Sege and Linkenbach, 2014; Bellis et al., 2014, 2017). Finkelhor (2017) noted that 'there are many proven behavioral health interventions for parents, from parenting education, family therapy, and individual treatment, that have

been shown to help children and families facing adversities, and adults suffering from the effects of adverse childhoods' (2017, p. 4). Social connections have also been shown to safeguard from distress, acting as a resource to support people through challenges in life (Kawachi and Berkman, 2001; Taylor, 2011). Hostinar, Sullivan and Gunnar (2014), Horan and Widom (2015), and Corwin et al. (2014) suggest that social support – or believing you have social support – can buffer against stress in families. Merely the perception of social support is thought to mitigate the psychological impact and symptoms of stressful events (Cohen and Wills, 1985; Evans, Steel and DiLillo, 2013), and decrease reliance on mental health services (Thoits, 2011; Martinez and Lau, 2011).

Gottlieb (1985) describes social support as a range of verbal and non-verbal advice and information, feedback and practical support from individuals in a social network. Corwin et al. (2019) clarify that formal support includes key professionals from child protection agencies, service providers, health care professionals and paid professionals, while informal support consists of friends, relatives and significant others. Guay, Billette and Marchand (2006), and Rajendran, Smith and Videka (2015) add that social support can be positive or negative, informal or formal, familial or extrafamilial, instrumental or emotional, ranging from being offered daily or limited to periods of crisis. Green et al. (2007) and Byrne et al. (2012) add that the impact of social support is engaged parenting, better parental supervision and parent-child interactions, coupled with a reduction in the use of verbal threats. While social support may be an intermediate outcome for child welfare-involved families, with its benefits appearing over time, a positive effect on family support networks is generally viewed as a protective factor for child safety.

Parental adversities and impact on children

Cleaver (1999) first inferred that one of the most significant risks to child development was a lack of adequate parenting caused by the 'toxic trio': domestic violence, parental mental illness, and alcohol and drug dependency. Brandon et al. (2009) found that serious case reviews in the UK, which are 'enquiries into the death or serious injury of a child where abuse or neglect are known or suspected' (p.1) were most likely (75%) to involve one of these three factors in the toxic trio. However, more recently, Skinner et al. (2020) claimed that 'the evidence base for the 'toxic trio' does not justify its current central position in shaping child protection policy and practice' (p. 3). Moreover, there is a compelling evidence base that, at least individually, these three factors have a negative impact on parent-child relationships (Fusco and Fantuzzo, 2009; Pingley, 2017; Stallard et al., 2004; Velleman and Templeton, 2016; Dallaire and Wilson, 2010). Understanding adversities that parents may be experiencing is intertwined with understanding how their adversities are brought about.

Fusco and Fantuzzo (2009) proposed that children can be exposed to domestic abuse in diverse ways, with some seeing the abuse and others hearing it. Regardless, they themselves are at risk of harmful outcomes. Pingley (2017) agreed that experiencing domestic abuse, whether seen or heard, could lead to harmful short- and long-term mental health outcomes (Pingley, 2017). Osofsky (1999, p.33) advocated 'a relationship with a competent, caring, positive adult, most often the parent' as the primary protective factor for children to cope with what they had witnessed.

Without protective factors, children are at increased risk of harmful outcomes such as aggression, depression, anger and anxiety (Hornor, 2005, p. 208). Other identified risks of exposure to domestic abuse from a study with adolescents included an increase in potentially life-changing antisocial behaviours such as 'truancy, dropping out of school, drug and alcohol misuse and running away (ibid). The timely intervention of domestic abuse support services is an additional protective factor. However, it relies on services identifying and supporting the referral for domestic abuse support services for those who engage in domestic abuse and those exposed to it (Martin-Denham, 2021). Martin-Denham (2021) adds that barriers that prevent domestic abuse being identified by services include feeling pressured to deal with the difficulties in the relationship independently or being worried that their children will be taken into the care system (Martin-Denham, 2021). The lack of support for victims of domestic abuse is well documented in England, alongside a recognised increase of instances during the national Covid-19 restrictions.

If a parent has a mental illness, the parent-child relationship may be negatively affected. One study found, from a sample of 23 parents with mental health illnesses, over half self-reported that their difficulties affected their relationship with their child (Stallard et al., 2004, p. 45). Reupert and Maybery (2007) suggest that the influence of parental mental illness on a child's upbringing can take various forms. They highlight both clinical outcomes, such as attachment and relationship difficulties, and practical outcomes, such as inadequate 'transport and accommodation' for the child during periods of severe illness (p. 636). Larkin et al. (2014) proposed that the reasons adults become dependent on illegal substances could be as a coping mechanism for mental difficulties if other support is unavailable. Velleman and Templeton (2016) review the overwhelming evidence on the impact of parental substance misuse on children and its 'coexistence with problematic parenting, conflict and domestic violence' (p. 109). There is also evidence that children are at an even higher risk of poorer life outcomes when exposed to parental substance misuse alongside additional adversities, such as parental mental ill health (Templeton, 2014).

Concerns about child exposure to parental criminal activity are not limited to substance misuse and domestic abuse. Dallaire and Wilson (2010) conducted a study examining the effect of a child witnessing parental criminal activity. The study controlled for the variable of having incarcerated parents. The children who saw the illegal activity were compared to children whose parents were incarcerated but whose criminal activity they did not witness. They found that 'when children witness [a] parent's criminal activity, arrest and sentencing, they are more likely to show maladjustment in their emotional regulation skills, to perform worse on a receptive vocabulary test, and exhibit greater anxious/depressed behaviours' (p. 413).

Kinship carers/SGOs

One solution to removing a child from a dangerous home environment is to grant a special guardianship order (SGO) to a family member who cares for the child until further notice. Valentine et al. (2013) note that 'Kinship care is seen to provide many benefits that 'stranger' foster care does not and so is preferred where possible in placements', adding that 'most kinship carers are grandparents' (p. 426). In 2020, there

were 3700 formal placements with SGO carers in the UK (ONS, 2020a). The duties of SGO guardians have been described as challenging by reports into SGO experiences. A DfE investigation carried out by the University of York considered a broad range of challenges and outcomes of kinship care (Wade et al., 2014). For example, they examined the impact of contact arrangements that were to be organised by SGO caregivers, reporting that 'the management and regulation of contact could prove very challenging' (p. 186).

Saunders and Selwyn (2008), Farmer (2010) and Roth et al. (2011) reported that for kinship carers, the behaviour of parents is the most problematic issue faced. This conflict was believed to significantly contribute to strained relationships between the parents and carers (Hunt et al., 2010). Other research on the impact of family time on the child/carer relationship is mixed (Dolbin-Macnab and Keiley, 2009; Dunne and Kettler, 2008). Humphreys and Kiraly (2011) and Wade et al. (2014) shared that kinship carers reported post-family time difficulties for the child such as bed-wetting, waking crying in the night, aggression, anxiety and negative behaviours. Wade et al. (2014) held the view that it was the negative effects of family time on children that caused the strain, rather than the frequency of contact, suggesting that the quality of contact is more important than the quantity. Thompson (2019) agrees that both quality and reliability of family time are essential and in are in the best interests of the child. They add that once family time begins, there should be a review to allow the SGO to adapt the arrangements based on what worked well for the child and what problems arose that need to be addressed. He believes that social workers should provide this post-SGO mediation.

The other main challenges found by Wade et al. (2014), referred to in the report as 'indicators of strain', faced by special guardians, were 'lack of leisure time/not getting a break' and 'feeling tired much of the time' (p. 171). They also provide evidence that, although most of the guardians had a support plan in place at the beginning of the placement, 'Fewer than one-in-five special guardians had received continuous social work support throughout the follow-up period' (p. 224). However, the authors did find that, with regards to financial assistance, 'a majority of guardians (87 per cent) had received a regular allowance for some part of the follow-up period and that more than two thirds were continuing to receive it' (p. 214).

What is Family Group Conferencing?

Originating in New Zealand, Family Group Conferencing (FGC) was created as a preventive approach to the disproportionate number of Māori children in the welfare and public care systems (Marsh and Crow, 1998; Love, 2000). By the end of the 1980s, the approach developed international recognition with areas in Australia, the Netherlands and Ireland prescribing its use through legislative mandates, and FGC being introduced in England in the early 1990s (Mitchell, 2018). As an approach, FGC is used in welfare and justice throughout Europe, South Africa, South East Asia, United States and Canada (Holland and O'Neill, 2006; Straub, 2012). The FGC approach has a United States variant, Family Group Decision Making (FGDM), involving family unity meetings (Nurmatov et al., 2020). Skaale Haven and Christiansen (2014) and Stabler et al. (2019) share different approaches with the same principle: Family Team Meetings, Team Decision Making, Family Involvement, Family

Welfare Conferencing, Family Group Meetings, and Family Team Conferencing.

The role of FGC is to improve the social support networks of parents who are involved with children's services to reduce child abuse and neglect (Rodriguez and Tucker, 2015), and to uphold a child's rights (Hamilton, 2007: 4). Strengthening social support networks allows families to collaborate, co-produce solutions to their difficulties and adversities, and develop plans to safeguard children (Marsh and Crow, 1998; Lupton and Nixon, 1999; Pennell and Burford, 2000; Marsh and Walsh, 2007; Mitchell, 2020). McKillop (2016) outlines that the approach recognises that the parents/caregivers are the primary carers of their children. Holland et al. (2005) clarify that FGC aims to strengthen the family's ability to provide care as they take on the role of promoting welfare.

Through the FGC, the intention is to blend the family's needs, social supports, and formal services to create effective interventions as a preventive measure of child maltreatment (Sheets et al., 2009). Concisely, FGC is a means for families, children and practitioners to work collaboratively to find family-led solutions through the discussion of concerns (Barn and Das, 2016; Together for Children, 2021). By involving the wider family network, it is understood children may be able to remain with parents or members of the wider family (Nurmatov, 2020). The approach is built on the belief that when families are given information and resources, they can make decisions that support children in a nurturing environment (Ban, 1993). The theoretical basis for FGC is that it is based on democracy and family, community building, partnership working and local communities (Merkel-Holguin, Nixon and Burford, 2003; Pennell, 2004). The child and family guidance provided by TfC (2021a; 2021b) clarifies that children will be involved in the process, having their voices heard and being given opportunities to talk about problems affecting their lives.

The approach is believed to be effective, as the support network understands the family's difficulties and can find solutions (Mirsky, 2003; Metze, Abma and Kwekkeboom, 2013). A strength of the FGC model is that the process can be adjusted locally, and there is flexibility in how it can be adapted across child protection services (Crampton, 2007). Indeed, FGC has been used for a range of family difficulties such as child protection, the justice system, access to education, parental domestic violence, and substance misuse (Holland and O'Neill, 2006).

Historically, the Family Rights Group (2005) and Chand (2008) identified an under-representation of BME families in support services, referral, and take-up of FGC in England. O'Shaughnessy et al. (2010) offer that there is inadequate evidence of FGC with Black, Asian and Minority Ethnic (BAME) families in the UK. The importance of religious and cultural identity matters to minority communities but is not often considered by service providers (Chahal, 2004). Waites et al. (2004), and Barn and Das (2015) note the importance of carefully matching the FGC coordinator's ethnicity to that of the family to ensure cultural sensitivity and knowledge.

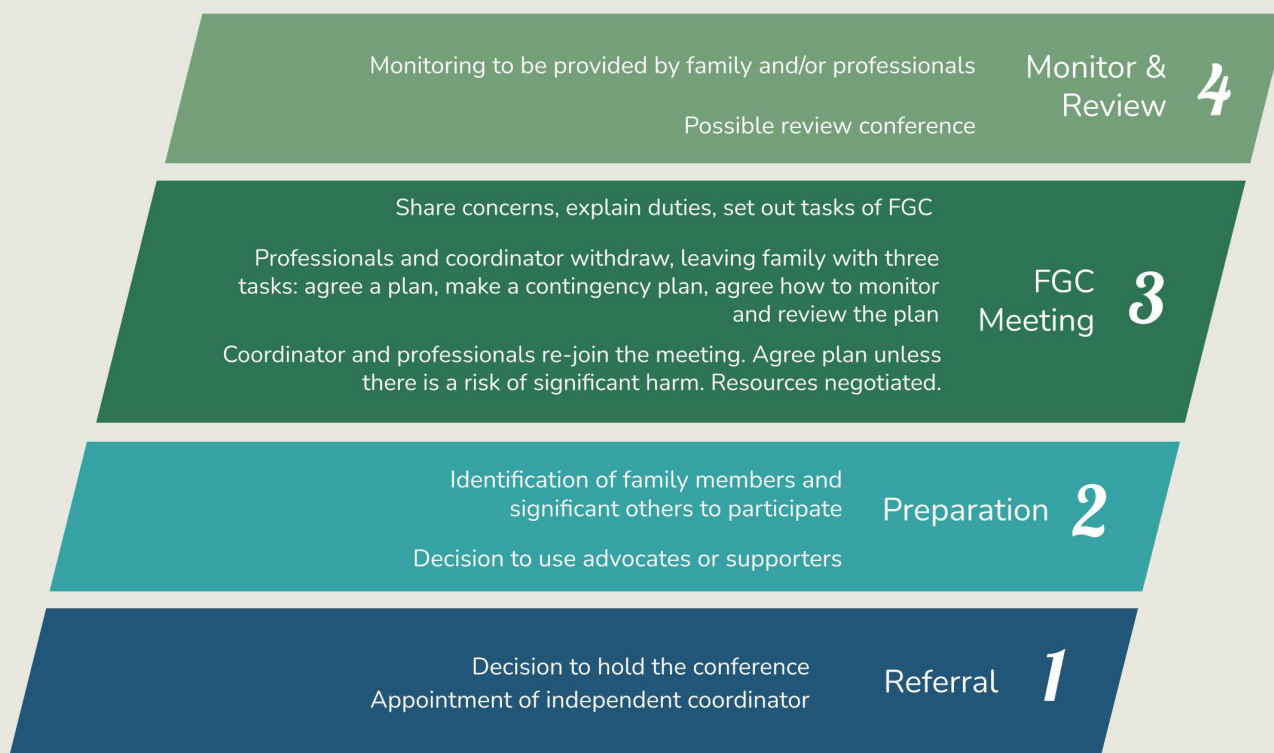## The family group conference coordinator

The family group conference coordinator has no other role than facilitating the FGC conference with the family (McKillop, 2016). Barnardo's (2002, p. 7) make explicit that the

coordinator should be 'independent' and not be involved in making decisions about the child either historically or currently. The TfC website (2021c) clarifies that they offer a free, independent Family Group Conference service for families who have a social worker. Mitchell (2018, p. 18) adds 'the central principles of the model' suggest that the

worker's role is one of facilitator, 'empowering' families to make decisions for their welfare. To staff, the service councils are most likely to commission the role of coordinator externally (Brown, 2003), to ensure they are not part of any professional decision making for the child or family (McKillop, 2016).

The Family Group Conferencing process

Figure 1 illustrates the distinct stages of the FGC model, from the initial referral to opportunities for reviewing progress post-intervention.

Monitoring to be provided by family and/or professionals

Possible review conference

Monitor & Review *4*

Share concerns, explain duties, set out tasks of FGC

Professionals and coordinator withdraw, leaving family with three tasks: agree a plan, make a contingency plan, agree how to monitor and review the plan

Coordinator and professionals re-join the meeting. Agree plan unless there is a risk of significant harm. Resources negotiated.

FGC Meeting *3*

Identification of family members and significant others to participate

Decision to use advocates or supporters

Preparation *2*

Decision to hold the conference
Appointment of independent coordinator

Referral *1*

Source: Mitchell (2013: 7), original source from Hamilton (2007: 5-7) and Kirkton (2009: 57)

What is the known impact of Family Group Conferencing?

Few studies report on outcomes for families following FGC in the longer term (Frost and Jackson, 2018). Furthermore, empirical research on FGC outcomes has been criticised for being methodologically weak, outdated and contradictory (Crampton, 2007; Frost, Abram and Burgess, 2014a; Fox, 2018). As a result, current research has been limited to small scale studies that focus on user satisfaction, the process, short-term outcomes

and the development of a plan (Hayes, 2000; Holland and Rivett, 2008; Doolan, 2012; Frost, Abram and Burgess, 2014; Mitchell, 2018). It is suggested families are satisfied with the process and that professionals consider the social support plan to be acceptable (Lupton and Nixon, 1999; Holland et al., 2005; Crampton, 2007).

There is a view that the children in FGC processes tend to be overlooked as a source of knowledge (Holland and Rivett, 2008), with too much focus on programme satisfaction

rather than their outcomes (Dalrymple, 2002; Horan and Dalrymple, 2003; Bell and Wilson, 2006). There is also the issue of isolating the positive impact of FGC from other influences such as support from children's services (Crampton, 2007).

Mitchell (2020) summarised that some studies of the efficacy of FGC found positive effects, including participant satisfaction, family members becoming closer due to the FGC process, safer children through the delivery of the plan, and improved partnership working between families and children's services. However, other research on FGC with youths found that it did not significantly reduce the maltreatment of children or reduce placements outside of the family home (Dijkstra et al., 2016). Titcomb and LeCroy (2005) found lower maltreatment rates in the six months following an FGDM meeting, and Sheets et al. (2009) found that where families took part in FGDM conferences, there was a reduction in the need for care services.

Conversely, Berzin et al. (2008) found no significant difference in outcomes for children when examining the data on those who had the FGC intervention and those who had not. This was supported by a further study by Hollinshead et al. (2017). They found those referred to FGC were no more or less likely to have a re-referral to children's services or have a child become 'cared for', compared to families offered the standard service offer. On a positive note, one study by De Jong et al. (2016) reported that those who took part in FGC had increased social support after the conference. Other studies reported families becoming closer, communicating better, helping each other and having positive ties with social support networks (Pennel and Burford, 2000). Dijkstra et al. (2019) also

found that FGC led to more social support and 'increased parental empowerment' (p. 137).

Barriers to support-seeking

Consideration of barriers to support-seeking is necessary to understand variations in uptake of different children's services interventions like FGC. Rickwood and Braithwaite (1994) clarified that help-seeking is a mechanism or process of coping concerned with relieving a person's psycho-emotional state. However, studies by Topkaya (2014) and Wenjing, Denson and Dorstyn (2016) have highlighted that some people avoid professional help from a social worker despite needing support. They add that being left alone during a time when they are unable to cope can lead to depression, low self-esteem, psychological distress, social exclusion and difficulties with functioning.

Wenjing, Denson and Dorstyn (2016) identified that age, gender, education, income and ethnicity were factors that explained the likelihood of support-seeking. Other contributing factors to seeking social support are: having sought help previously, shame, and beliefs and attitudes about support-seeking (Zellmer and Anderson-Meger, 2011; Kagan, Itzick and Tal-Katz, 2017). In their review of barriers to seeking help among young people, Gulliver, Griffiths and Christensen (2010) identified factors such as convenience, confidentiality, a view they could handle their situation themselves, and preferring support from friends and family.

Stigma has a significant association with the likelihood of seeking professional support from a social worker (Vogel et al., 2007; Lally et al., 2013; Kagan and Itzick, 2020). The reasons social work carries a stigma are varied but include a view that it serves the

most dysfunctional families, including those with addictions, mental illness, disabilities and who are living in poverty (Kagan, 2016). There is also the view that social workers are not effective and that they do not have the level of appreciation of other professionals such as mental health workers (Kagan, 2016; Kagan and Zychlinski, 2016).

In terms of gender, research suggests that women are more likely to seek support than men. This is believed to be due to them being more willing to acknowledge and disclose that they are having mental health issues (Mackenzie, Gekoski and Knox, 2006; Kagan and Zychlinski, 2016).

Topkaya (2014) proposes that men may view support-seeking as a threat to their masculinity or self-esteem. The idea of seeking help can be a challenging psychological barrier as it has connotations of diminished self-reliance, particularly for men (Corrigan, 2004; Storrie, Ahern and Tuckett, 2010). Baum (2006) and Kagan and Zychlinski (2016) raised that the public thinks of social work as a feminine profession, focused on women's needs. Therefore, men may feel uncomfortable approaching and working with female social workers.

Although the evidence on FGC is limited, research generally supports that FGC is beneficial to families, as it strengthens family relationships and the surrounding support network. Conwin et al. (2020) note that the gaps in the literature are that FGC has not been rigorously evaluated with open children's services cases.

Method

Methodology

The methodology for this study draws upon an interpretivist social constructivist paradigm, as it seeks to understand experiences and perceptions of individuals through case studies of groups (Thanh and Thanh, 2015). Interpretivist research is underpinned by aiming to: 'understand the world of human experience' (Cohen and Manion, 1994, p. 36). Humans are reflective beings with complex and challenging relationships (Walliman, 2016). The interpretive orientation supports the view that multiple realities exist for both the researcher and the participants, acknowledging that there is no one way to view the world (Peel, 2020).

Research design

The research design involved a discovery-led, descriptive and reflexive case study approach with a qualitative methodology to understand the rich descriptions of the participants' personal experiences through their narrative accounts. As Simons (2009, p. 21) describes, a case study is an in-depth investigation of a real-life 'project, policy, institution, program or system' from differing perspectives to capture 'complexity and uniqueness'. The benefit of a case study approach is that it provides unique examples from real people to aid the understanding of ideas more clearly than abstract theories (Cohen, Manion and Morrison, 2018).

The study intended to investigate the effectiveness of the FGC approach from the perspectives of extended and immediate family members. 15 cases, with 25 participants of FGC were purposefully sampled and, while the sample size was small, it was no less important

to hear the views of families participating in this approach. Together for Children contacted the families and support networks to take part. As such, there was a small risk of bias due to the gatekeeper identifying participants (Heckathon, 2002). All the families selected by TfC were involved with child protection at children's services during the study, with the fieldwork taking place between February and May 2021.

Qualitative research aims to capture 'the value of participants' unique viewpoints that can only be fully understood within the context of their experience and worldview' (Castleberry and Nolen, 2018, p. 807). To understand, describe and explain social phenomena, analysis of biographical stories and accounts are a standard feature of qualitative research (Flick, 2018). Yin (2011) explains the value of qualitative research as providing a deeper understanding of meanings that people place on events, actions and relationships. However, qualitative data is complex (Spiers and Riley, 2019), with varying procedures for analysing qualitative data existing side by side (Flick, 2014). The following sections outline the methods employed in this study.

Data collection

Data was collected through in-depth one-to-one semi-structured smartphone interviews. Due to the Covid-19 pandemic, all the interviews were held remotely, limiting the ability to include several members simultaneously and the use of group discussion. The interviews lasted between seven minutes and one hour 14 minutes, and were transcribed verbatim.

Thematic analysis

Thematic analysis (TA) allows for 'identifying, analysing and reporting of themes within data' (Braun and Clarke, 2006, p. 6). The themes were identified from the participant's accounts rather than from a pre-existing hypothesis (Bazeley, 2013). Furthermore, thematic analysis is a flexible method since it is not assigned to a particular theoretical perspective or epistemology (Clarke and Braun 2013).

The TA method followed the flexible six-step approach as suggested by Braun and Clarke (2006):

1. Data familiarisation and writing notes
2. Systematic data coding
3. Generating initial themes from coded and collated data
4. Developing and reviewing themes
5. Refining, defining and naming themes; and
6. Writing the report

All the interviews were repeatedly listened to, and initial notes were written (1). NVivo (a qualitative data analysis software programme) was used to organise the data into codes and themes. The transcripts were uploaded into NVivo with concepts mapped to create codes, themes, and subthemes (3). Themes are described by Braun and Clarke (2006) as patterns in the codes from related codes showing the big picture of what is being portrayed.

Nvivo streamlined the data analysis process, allowing a deeper and more complex analysis, identifying patterns and codes, and links across the data corpus (Castleberry and Nolen, 2018). Through interpretation, codes were used to capture multiple observations that could be promoted to 'themes' (4). As is usual with TA, the themes capture a fact of meaning or an observation (Charmaz, 2006). Themes are patterns of shared meaning that link to a central idea or concept (Clarke and Braun, 2013; Braun et al., 2014). The thematic analysis of the data led to refining and naming identified themes organised into conceptual categories of meaning (5) (Ritchie et al., 2013; Bazeley, 2013).

Ethics

The University of Sunderland Ethics Committee approved the research project (application 007091). The British Educational Research Association (BERA) (2018) ethical guidelines were adhered to throughout the research process to ensure the participants provided informed consent and knew of their right to withdraw, and data management processes. The participants were provided with information sheets and consent forms, including the procedure for processing their data, retention periods and sharing arrangements, known as privacy information (Information Commissioner's Office, 2020).

Ethical decisions were ongoing. For example, the decision was taken to end an interview with a mother following a disclosure that she was currently receiving mental health support from a crisis team. As part of the ethical considerations, the participants' vulnerability, particularly mothers and fathers who no longer lived with their children or who had mental ill-health because of their adversities, was reflected on. All participants were reminded that they should only answer questions they were comfortable with, and at the end of the interview, they were asked if they needed any support from services.

Recruitment process

Following the gatekeeper's permission, meetings were held with the Directors and service managers within children's services at Together for Children (TfC). The managers disseminated the study information and secure referral protocols with children's services workers, who contacted potential families to share the information sheet and consent forms both verbally and physically. The signed consent forms were then shared on a secure Teams channel. Other participants requested direct contact to gain approval verbally; in these cases, consent was captured on a Dictaphone recording once the information sheet was discussed. Agreement was sought and gained to record the interviews on a Dictaphone, which were then transcribed verbatim, omitting personally identifiable information, and stored securely in Office 365.

The participants were allowed to discuss the purpose of the research at length with the principal investigator via mobile phone or email. Participants were offered a choice to be interviewed via smartphone or teams, and all chose smartphone. At the start of the interview, consent was confirmed, following reiteration of the research's purpose and consent criteria (BERA, 2018). Thus, consent was ongoing, not just from the agreement given via the consent forms (WHO, 2001a; Jewkes, Dartnall and Sikweyiya, 2012).

All the families involved in the study had been or were currently engaged with children's services due to abuse and neglect of children. It is feasible that the participants agreed to be referred to take part in the research to appear compliant, and to protect their position with caring for or having family time with their children. To overcome this, in order to mitigate any potential feelings of coercion to participate, relationships were built over the smartphone through text messaging, which made explicit to all participants that taking part was voluntary and that TfC would not be informed who did or did not participate in the study.

The participant sample

An approximate sample size of twenty-five was agreed with the funder, with an understanding this could fluctuate depending on response rates (Francis et al., 2010; Patton, 2015). Purposive sampling was used to ensure that the sample included a range of families deemed FGC successful and unsuccessful.

The selection criteria:

- The family were previously or currently engaged with Sunderland children's services at the time of the FGC.
- The family had been approached to take part in Family Group Conferencing during their engagement with Sunderland children's services.
- The participant had been invited to or attended the family group conference meeting.
- Any children taking part in the research were over the age of eight years.
- All the children involved in this study were deemed 'at risk' of or were being cared for.

As shown in Table 1, n=28 gave an initial expression of interest following referral. None declined at the introductory text; n=2 declined before the interview; and the principal investigator withdrew n=1 due to their mental ill-health disclosed at the start of the interview.

Table 1. Participant numbers from an expression of interest to participation

Commissioned number of interviews	Number referred by service staff	Number who declined at introductory text	Number who withdrew before the interview	Number who withdrew following the interview	Number of participants whose data was withdrawn by the research team	The final number of interviews
25	28	0	2	0	1	25

Table 2 provides the demographic information and duration of each interview. The cases included in this research provide the perspectives of different stakeholders, including parents/carers (n=12), family members with special guardianship orders (n=5) and extended family (n=8). All participants identified as white British. 84% of the participants identified as female and the remaining 16% identified as male. The mean interview length was 28:14.

Table 2. Demographic information and interview duration

Family	Relation to child(ren)	Age	Employment status	Interview duration (mm:ss)
Family 1	Mother	30-39	Employed	27:37
	Maternal Grandfather	60-69	Retired	73:01
Family 2	Maternal Grandmother	40-49	Employed	27:51
Family 3	Paternal Grandmother	40-49	Employed	38:05
	Paternal Great Aunt	40-49	Employed	16:10
Family 4	Mother	30-39	Unemployed	28:29
	Father	30-39	Unemployed	11:41
Family 5	Paternal Grandmother	50-59	Unemployed	31:19
Family 6	Mother	30-39	Unemployed	7:20
	Maternal Grandmother	50-59	Carer	41:00
Family 7	Father	20-29	Employed	27:14
	Paternal Aunt	30-39	Employed	20:57
Family 8	Mother	30-39	Unemployed (ill health)	24:59
	Maternal Grandmother	50-59	Employed	12:39
Family 9	Mother	30-39	Unemployed	27:14
	Father	30-39	Unemployed	20:57
Family 10	Parental Aunt	30-39	Employed	15:06
Family 11	Mother	30-39	Unemployed	27:46
	Maternal Grandmother	50-59	Employed	54:34
Family 12	Mother	30-39	Employed	33:38
Family 13	Mother	30-39	Unemployed	24:43
	Paternal Grandmother	50-59	Unemployed	47:21
Family 14	Paternal Aunt	20-29	Employed	27:46
	Maternal Aunt	30-39	Employed	31:09
Family 15	Mother	30-39	Unemployed	10:56

Table 3 shows the range of family and friends who formed the support network for the FGC.
*Family did not attend FGC

Table 3. Family Group Conferencing information

Family	Child(ren)	Mother	Father	New partner	Extended Family	Friends
Family 1	✓	✓	✓	✓	✓	✓
Family 2	✓	✓	✓		✓	✓
Family 3		✓	✓	✓	✓	✓
Family 4*	N/A	N/A	N/A	N/A	N/A	N/A
Family 5		✓	✓		✓	
Family 6		✓	✓		✓	
Family 7			✓		✓	
Family 8		✓	✓	✓	✓	
Family 9		✓	✓		✓	
Family 10		✓	✓			
Family 11		✓	✓		✓	
Family 12	✓	✓	✓		✓	
Family 13	✓	✓	✓		✓	
Family 14		✓	✓		✓	
Family 15		✓	✓		✓	

Interview procedure

The need to build a relationship with participants was fundamental to the interview process. Therefore, before each interview, text messages were exchanged to cultivate a positive relationship and answer any queries the participants may have had. Consent to take part was confirmed at the start of the interview and recorded on the Dictaphone.

As advocated by Campbell et al. (2009), the participants were encouraged to exercise choice and control during the interview process by adding comments and being given time to consider their responses. The original intention was to interview participants face-to-face, but this was not possible due to Covid-19 restrictions. The interviews used pre-determined indicative questions (appendix 2). They were semi-structured, in that the interviewer was able to ask secondary questions for clarification or elaboration of responses (Silverman, 2017). The interview drew upon what Dinkins (2005) described as the 'interpre-view', through a hermeneutic process in which the researcher and participants were co-enquirers, reflecting on the meaning from their experiences of shared dialogue. With this approach, care was taken not to steer any participant responses (Elo et al., 2014). This approach is advocated by Bell (2014), as it leads to rich data that can be lost in more structured methods. All transcripts were examined to critically assess any instances of leading the participants to give particular responses (Elo et al., 2014).

As suggested by Morris, Hegarty and Humphreys (2012), all interviews ended on a positive note, with the interviewer thanking them for their time and re-stating that everything discussed will remain confidential.

Findings and discussion

From the 25 interviews, five themes and 12 subthemes were identified (Figure 2). Table 4 (appendix 3) illustrates how the identified themes and subthemes link to the research objectives and indicative research questions.

Figure 2. The identified themes and subthemes

The families
- Barriers to seeking support

Engaging in FGC
- The role of the coordinator
- Initial thoughts about taking part

The conference
- Feeling empowered
- Finding solutions
- Working together and communicating

Life now
- A closer family
- Ongoing support
- Using the plan

Improving FGC
- On the day
- Having it sooner
- Mindsets
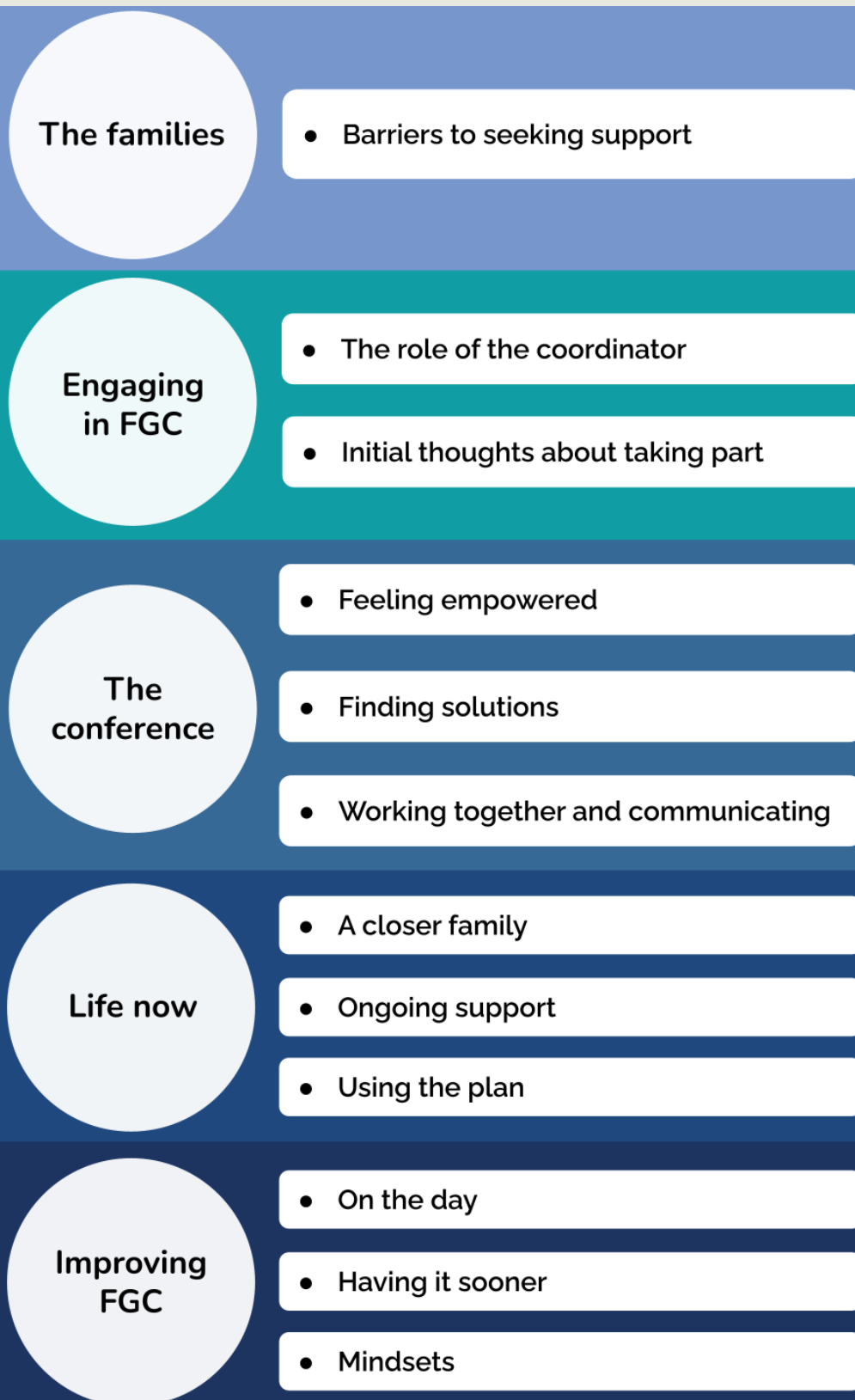
The families

The participants detailed a range of adversities as reasons for being involved with children's services. They reported barriers to seeking support that stemmed from their adverse experiences either in childhood or as adults, and felt ashamed that they could not cope. The evidence from the study suggests that adversities coupled with shame are risk factors for not seeking professional support.

Barriers to seeking support

During interview, the most frequently cited issue for taking part in FGC related to child safeguarding concerns. Varying aspects relating to adverse childhood experiences (ACEs) were evident as a precursor to the involvement of children's services team members and being put forward for FGC. Additionally, some cases arose in which extended family members had been given guardianship due to parental neglect. Examples of parental neglect included parents not meeting the child's basic needs, physical abuse, sexual offences of partners, parental substance misuse, parental separation and divorce, and comorbid adversities, including exposing a child to domestic abuse, and mental and physical ill-health.

Not meeting basic needs

In some instances, the adversity identified was that children were being neglected. Two grandmothers with SGO for their grandchildren described the neglect their grandchildren were exposed to:

'They took all the stuff out the cot; the bairn didn't have a blanket, they didn't have toys, it was horrendous.'
> - (Family 5)

and

'I got a phone call from my next-door neighbour to say the baby's out on the balcony in my front room, which is like on the middle floor, and I had the table and chairs out there, and the baby had been out there for a little while. She was just coming up to two then, and she was covered in faeces.'
> - (Family 13, whilst her daughter and grandchildren were using her second home).

The mother of Family 13 felt her reason for involvement of children's services was *'they tried saying I starved me kids, but I couldn't starve them 'cause they would tell ya if they were starved.'* For this mother, the barriers to seeking support related to having different perceptions of need for support from that of professionals.

'It's how they are with yer. Like me other three social workers, they've just came down and were like down to earth. They get your side of the story before they like question anything else. But some social [workers] I have opened up to.'

These differing perceptions support the claim that the risk of abuse of children increases when there is a perception of lower levels of support that can result in children being left in unsafe places (Freisthler, 2014b).

However, perceptions can change over time, as noted by the mother in Family 11, who lost custody of her child: *'my house was deplorable. I would admit that now, but in the past, I wouldn't admit it. That was picked up by them, and I would ignore the social, I would ignore them.'* At this time, the highest proportion of children who are 'looked after' in Sunderland are referred for 'abuse or neglect',

which made up 50% of cases in 2020 (ONS, 2020b). One possible explanation for neglect occurring in these cases is parental exposure to adversity, affecting their ability to function and meet their children's care needs. Many of the mothers and one of the fathers described how they were adversely affected by events in their adult life and needed support. Finkelhor (2017) recognised the importance of providing effective behavioural and health interventions for adults facing adversities, such as supporting individual and family therapy access. Based on the interviews, early intervention with mental health and discussing adversities was not in place, as their difficulties were not shared with professionals for reasons described later in this section.

Physical abuse of children

Physical violence against children, leading to children's services involvement was noted during the interviews. The father in family 7 claimed he temporarily lost custody of his children due to his partner's physical abuse of their new baby. He described that *'she hit the youngest child when they were five weeks old and then blamed it on my eldest child. When I was at work.'* He recalled that the actions of his children's mother and the recent death of his own mother led to a demise in his mental health and the relationship with his partner:

'I went through like a bad spell of mental health. And obviously got told the kids would be adopted and stuff like that. Because that's the way that case was going, and from there, I tried to take my own life, and I hit rock bottom and then moved up and just got stronger and stronger. Then stepping out of that relationship and it's been put down like the court cases and

stuff that was like emotional domestic abuse and stuff like that going on. She was very manipulative and controlling.'

The paternal grandmother from this family confirmed that:

'The child got to the hospital with injuries that were caused by the mother. But then they tried to claim that it was the other sibling. But the medical evidence and everything else was like, said basically it couldn't have been the child; it had to have been her.'

The mother was unable to be the primary carer for the children due to the evidence of physical abuse. Consistent with findings by Reupert and Maybery (2007), the father was not able to raise his children in the short term due to the impact on his mental health caused by the physical abuse of the children and the domestic abuse he was exposed to in the household. This was also the case for the mother from Family 9, who described how her ex-partner of over a decade became increasingly violent towards her and their children. *'His behaviour went out of control, you know, he started to hit me, and he started to hit me other two children.'* She too became unable to care for the children due to increasing dependency on alcohol, which meant she required residential rehabilitation.

Domestic violence and abuse

Some of the mothers and a father had experienced comorbid adversities including 'domestic violence' and 'mental ill-health.' As discussed, the mother in Family 9 was frequently assaulted by her ex-partner for a decade before she decided to leave him. Her dependency on alcohol meant she was unable to care for the children and, on leaving him, needed residential rehabilitation. *'I had*

no money, I was living with me parents, he wouldn't give us any money, he was really really nasty and really aggressive towards everything in life really.' She met a new partner and described how, when pregnant, they had an argument *'that got out of hand. He turned around and knocked me, it was an accident, but it got reported to the social worker',* which led to the baby entering the care system.

'I had her in the hospital for three days, and I wasn't allowed to leave the hospital because if I did leave the hospital, I would've gotten arrested. I've been through hell and back, honestly. I stayed in the hospital for three days with her, and that's when the social come in the next day and took her out of the hospital. I kissed her, and I was crying, y'know it was really upsetting and emotional. And I had to leave the hospital thinking I was leaving with my newborn baby, but I left with two carrier bags, and that's it.'

Talking about the domestic abuse that their grandchildren had witnessed, two grandmothers explained:

'It's all the mental torture that he (father) puts her (mother) through. God only knows what the bairns seen. That's what I said to the social worker; I didn't know half of what went on.'
   - (SGO, Family 11)

and

'It is the neglect and the abuse and witnessing domestic violence and things like that, that the girls all have, they all, they're all anxious. They all have anxiety.'
   - (SGO, Family 13)

The mother of Family 9 recognised the impact that witnessing and intervening in domestic violence had on her children's mental health:

'I was scared, the children were scared, and it got to the point where me oldest son started noticing a lot of stuff, and he used to push him away from me because he knew that he was gonna hit me. And it got to the point where he had actually gone to hit his dad because he called us a name that wasn't very nice in front of him. It started affecting the children a lot. And that's when I had phoned the police, and he did get arrested, and he had to keep away from us, so at that point me children had been out of my care for two, nearly two and a half years.'

Concerns about children witnessing domestic abuse are strengthened by this study. The findings support the research by Fusco and Fantuzzo (2009) and Pingley (2017), who found that experiencing violence in the household, whether seen or heard, can lead to negative short- and long-term mental health outcomes. As research by Osofsky (1999, p.33) highlighted, the protective factor for children exposed to domestic abuse is 'a relationship with a competent, caring, positive adult, most often the parent.' These three cases suggest that it would be likely the parents would have difficulty fulfilling this role. Of concern is that, for one family, the children had mental health difficulties due to the domestic abuse they witnessed, a harmful outcome recognised by Hornor (2005).

Exposure to domestic abuse, whether they lived with or were separated from the perpetrator, was a common barrier to seeking support from children's services. For example, the father (Family 7) who was exposed to domestic abuse from his partner, felt unable to share the extent of the abuse for fear of consequences when the health visitor left the family home: *'They didn't really speak to me (health visitor). It was all her, and she had to be the controller. She had to be the voice for the*

two of us. So, she told them what she wanted to tell them.' There are several explanations for the abuse not being identified by services. It could have been that at the time, he did not identify as a victim of domestic abuse or felt pressurised to deal with the problems in the relationship independently, all factors that impact the ability to implement prompt support from domestic abuse support services (Martin-Denham, 2021). This is supported by interview data from other families including Family 6, in which the maternal grandparent said her daughter would not disclose abuse unless separated from her male partner. She would never speak freely while he was there: *'Everything was down to him; he made her withdraw all his domestic abuse things saying it was her fault and stuff.'*

Another mother (Family 11) said she didn't share her challenges with her family until they recognised she needed support: *'Like before, I wouldn't like speak to any of my family members if I needed support. I wouldn't like speak to them, but when my family's came forward. That's when I've like realised. I've thought I have got the support.'* Similarly, another mother (Family 12) felt that she was unable to tell her family about her situation due to her exposure to domestic violence as a child: *'We went through domestic violence, so my mam stayed in that relationship for 16 years, so we kind of saw it all and when it went bad at the end, it went very bad and it went to court and things like that.'*

Parental mental or physical illness

Mental health difficulties were sometimes self-reported by the mothers or revealed by one of their family members. Some parents had experienced physical and mental health problems, affecting their ability to maintain

relationships and care for their children. As Kagan (2016) found, most parents in this study reported underlying mental health difficulties as significant factors in their ability to seek support. One mother (Family 11) described herself as having felt 'suicidal,' a view supported by the grandmother 'When she lost the three kids, I had to drag her down the doctors because she was suicidal and crying all the time, so she was on depressant tablets then. Arguably, this mother avoided professional help despite the clear need for support. The suggestion she had to be taken to the doctors by her mother supports findings by Topkaya (2014) and Wenjing, Denson and Dorstyn (2016), that being left alone when unable to cope can compound mental ill-health and difficulties with functioning. The incidence of parental mental health, such as 'depression' and 'anxiety' (Father, Family 7) was noted in further interview data:

'I got a phone call the day before their birthday saying 'I'm gonna phone social services. I need some help with them. I've done something stupid.' So, I went straight over and found that she tried to commit suicide.'
    - (Family 2, Grandmother speaking about her daughter)

and

'I did have a nervous breakdown, I didn't cope, everything just got too much. But now, looking on, like looking back on what had happened, and which way I am now, it's a million times better, you know. Like everything that's happened and what's changed, I've done it on me own.'
    - (Family 9, Mother, following removal of all children when she left abusive relationship)

This mother (Family 9) did receive support for

her mental health and underlying adversities, and her baby is now back in her care.

The findings indicated parents believed that by bringing a social worker into the home, this meant they had failed as a parent. This view compounded the belief and worry that the children would be at risk of being taken into care or that the social workers would remain involved with the family for a long time. For example, one paternal grandmother's sibling (Family 3) said the daughter (the mother of the children) felt ashamed and embarrassed following self-harm as the main reason her niece did not seek support. *'She was ashamed and embarrassed by what she'd done, when she tried to hurt herself and stuff like that. But obviously, her mental health wasn't right, and her mental health played a massive part in it.'*

The sense of shame was noted in further interview data including: *'I think I was just afraid to admit that I was struggling with depression'* (Family 11, Mother).

The Grandmother (Family 11) felt that a barrier to her daughter seeking support from children's services was that she had lost confidence in them, believing that they wouldn't listen to her, or help, or consider her mental health difficulties. These impacted on her daughter's self-care alongside her ability to provide for her children, particularly as she already had children removed from her care, due to the domestic abuse in the household:

'The social workers in the past, they did not help. It didn't matter what she was saying, who she told; she was always in the wrong. They weren't taking her mental illness, like stress and she broke down there... absolutely nearly made my daughter kill herself, and that's something I will never forgive them for.'

and

'She's scared to approach the social workers and that because of the state of her; they'd say you need to clean yourself up. You need to do it this way. In the report, they said you look as if you're not bothered; she's looking down weeping.'

In addition, the paternal grandmother in Family 3 also referenced her daughter-in-law's struggles:

'She hasn't had a good life herself; she's been in the mental health system. And I think throughout the time she has been in foster care, and I don't think she had trust in anybody.'
    - (Family 3, Mother-in-law (SGO) noted the mother's concerns)

Perceptions or previous experiences with social workers featured in further interview data including:

'They were all hating on me, even though I was doing nothing but trying me best on every single course, everything I was getting referred to, I was really trying. She just kept saying, "I wanna try to get you to court and get your children took off you" so that was a very like bad experience when you're thinking, well I'm doing everything that's asked of us, do y' know what I mean? What more can I do?'
    - (Mother, Family 4)

This perception was resolved by more recent positive experiences including; *'But this time round, I feel like I'm a lot more supported by the social worker, they have actually listened to what I've been saying, and they've listened to my child this time as well'* (Mother, Family 4).

A change of perception was also proposed by

Family 3's SGO, who felt being involved in FGC helped the children's mother understand that her family supported her.

One mother (Family 8) experienced adversities characterised by extensive hospitalisation periods due to illness and was only receiving childcare support from her mother during these periods. The relationship between her incapacitation and the need for practical help with accommodation and childcare mirrors the findings of Reupert and Maybery (2007). In accordance with research by Topkaya (2014) and Wenjing, Denson and Dorstyn (2016), despite needing support, some parents tried to cope alone, which compounded pre-existing mental health difficulties.

The coronavirus pandemic restrictions also impacted or increased the mental health difficulties of some interviewees, as stated by one mother (Family 12):

'It was in lockdown, I was on my own, and I was trying to deal with that situation, and I think that was the lowest thing I had sort of been at, and I was... I ended up having counselling, and I was feeling very low, and I did have thoughts about harm at one point. Because I just couldn't see a way out of it, and I just felt so painful I didn't know what to do.'

Contrary to findings by Stallard et al. (2004), few interviewees reported that parental mental health difficulties had directly impacted their children, other than instances in which it was accompanied by domestic abuse. Instead, they spoke about how mental health difficulties amplified the parent and caregiver adversities and inhibited them from seeking support.

Parental substance misuse

An area of overlap was identified between safeguarding concerns and substance misuse as the adversity indicator. There were various accounts from parents and family members that substance misuse led to a breakdown in relationships and dangerous environments for children. These views surfaced from accounts from extended family members. For example, the paternal aunt from Family 10 who had obtained SGO status explained that, introducing a threatening individual to the household was the main reason for the change in child custody, plus '*there was a second issue around substance misuse.*'

Similarly, a maternal grandmother from Family 2 described that her daughter had high levels of dependency on street drugs and alcohol:

'We've become aware of it through her breakdown, and I think it all was revealed then. I think she kept a lot to herself and hadn't realised how bad things had become. In fact, this has been a good thing, dreadful for her to go through and for me, her mum, to watch, but it was actually a good thing because it brought everything to light that had been hidden. She was in such a low state; with what she's been through, it's understandable. And she's kept a lot of it secret; she was ashamed of it. And it's nothing to be ashamed of. You know she just kept too much to herself, and everyone has a breaking point. Everyone.'

The views of the grandmother reflect findings in research, in that substance abuse could stem from an inability to cope due to a lack of support availability (Larkin et al., 2014). It is therefore likely that there is a connection between not seeking support, substance misuse and mental ill-health.

Another grandmother from Family 6 expressed concern regarding the substance misuse by both of her grandchildren's parents:

'The dad, he smokes cannabis all the time, always has done, always will do. It's like one thing I personally disagreed with from the beginning. I'm very against drink and drugs. An incident happened with the dad, he was having parties, and they were smoking cannabis. He had the children out at a friend's house, they were partying, into the night, the police weren't happy with him, so that got reported.'

and

'I have to supervise the mum's contact with the drink and that because some-times she would drink and have the chil-dren with her. Like not thinking clearly, because of like everything was going through her head and that and realising her perfect relationship wasn't that per-fect.'

Mothers also discussed these themes; Family 4 had terminated family time between child-father *'because of his drinking problem. The fact that he was leaving her in dangerous situations, and he was drink-driving with her in the car.'* Further child endangerment that often accompanies exposure to parental substance misuse is evidenced both from this account and its potential to amplify risks and ACEs is well-documented (Templeton, 2014). Some accounts of substance misuse do not solely criticise the presence of illegal substances around children, but the activities that often accompany this, such as problematic parenting, as identified by Vellman and Templeton (2016). Adversities experienced by the families, and the lack of resources at their disposal to find solutions, reflect the literature on common family adversities.

Custody and family time disputes

Another issue raised by families participating in FGC was the dispute over family time or custody for one or both parents. In Family 11, a maternal grandmother (SGO) had attempted to gain custody of her grandchildren due to family conflicts:

'I went "give them all to me", and I begged them to give them all to me, and I will sort all my grandkids out. They totally refused. So, they went to me son. He couldn't cope because his girlfriend was pregnant, so they took them away at Christmas. It was doom and gloom after that.'

The paternal grandmother in Family 12 had gained guardianship over her grandchildren and gave some context concerning family time disputes that necessitated the family group conference:

'Mum and dad went on to have another child that went into care for a year. Then they gave her back to mum and dad and following on from that. They've gone to have another baby. So, between them. They've got loads of kids. And prior to this and prior to me getting the girls, she had her oldest boys taken off her for neglect. Now the reason we're having FGC is for unsupervised contact for their daughter who is with me.'

These grandmothers identified themselves as protective factors in their grandchildren's lives. As Sege and Linkenbach (2014) and Bellis et al. (2014; 2017) suggested, they felt they were best placed to mitigate the damaging consequences of the abuse the children were exposed to through nurturing in a familiar environment rather than a state funded family home.

Some families struggled with communication and coordination regarding family time

following the separation of the parents. Parents and SGOs felt that a meeting between the families would help facilitate this process. Family 14 (Paternal Aunt) described the issues that preceded the FGC. On the paternal side of the family, *'We felt like we were kind of having to do a lot of running around, and it was getting a bit stressful on our part because it was always like our side, which was a little bit frustrating because we were trying to push the contact. But then we were having to cancel our arrangements in our lives to make sure that the contact was happening.'*

Similarly, some meetings were called because the child's parents were not in communication due to marital or family conflict, separation or divorce; Family 14 (Paternal Aunt) recalled that family time issues could not be resolved between the parents due to *'quite volatile meetings between mam and dad. So, there was a lot of allegations made when they parted ways. Which nobody will ever know what's true and what's not.'* Family 12 could not resolve their issues due to conflict between the mother and the father concerning the father's new partner:

'After we separated, he'd met another partner. And that's where the problems had arose. He's now not with that partner. So, it had resolved anyway. But I think, had he still been with her, we would definitely have needed the service.'

Finally, some of the families mentioned the impact of the Covid-19 pandemic on their issues. Family members felt that the pandemic unavoidably disrupted family time arrangements. The SGO in Family 13 felt that her son was forced to settle for reduced family time with his child, claiming, *'we had the contact in the August obviously with Covid and everything we couldn't have as much contact*

as we normally would.' The paternal aunt from Family 10 who had SGO status that she had to make changes to family time arrangements for the child's parents:

'With the pandemic and the lockdowns as well. I wasn't comfortable - they were saying to me that the family access could still go ahead, and I wasn't too comfortable with doing that, so I asked for them to be stopped and to be done over FaceTime.'

A common and challenging responsibility that special guardians navigate in their duties is family time (Hunt et al., 2010; Wade et al., 2014). Such discussions with interviewees support the primary reason for local authorities to take children into state care is 'family dysfunction.' In 2020, family dysfunction was the main 'category of need' under which 37% of looked after children in Sunderland were taken into state care (ONS, 2020b). It follows that intervening in such dysfunction, even though it may not appear as harmful as other adversities, such as child abuse and substance misuse, could reach families who are at a considerable risk of losing their children to state care.

Criminal offences of partners

Other interviewees were concerned that their children were in an unsafe environment due to the actions of a parent, new partner, or ex-partner. For example, the adverse situation for the child or children as described by the Family 10 kinship carer, who was asked to care for the child because the mother had a relationship with a known sex offender: *'That was around protection from a sex offender because the child's mum had a relationship with a sex offender. There were suspicions he was the father of the child, but that was denied.'*

Similarly, the mother in Family 12 had concerns

about her ex-partner's family time with the children, describing the possibility that her ex-partner's new partner could bring somebody dangerous into the household:

'I had some concerns about safeguarding with regards to the new partner because she had an ex-partner who was in jail for domestic violence, and he tried to kill her. I was concerned that he was going to turn back up, 'cause she had a child with him, so he had reason to come back on the scene. And when I Googled it, this all came up, and he'd been classified as a medium risk to the public and that kind of thing. And the attack was really quite bad. And I'd been told that he was in jail and wouldn't pose a risk.'

While family members sometimes referred to parental criminal activity as a reason they became involved with children's services and accessed FGC, there is no possibility within the time frame to establish whether this did lead to certain outcomes for the children who were exposed to this activity, as suggested by Dallaire and Wilson (2010). However, family members' concerns regarding this exposure is justified in the literature due to its propensity to increase the risk of harmful outcomes for the child

Shame and involvement of children's services

A range of adversities was experienced by the parents of the children who were involved with children's services. The findings suggest a critical factor, 'shame', can be a barrier to seeking support, and this co-exists with adversities experienced by the parents. The primary feeling parents expressed when needing or getting mandated support from children's services was shame or embarrassment. Another clear barrier was the

interviewees' perceptions of social workers and children's services involvement. While accounts of shame and stigma around children's services were not always overlapping, participants often made links between the two. Of the 25 participants, eight directly referenced 'shame' or 'embarrassment' when referring to barriers to seeking support earlier. They often linked these feelings to children's services involvement:

'I think it was just me. Because I'm a very private person and I don't like the whole world to know like, my business, and I felt a bit ashamed of it all. 'I know a few people who have had social involvement, and they say to me it's just wrong, it's not a good thing to like, have... And I felt the same way, and I think sometimes if it can be avoided with social services, you do tend to like try to avoid being with them because I find sometimes when you get them, you're stuck with them for ages, and it can really bring down a family.'
    - (Mother, Family 1)

and

'It depends like if children's services are going to be okay with you, and like not put you down. But I felt like I couldn't open up to some social workers because they put you down before even finding out everything. I could name the social work-ers that have been a good support for me. I've had the support of the previous three social workers. They were like down to earth; they get your side of the story. But like office social workers, I haven't.'
    - (Mother, Family 11)

This sense of shame was sometimes linked to the prospect of children's services involvement. *'The fact that I had a social worker, the reasons behind the social worker being involved and everything, and it really did just like. I didn't*

want anybody to know' (Family 1).

These findings echo those of Zellmer and Anderson-Meger (2011) and Kagan, Itzick and Tal-Katz (2017), that shame was a factor in the parents not seeking support from children's services with the difficulties in their households. The suggestion that parents/caregivers felt 'put down' by social workers is also reflected in literature which has found that feelings of shame brought on by social worker attitudes is a barrier to seeking support (Kissane, 2003). An explanation for these views could be that some social workers are new to the profession, require additional training on the impact of adversities across the life course or inexperience.

Sometimes, shame was linked to expectations of judgement from family members rather than social workers. Some of the extended family members of Family 2 also talked about how the mother felt shame *'She's kept a lot of it secret, she was ashamed of it, and it's nothing to be ashamed of'* (Maternal Grandmother). A similar sentiment was shared by the paternal grandfather in Family 1, who felt he knew his daughter would not have disclosed difficulties they were having and did not open up until after the FGC. *'She wouldn't have said anything, neither would her partner, during the meeting, about their finances. They were too embarrassed about it; it wasn't until afterwards.'* As Gulliver, Griffiths and Christensen (2010) found, some of the extended family members suggested that shame led caregivers and parents not to seek support, believing and hoping they would be able to handle their difficulties independently of others.

Several participants reported that it was the stigma around involvement with children's

services and actual experiences with these services that acted as a barrier to support. The Family 3 paternal grandmother (SGO) shared, *'It was a case of it was more like an 'us' and 'them.' And there was no sort of like common ground if you understand what I mean, there was always like a little bit of tension.'* Some mothers held the view that if social workers became involved with the family, they would remove the children:

'You have to do what's right by the child. Don't get me wrong, but then you can't threaten the mum. Like do this I will be taking your child, and now you're going to have that playing on your mind, and you are going to be scared, in case you do not mess up, and if I don't really want to ask for help because they will take the children.'
    - (Mother, Family 13)

Such perceptions have been noted in previous studies of social work involvement with families across society. Additionally, not being believed was a barrier to seeking support from children's services and linked to concerns about having children removed from the parent's care – something that has been particularly noted by parents living with child-parent violence or abuse. This also applied to grandparents with SGOs:

'Are they going to be taken into care, or you know, will you see them again? And it's the same when you are a kinship carer, when you are struggling and having bad times, well, you're not coping because you're not this, you're not that.'
    - (Paternal Grandmother (SGO), Family 13)

These findings correspond to those of Vogel et al. (2007), Lally et al. (2013) and Kagan and Itzick (2020), in that the stigma of having

children's services involved with the family was a barrier to seeking support. This was noted by the father in Family 9, when his partner became pregnant following having older children taken into care due to domestic abuse in the household previously: *'I was fuming and being honest 'cause I never had the social involved in all my life. I've never had social workers involved.'* However, since becoming engaged with the social worker, his views changed: *'We've been working with her, and she's been working with us. It's just been perfect, spot on all the way.'* In the study, the openness of fathers to support-seeking varied from wanting to open up about their mental health difficulties, as found by Mackenzie, Gekoski and Knox (2006) and Kagan and Zychlinski (2016), to feeling anger at their engagement with the family.

The evidence from this study suggests fear as a factor in why mothers don't seek support from children's services. For some, the fear was that social workers would remove their children from their care; this was particularly true for those who had previous experience with their older children. Other factors included feeling worried about their appearance, which they felt social workers would judge.

Engaging with Family Group Conferencing

A variety of factors influenced the extent to which participants bought into the FGC approach. The coordinator was reported as a key factor in familiarising the participants with FGC. Feedback regarding the coordinator was mainly positive, mentioning their comforting presence before the conference and non-invasive approach during the conference. Participants also shared how their feelings about engaging with FGC improved as they learned more about the approach.

The role of the coordinator

The interview evidence suggests that the FGC coordinator played a crucial role in explaining the approach to families and children to encourage them to engage in the intervention. While families were most commonly introduced to FGC through children's services workers, one interviewee remarked, *'they couldn't give us as much information as the coordinator.'*

The mother from Family 1 praised how the coordinator also addressed her children when they came to their house and gave them information about FGC. She remarked that she 'didn't properly understand' when FGC was first mentioned to her, but that it made 'a lot more sense' once the coordinator had visited and that had changed her mind about participating.

'So obviously when she came out and gave us loads of information, I mean she was here for a good hour and a half just talking through everything. She was absolutely brilliant. She was really good. She chatted with the kids, even like the two middle kids who are in primary school. She spoke with them. It was only really
the two youngest ones that she didn't really have to interact with.'

and

'The lady who did the Family Group Conferencing came out prior to the house and met them in the garden and told them what it would be about and that they could bring some things along. So that kind of put them at ease as well.'

In Family 2, the maternal grandmother clarified that the same coordinator *'liaised with all the people that were going to be at the meeting.'* Likewise, the father in Family 7 recalled the coordinator contacting his family members, remarking, *'it took me away from having to ask people',* while the mother in Family 8 confirmed this, explaining:

'The coordinator came out and went through forms and stuff and just talked to us, and we spoke a bit on the phone and stuff, and I know I passed on phone numbers, and she also rang them, obviously just to reassure them what it was about, and that it was nothing to worry about, it was all for like a good thing. And they'd all come together and kind of listen to what was going on, and kind of find a solution to what was going on.'

Some of the family members felt that the coordinator was also a comforting presence. The mother from Family 12 felt, 'having that person come to check-in, and having that bit of interaction, especially during Covid, *'cause it's very isolating. And when you're a single parent, you're kind of on your own, so for me, that was very important.'* A view shared by Family 3 (SGO, sibling), who praised the coordinator's attempts to make them feel safe and comfortable:

'The lady who organised it, she was absolutely amazing, she's such a lovely

woman. She came to my house to say what would be happening and stuff like that. And y'know when you say like you've known somebody for ages, but you've literally just met them, she made us feel so at ease.'

In general, it seems that having a coordinator to go to the family home and explain the process to the parents, SGOs and children supported their decision to take part. Furthermore, the onus was taken off the parents and caregivers to contact the family members and friends to explain what FGC was about and how it could help the family. Participants also appreciated the informality of the conversations, a key component of Featherstone and Broadhurst's (2003) definition of an effective and non-stigmatising social service.

A member of a different family also recalled that the coordinator helped the family narrow their focus before the meeting:

'She spoke to us beforehand and stuff, and told us what the key points were, what the conversation was about. What we were there to discuss, so we knew not to go off-topic.'
       - (Mother, Family 8)

Further impacts of the Covid-19 pandemic were also made clear to the participants by the coordinator. One paternal grandmother (SGO) from Family 5 recounted an explanation from the coordinator: *'It would be done slightly different. In normal times, you would sit down with tea and coffee and things, we couldn't do that.'*

The notion that the coordinator should be 'independent' (Barnardo's, 2002, p.7) wasn't commented on by the participants' responses. Rather than reporting that involvement from

the coordinator was independent, they tended to say that the coordinator left most of the decision-making up to the families and refrained from involving themselves if possible, corresponding with Mitchell's (2018) recommendations. The Together for Children (2021a; 2021b) online guidance for children and families on the FGC approach needs to make it explicit that the coordinator role is independent of the children's services team.

Initial thoughts about taking part

Overall, it was predominantly the grandparents who immediately bought into the FGC approach, particularly those with SGO status. The reason SGOs were keen to engage could be due to findings by Wade et al. (2014), that they are often offered infrequent support post-placement. One described it as: *'It just sounded like such a brilliant idea'* (Paternal Grandmother (Initial thoughts about taking part

Overall, it was predominantly the grandparents who immediately bought into the FGC approach, particularly those with SGO status. The reason SGOs were keen to engage could be due to findings by Wade et al. (2014), that they are often offered infrequent support post-placement. One described it as: *'It just sounded like such a brilliant idea'* (Paternal Grandmother SGO), Family 3). The paternal grandmother (SGO) from Family 5 believed that together they should find solutions: *'We always had our grandchild in mind. You know, whatever the feelings, we wanted to put that aside for them so that if there was any problems, we could iron them out, and it would be in a safe environment.'* One mother (Family 13) whose partner's mother had an SGO felt happy about the intervention, as she thought it would avoid the need for court proceedings: *'I was really happy. I thought we was gonna arrange things*

so it could stay out of court and get things back to like family, really. But that didn't happen.'

The maternal grandfather from Family 1 was keen to support their daughter and grandchildren to remain living together. *'Basically, it was about the kids to make sure they were well. I looked at it as if there's anything that needs to be done; if I can do it, I'll do it to help them, so my attitude was it was a good thing to do. I was quite happy to go ahead.'* He also felt influential in the parents of the children agreeing to take part, saying: *'This is being done to help you, not to hinder you. And eventually, they both got to realise that, you know, this was done to help them. Not against them.'*

A few grandparents had concerns about their grandchildren taking part due to the belief that there would be tension due to broken relationships: *'We were all very worried about her being there. We didn't want her to see, but then I said to my daughter, she's seen and heard awful things anyway'* (Maternal Grandmother, Family 2). Other comments from grandparents reflected concerns about relationships between the families:

'When they split up and fell out, it was a bit acrimonious between them two, which caused bad feeling. My son was phoning, texting, he was trying to get contact and she just wouldn't allow it. So there's a lot of people, especially on my side of the family, who wouldn't give her the time of day.'
  - (Paternal Grandmother (SGO), Family 5)

and

'I have with my son a sort of love-hate relationship. One minute everything is all great. If we disagree on something, it can turn nasty quite quickly, so having the FGC, I initially thought it was going to be either a hit or miss. It's either going to be fine and work, or it's going to be just a place where we all signed off basically.'
  - (Paternal Grandmother (SGO), Family 13)

Tensions between maternal and paternal sides of the family were also flagged as a concern by a mother. She said that the families remained acrimonious and felt the meeting would be a good opportunity to discuss allegations of child abuse. For this family, despite attempts by social workers, the FGC was unable to go ahead.

Initial feelings of taking part in FGC reflected findings from other research. Family members' beliefs that a meeting between family members who had previously hostile attitudes toward one another could be dangerous, are represented in prior literature on FGC (Barnsdale and Walker, 2007). The reasons families have ongoing issues for agreeing family time may be due to changes to legal aid, limiting those who qualify for support (Child Law Advice, 2021). While mediation services up to the value of £500 can be free for those eligible in the UK, no participants mentioned that they had accessed these initiatives.

The mother from Family 12 had participated in two FGCs for different children. She felt the FGCs differed in that, she believed her first participation was unsuccessful for her oldest children from a previous relationship: *'At first, I wasn't so sure on it. The way that was planned, that never like, went the way it was planned just because of me other three children's dad.'* One paternal aunt (SGO) from Family 10 described being 'sceptical at first' but decided to support the process, for the sake

of the child, who she had an SGO order for since his birth. *'I just thought. It wouldn't work. We wouldn't get anywhere with it.'* A maternal grandmother (SGO) from Family 11 was also not sure FGC would help her daughter: *'Me thoughts were, can they help her? Are they like the social workers that she's had before? That will not help her, but say they are going to help her, but they dinnit. I was unsure at first.'* These reservations about children's services involvement led to some participants being hesitant to engage with FGC, a sentiment frequently reflected in literature on other support services (Dale, 2004; Dumbrill, 2006; Buckley, Carr and Whelan, 2011).

Some mothers were nervous about taking part, as they were unsure what to expect during the meeting. The mother from Family 6 explained: *'Because I wasn't expecting, like, I was expecting loads of people sitting on like tables and stuff, but it was all a bit relaxed and calm.'* The mother in Family 1 initially declined to be involved in the FGC for multiple reasons. First, she felt that her case with children's services had been going on for so long that it would not benefit the children. Second, she was concerned about her children being introduced to more people and was worried about how she would be protected from Covid-19: *'I think we've got it quite hard because we got this right at the start of the first lockdown. So obviously, it was like can we keep this the two-meter distances? Make sure people aren't doing this, people aren't doing that, and it was doable.'* Once she met the coordinator, her guidance led her to change her mind.

Other extended family members described feeling anxious about taking part:

'I think we were all anxious. The four of us were anxious and because the rela-tionship with my daughter's family and ex-partner was structured on the daughter basically, which is how we got to this path. I think we were all anxious, and then we were all relieved when it went quite well.'

- (Maternal Grandmother, Family 2).

and

'At first, like, to be honest, I really am nervous at things like this. But when it was support for things to help the mum and help the child and stuff like that, and even to support the SGO, who's the paternal grandmother, and her husband, and things like that, I thought I'd literally do anything for them, so there was no hesitation in taking part.'

- (Paternal Grandmother's sibling, Family 3)

This account from the grandparent with SGO's sibling highlights the support that FGC can offer to special guardians, as well as the parent who does not currently have custody of the child. Practical support for SGO guardians targets the largest 'indicators of strain' which, according to Wade et al. (2014) are: the lack of breaks and leisure time, and resulting tiredness brought about by special guardianship duties.

One father, from Family 9, was concerned there would be disagreements in the meeting: *'I was a little nervous at first. I was thinking like, that it's all going to like, kick off or something. Somebody's going to say like something that somebody else doesn't like, and it's just you know like that. But it went really well, to be honest.'* He wanted to have the FGC to support the children and his difficulties with his mental health.

However, the mother from Family 15 wanted to move forward with family time. *'I just wanted*

everything to be done so my kids could see their dad.' Other worrying tensions existed about whether FGC would be another failed attempt to get support for the family:

'At first, because of the services that'd been involved before, I was a little bit worried that I wasn't gonna get to where I need to be if y' know what I mean? I wasn't gonna achieve what we need for our family. But the social workers, they have actually listened to our concerns and our needs.'
     - (Mother, Family 4)

FGC was on hold for Family 4, as the child decided she no longer wanted family time her father. Some grandparents were concerned about their daughters taking part following their experiences of domestic violence, and coming face-to-face with the perpetrator.

Overall, participants in the approach were hoping for resolutions to ongoing problems that were impacting on the well-being of their children, as noted during one interview:

'Things weren't getting resolved, and it was just like, just wasn't working. We could never kind of resolve anything. And it was a case of just goin' backwards and forwards, and it was getting nowhere in a hurry. So, it was me that prompted it, and I was all for it, kind of thing.'
     - (Mother, Family 8)

and

'To be honest, I thought it was good be-cause everything started getting said out in the open, and there's no sort of 'he said she said' kind of thing or something like that.'
     - (Maternal Grandmother, Family 8)

Positive initial thoughts stemmed from an empathetic and non-hostile environment, an essential factor highlighted by Ghaffar, Manby and Race (2012) regarding partnerships between parents and social workers.

The conference

Participants' answers were categorised into three themes when responding to questions about the conference. 1) They reported that the process empowered them and their families in the decision-making process. 2) They found solutions to the difficulties that initially led them to FGC approach, and 3) working together with other family members and focusing on clear communication between influential figures in the family support network was vital to produce a plan.

Feeling empowered

During the interviews, three families talked about how the family group conference helped children to feel a sense of empowerment, including: *'My older two kids actually came to the conference with us and had their input. I thought it was really good, 'cause obviously they're older so they could have their own say'* (Family 1, Mother). She clarified further, noting:

'Even though they knew everybody in the room, and they were quite shy about it. But then obviously when people were talking and like I said, my sister is quite hands-on when it comes to things, and she was just like, well, what do you think? What did you want to happen, so she involved them in the conversation, so they got to like, have their say.'

Although her two children were quiet to begin with, they became increasingly confident as the FGC went on. There was a sense from Family 1 members that the presence and voice of the child at the meeting was important:

'They know their selves what needs to be done when it needs to be done and things'

and

'I wanted the children to come along, 'cause I felt you know it's about them and their voices need to be heard.'

The maternal grandfather for Family 1 appreciated during the FGC they could directly ask children their thoughts on matters that affected them:

'... "Do you think you could do that? Would that be alright? Can you do that?" The social workers asked them about like, you know, would you mind going and living with your grandparents for a while or your auntie, and they said, "no, we don't mind because we know we're going to go back to mam and dad and in the end" and it was good.'

He felt the children's main fear during the meeting was *'being taken away and put into care. But once we explained it to them, it will be a case that you will come and stay with family, and you'll still see your mam and dad and siblings. So, it got them more involved, because then they started to say things what they thought could help.'* The comments regarding the involvement of the children in the FGC suggest the importance of children's wishes being heard when determining the action needed to protect them. The due regard to the child's wishes is mandated in the Children Act 1989.

However, many family members raised concerns about children being invited to attend the meeting. The reasons concerned their exposure to adversities in the family home, their young age, or lack of confidence in sharing their views. The maternal grandmother from Family 2 expressed that her grandchild was powerless in many aspects of her life. *'I*

still think she feels powerless in lots of ways and in lots of ways she is. But the good thing is that it's all out in the open.' Grandmother (SGO, Family 13) described how the FGC became heated, and the social worker intervened to calm the situation, saying, *'do you think we should be discussing this in front her? And I'd completely forgotten she was there. You know when you're sort of like trying to sort things out.'* She felt that there should have been an adult-only meeting and a separate one organised for the children to attend when solutions to some of the issues were resolved, because *'she doesn't need to see her nanny, who's a main caregiver, and her mummy and daddy at loggerheads with each other. She doesn't need to see that.'*

The guide to the FGC service for children (TfC, 2021a) and families (TfC, 2021b) was clear that it is the role of the coordinator to do their best to ensure the participants remain regulated, without raised voices. An issue is that the families reported being given time alone to write the plan, meaning the coordinator would not know that tensions increased. However, most families expressed surprise that during the FGC the presence of children meant that the families remained calmer than normal, suggesting that there is an awareness of the child's presence during the meeting.

The recollections of family members relating to children's experiences during the FGC were varied. The parental aunt in Family 14 suggested the children weren't interested and disengaged: *'When we were putting the plans together, we were trying to get them to look at them, but they just weren't bothered. They did do a timetable beforehand of when they want to see who. But other than that, they just shrugged their shoulders, coloured their pictures.'* Conversely, other families felt the

experience was *'positive, it was positive for all.'* Some participants shared that their children seemed overwhelmed by the FGC and were unable to stay for the duration of the meeting:

'I mean, even before her mum and dad split up, she's quite a shy and quiet little girl, well she's not little, she's big for her age. She looks a lot older, and with what she's seen and heard, it's made her older, if you know what I mean. Though she was quite a shy little thing, we knew she wouldn't want to talk about things, so she did get a bit upset, but she came back in, and it was fine.'
- (Maternal Grandmother, Family 2)

Several mothers agreed that allowing their child to attend the FGC would be too much for them to cope with, including: *'I wouldn't send me oldest, she could have been there, but I said no, 'cause it would've been too much for her'*, and *'I think that conversation should be kept as adult conversation. Especially when we're arguing over the fact that we disagree on her placement. She shouldn't really be hearing any of that.'*
The mother in Family 12 described how the breakdown of her relationship and the introduction of a new partner left her daughter *'in a pretty poor state of mind.'* She added that it was through the FGC that her children were able to share their worries with their father:

'I just sat and let them speak. I think that's when the turnaround kind of came, because he knew it wasn't me and what I wanted; it was what they wanted, 'cause they were then able, to be honest, and feel safe enough to say, "Dad, we're not sure about her, we don't like going there," and the little one said he just went for his sister because she didn't wanna be on her own.'

In most families, the children did not attend the conference. The participants provided various reasons as to why this was, including an emphasis on protecting the children, which Barnsdale and Walker (2007) highlight as a limitation to child agency in key family decision-making. It is understandable why some children don't want to attend meetings that will include family members who are in conflict and where there are child protection concerns. This does not mean these children should not have their views heard but that they should be facilitated to express their thoughts about decisions that affect them.

Alternatively, Family 13 (Paternal Grandmother, SGO) felt that FGC was a good opportunity for his two teenage grandchildren to share their views on what they wanted. Their father was seeking family time with their younger sibling but not them. She described the time it took to convince them to attend the FGC due to their father not turning up for family time in the past; he said they attended but left following a remark from a social worker:

'The almost first words out of social worker's mouth were, "I don't see if there's any point in them being there because they're just going to get bored", so my eldest granddaughter, who is 15, her hackles were straight up. "Well, here we go, pushed to the side again. I'm off, I'm going to my friend's," I said, "Just wait a minute", she said, "No, I'm going to my friend's", and I thought: that's what she wants to do, go for it. The middle one, who's 13 she said I'm going to my room.'

This grandmother felt that the comment made them feel unimportant and under-valued: *'I said, you know, you've made them feel like... she said "that wasn't my intention. I just thought they'd be bored there", but it's how the girls are perceiving it. Their dad's fighting for their little sister, but he's not fighting for them.'* The children in this example were dealing with the rejection from their father, who was only seeking family time with their younger sibling. Given the circumstances, this was an extremely sensitive situation that needed careful consideration and planning. It may have been the case that alternative ways of capturing and sharing their voices could have led to them feeling heard.

There was a general consensus that some children are too young to benefit from attending FGC *'because they wouldn't have understood what it was about.'* While this may be pertinent for younger children, it is still important to gather these children's views around contact and access by different family members before decisions are made on their behalf, which was felt by some families:

'We did a wall of photographs, so everybody knew exactly what this was about. This was about her. This was not about anybody else, so we all brought a photo, so we ended up with a wall full of photographs. She wasn't physically at the meeting, but you do feel like she was involved.'
   - (Family 3, SGO – granddaughter was pre-school age).

Another grandmother, who saw value in having a young child at the meeting, felt it was appropriate because there were toys for her to play with during the meeting. It was generally agreed for older children that it was more relevant for them to be there in person and participate: *'Everybody had a lot to answer, and I think involving the kids, especially the older ones, who are of teenage age, was important. Because getting their perspective about what was going to happen. It's very important because, at the end of the day, it's*

their lives' (Maternal Grandfather, Family 1). These examples provide positive examples of how children can be involved in the FGC, to remind those present of the purpose of the meeting.

Family 4 postponed their FGC, as the child had decided to no longer have family time with her father. Her mother felt that in the future, FGC will play a significant role in addressing the difficulties in the relationship between her daughter and the daughter's father: *'I think it'll help as well for my daughter to have her say and tell them [and] her dad face-to-face what she really wants and what she needs from him. For her to feel safe in his company, and in his care. So, I do think it will help; it's just like I say at the minute because it's all on hold.'*

In some cases, the interviewees recalled that the children of the family did attend but were able to articulate how the adversities were affecting their wellbeing. Muench, Diaz and Wright (2017) identify that allowing children to share difficulties is one of the ways that children's best interests can be promoted in families experiencing adversity.

For the adults, the theme of empowerment reflects the benefits of attending the family group conference, both for the parents and caregivers at the centre of the conference, and for extended family members. Interviewees articulated how the conference helped them feel more in control of their lives or how certain conditions in the conference may have detracted from these potential benefits.

Extended family members tended to speak in terms of how the conference helped empower the child's guardians rather than themselves. However, there were some exceptions. For example, one of the grandmothers suggested

that they felt empowered as a supportive figure during the conference:

'I was very much sort of almost like a teacher standing at the top with the Mam, and I was, you know, kept encouraging them to say if you got something to say, come on, say it, we're here.'
- (Paternal Grandmother (SGO), Family 5)

Extended family members sometimes identified ways in which they were empowered through the FGC. A grandmother claimed that although the outcome of the FGC was not what they had hoped, it had *'helped rebuild my confidence.'* Another SGO recalled that the meeting allowed one of her daughter's social workers to observe how her partner was controlling her:

'In the meeting, it was noticed how much, like on the timetable, like when to see the kids and that, they noticed how much he told her. He took the timetable, and he wrote down. It was all his way, and she was like very quiet. So, it was interesting them picking up on that. They don't miss a thing, which is brilliant.'
- (Maternal Grandmother, Family 6)

A grandmother in Family 8 described a comparable situation in which her daughter did not feel she could ask for support. The grandmother stated, *'she would get upset if she had to ask for help when she really shouldn't have to. Sometimes she didn't want to ask for help either, which can cause a lot of problems.'* A grandmother in Family 3 suggested that her daughter had been empowered by being given the opportunity and encouragement to trust her family and ask for support when she needed it:

'She actually said how she was feeling, and she actually opened up and said, "you know, I didn't actually realise that I had all

this. It's the first time I've had all this and knowing that people have been there for us and, like, I trust yous all and I know that all of you love my child".'

Regarding their experiences of empowerment, parents were often complimentary of how FGC gave them greater control over the actions to be taken concerning their adversities at the time. One mother (SGO, Family 11) shared that she preferred the FGC support to earlier support she had received from children's services, explaining, *'they like just like step back and let you do the plan instead of like, them doing the plan, whereas with the social worker, it's different; they do the plan and then you've got to basically stick with that plan. But the conference, you like do it yourself.'* Families also remarked on their preference for family support rather than social worker support, aligning with Gulliver, Griffiths and Christensen's (2010) findings that families prefer to handle difficult situations themselves.

The mother from Family 9 compared her feelings about life before and after FGC, including the implementation of the FGC plan. She felt:

'At that point, I had no money. I was living with me parents. He wouldn't give us any money; he was really nasty and aggressive towards everything in life really. And I've moved myself to this point where I'm in control of my own life, you know, and I'm more independent, and things have worked out a lot better.'

Some also felt that the conference provided an environment where they were given the power to express their opinions and feelings, which they did not always feel was the case in their home environments:

'I felt more at ease; I felt as if we all had the same amount of control, we all had our own say. We all had our own input and our bits to say, and it was spoken about, and it was dealt with. Outside of that, it's just talking to someone, and they're talking over the top of you, and they're not willing to listen, they don't want to listen, that's what it felt like. But if they actually sat down and listened, they would be like, oh, what I was saying, wasn't that unreasonable.'
  - (Mother, Family 8)

Some participants felt that there were obstacles to their empowerment. For instance, the mother from Family 12 thought that she could not express her views and take control of her situation through FGC due to the involvement of her father-in-law. When asked whether she felt a sense of empowerment, she responded: *'Not when my mother in law's husband is there. He's very abrupt, very rude. When it's just her [mother-in-law], I can have a conversation with her, but he just shuts me down.'*

Empowerment was singled-out from other outcomes, as it is the main aim of the FGC approach. Participants tended to identify parental empowerment, a central objective of the FGC (Dijkstra et al., 2019), as an outcome of the conference. Corresponding to research by Aspen (2005), many families claimed that they were more engaged with the FGC approach than prior children's services interventions due to the agency given to them through the meeting, allowing them, rather than a social worker, to take the lead in the decision-making.

Finding solutions

To find solutions to the issues within the families, participants shared that they had explored a diverse range of questions. The

most common questions are: keeping children and parents safe, negotiating family time, safe places for the child, practical solutions and working together/communicating.

Keeping children and parents safe

Most FGC plans focused on child safeguarding. One grandmother felt that *'the only thing what we wanted like, was about the children, keeping them safe.'* Some of the children were in dangerous environments or environments that were at risk of becoming dangerous. One maternal grandmother spoke about a plan they discussed in their FGC, in which they used a WhatsApp group to *'liaise if we thought our granddaughter was at risk.'* Another extended family member explained how part of their plan was for family members to vocalise concerns they had about the safety of the child's environment:

'For example, me aunty, she's straightforward, and she'll tell me if I'm doing anything wrong and she would tell ya straight to yer face and, like, in front of the social. So, it is good to have like, your family there, so you know like if you're doing anything wrong.'

Some participants felt that the FGC provided the necessary transparency to address concerns and find solutions to child protection issues. In one conference, children could articulate their concerns to their father, who consequently changed his life to safeguard his children. The children's mother from Family 14 elaborated:

'His new partner was sending these messages and saying things to the children. But it was always when he wasn't there, and then it wasn't until he'd kind of separated from her that the little one, the eldest, had said I'm really glad because

she said this to me, and he was really shocked. And at that point, he was thinking about going back into the relationship, but once he'd heard that, he said, no, that's not right. I don't want that around us. So, she finally thought: he's listened, you know, it really helped.'

During the FGC, many of the participants reported finding solutions that focused on keeping the parents safe. A few grandparents with SGOs shared that the questions explored during the FGC were centred around keeping their daughters safe due to their history of substance misuse: *'The questions were just basically around keeping parents safe, due to their ongoing dependency on alcohol and drugs, meaning neither could be responsible for the children.'* Another grandparent (Family 6) described how they found solutions as to who would intervene if their parents wanted a drink or there were arguments in the households: *'if mam and dad were feeling stressed or anxious, or like were struggling, let us know.'* The mother of Family 9, who had supervised family time, felt the FGC was useful discussing the support that she and her partner needed to prevent her from drinking: *'if we needed anything, would they support us All of that really, and like if I had a relapse, how would they know that I had relapsed?'* Similarly, the father from this family described, *'we found a canny few solutions to the problems, basically the alcohol, and second thing was like the violence and partners past and stuff like that.'*

A father's sister expressed that the family solutions focused on supporting her brother with mental ill-health: *'For him. And for his mental health, because he did try to take and overdose during the court proceedings. So it was, who would be the support, and*

who would spot the signs for his mental health because they can just tell by how he is personally and everything.'

The findings indicate that the families were able to create a plan that protected children and acted as an alert system for parents who were experiencing adversities. It is encouraging that solutions can be found within families through the use of technology, opening communication and flagging early concerns.

Negotiating family time

The plans also addressed the logistics and arrangements for family time. On numerous occasions, one of the parents desired an increase in family time with their child and sometimes faced practical difficulties or disputes with the primary caregiver. A paternal grandmother (Family 5) who was caring for her grandchildren recalled how they discussed the family time arrangements in the FGC:

'The plan was about how we'd move forward with contact for mam and dad, and what the rules were going to be. It was always explained to us as well that it had to fit in with us. It was no good trying to do too much and then, later down the line, realising: oh no, this is a problem, you know? So, I said I could do once a fortnight supervised access for the parents. And that's been achieved.'
        - (Paternal Grandmother, SGO, Family 5)

The mother in Family 13, who did not have family time with her child, described that the FGC helped her family make a plan to support access: *'They agreed that they would support me with my contact and that they would support dad's contact; we agreed on what days were best for sibling contact.'* Family time negotiations were helpful for parents, as they

allowed them to discuss finer details. From Family 15, the mother explained discussing *'how we were going to meet up, when are we going to meet up, what we are going to do, how long we're going to meet up for.'* One paternal grandmother (SGO, Family 13), who also had guardianship over her grandchildren, emphasised that their plan for family time had various steps and that they would review their plan at certain intervals:

'What we agreed at the meeting was that depending on how this contact went, that we'd just had over the May bank holiday, I would look to maybe letting the parents have her for an hour on our next one, which is due in August, and then seeing how that went.'

The mother from Family 15 recounted:

'We agreed it would be just once a month because it is quite far away that it would be a person from his family and a person from mine. I put my sister-in-law forward. The social worker agreed to it all.'

However, she did not get all the family time she wanted agreed:

'My mother-in-law just wouldn't agree on what we asked for, and there was no room for improvement. We just wanted her unsupervised over the holidays and she refused all of that.'

The mother from Family 14, in a comparable scenario, lamented that she saw her child less often than was agreed in the FGC plan, stating *'things haven't stuck to what was arranged.'* Another grandmother felt that the discussions surrounding family time were 'one-sided.' While one of the participants said that she 'appreciated' using a WhatsApp group, she felt that there was still 'confusion' regarding how

it would help the family. In accordance with Thompson (2019), these findings show that SGOs want quality and reliable family time that is in the best interests of the child. The tensions arise when agreement cannot be reached on what form and frequency the family time should take.

There were instances in which the families were asked to create a plan that accounted for childcare if the parents were no longer able to care for the children. The maternal aunt of one of the children gave her account of such a plan:

'Some of the questions was: if assessments showed that it wasn't suitable for the children to live with either parent, could you essentially have the children live with you? And we all discussed how we could or couldn't. And we agreed to respect the parents' decision that they'd nominated the dad's mother. So that's what we did; we all agreed to respect that decision.'

The presence of extended family members at the FGC allowed families to consider logistics concerning providing a home for children at risk of being moved into care if they stayed with their parents. One of the maternal grandmothers described such a situation and how the FGC facilitated these discussions. They considered variables such as familiarity with each family member and age similarity between the at-risk children and children that were living with family members who could potentially care for them:

'Two children were coming to me and my partner. Two were going to go with my sister, but the two youngest were going to stay with my daughter because they would be too young to be taken away, and it would be too much of an upheaval, and we worked out where we could put them
all. We even got the room ready just in case the lads were coming to us. The boys would have done it anyway; they love coming over. The two eldest, they came over and stayed with my sister because her two girls are close age-wise.'

While these were not the only instances of families making plans to find care for at-risk children, other examples from the interviews overlapped with other safeguarding and parental mental/physical health issues.

Practical solutions

Not all practical solutions had to do with finding alternative guardians for children or organising family time. Sometimes, parents simply needed practical support with their caregiving duties. The mother in Family 8 has a life-limiting illness and described how the conference was crucial in planning care for her daughter in the event of her becoming hospitalised:

'We came to an agreement on steps that we were gonna do; it was mainly to do with my health when I was in and out of the hospital, and I just wasn't getting the support from her dad. I mean, like I say, I know it's only written down on paper, but it's like, we've got that plan there, in case, for them times where I end up in hospital or something.'

Her mother agreed the FGC was successful, as it raised the issue that: just because her daughter is out of hospital does not mean she can fully care for her daughter without support. *'The way it went. I think it was focused on my grandchild's support 'cause if mam's not well, then this has gotta happen. If mam comes out of the hospital, it doesn't mean she's better. She still needs a plan so we can go back to normal kind of thing, where sometimes it was getting a bit lost in translation.'*

Some of the parents simply needed help with duties such as transportation for their children. One of the grandmothers (Family 6) recalled that family members organised themselves to *'stick to their times on who would pick the kids up.'* The sister of the grandmother in Family 3 elaborated on the extent of practical support they provided to the parents:

'We did a rota thing to help. Who could do what? When the pandemic was over, taking the child to dancing and stuff like that, 'cause of her dance classes, dance things that she could get and stuff like that. How we would just be there to support each other.'

The process of finding solutions to the families' difficulties was approached differently by each family. Although FGC plans are used primarily to keep children safe (Marsh and Walsh, 2007) or resolve disputes and arrangements regarding who the child's primary guardian will be (Nurmatov, 2020), some family members were looking to find solutions to more straightforward practical problems. The solutions were not limited to the explicit FGC plan. In many cases, one of the most considerable benefits of the FGC was expanding the parents' support network, a component of FGC that aligns with Rodriguez and Tucker's (2015) study.

Working together and communicating

Within the theme of finding solutions, many of the participants reflected on the value of FGC in enabling the family to work together and communicate in ways they had not done previously.

The mother in Family 1 talked about how her sister took the lead in the meeting. *'She actually did it all and me and my partner were just basically told to leave them alone and let them like sort out the questions, and we knew what the questions were, but they delegated them amongst themselves.'* She felt this approach worked well as they had already discussed the social worker's questions before the meeting:

'I spoke with all the people who were in my plan; we spoke on like a group chat beforehand and we worked through things before we went in. Like this is what we will do. Who wants to do this type of thing? And it worked, and the plan's worked for us. We knew what we needed to do, and we had everything set in stone.'

While Pennell and Burford (2000) cite that the inclusion of service professionals in these family meetings can be beneficial, none were present for the families in this study. Instead, family members would take on responsibilities that corresponded with their skill sets. Her father recalled that his daughter's partner benefited from working with the family to find solutions, despite his initial reluctance:

'At the start of the conference, when we started talking about things, her partner was a little bit hostile towards it and I think it was because he thought he's the man in the house. Sometimes [he] needs outside influence, outside help, and that was what he needed. Eventually, we got it over to him by listening to what other people were saying and what they were saying they were going to do to help them, he started to mellow, and he changed.'

He added that before the meeting, they had not realised the extent of the financial difficulties affecting the relationship: *'they hadn't been telling everybody what was going on. They'd been keeping a brave face on and not saying anything. That's how they'd ended up in so much bother.'* A grandmother

described the importance of exploring difficult questions regarding the mother and her new partner, as her son was estranged from the family: *'Me daughter in law came out with a question that shocked us all a little bit. We'd never even thought about it, so it was good on reflection. She said, what would happen if they split up?'* They felt the question was important to discuss as a family, as the mother would not be able to care for the child on her own, *'it was a really good question because her partner straight away said "if I ever split up with her, it doesn't mean I want her son out of my life".'*

The father in Family 7 agreed that a benefit of FGC was everyone talking together to find solutions *'Everyone just talked through it and stuff like that. And everything got dealt with.'* In Family 9, FGC was the first time the paternal and maternal grandparents and parent's siblings had met: *'We had a laugh and a carry-on, and it was like we weren't strangers. We put things, and then we just got everybody's opinions on what they thought as well.'* (Father). A grandmother (SGO, Family 11) also described the importance of everyone in the FGC communicating well and having positive pre-existing relationships, *'I think that's had a lot to do with like how we feel against each other and working to express ourselves and we can talk and confide in each other and tell each other like how we feel.'* These findings are consistent with Gottlieb (1985), who found that social support is important in the sharing of advice and information.

Finally, a grandmother in Family 5 with SGO status talked about how the FGC was an opportunity to 'have a good talk and air feelings', which she hoped would make family time easier for the mother. She described the meeting as *'a step forward, the mam we included her, I said, "do you wanna come up and we'll do the whiteboard together", and so I think it broke the ice, and we started to talk, and it went well.'* This account demonstrates how FGC can be used to address one of the most prominent challenges for SGO guardians: the tensions and practical difficulties involved in organising family time for parents (Humphreys and Kiraly, 2011; Wade et al., 2014; Thomspon, 2019).

A grandmother in Family 6 had concerns about how well the families would communicate and work together during FGC, as she had just been designated SGO for her grandchildren. She was worried that there would be arguments due to the parent's dependence on street drugs, but the organisation of the conference meant any issues were de-escalated. *'It was brilliant. Because it was like all organised and that and people were there to make sure, if there were any arguments there was it didn't get to the stage where it'd get into a full-blown argument.'* She gave an example:

'The family friend had to say to him, "calm down" they said something, and I bit saying, "cannabis comes into it as well as the drinking; it's both of yous." Seeing him about to react, the family friend put their arm out and said, "look, don't bite, don't bite," I thought to meself she couldn't see what he was, none of them can. He just wants everything his own way. He basically spat the dummy out because he couldn't get anything his own way, and it did like end up with some arguments. Because he didn't see why he had to pay for the children, he will not work with no-body.'

Similarly, the mother in Family 8 described how any discussions between her and the child's father ended up in arguments before the conference. She felt that being in a neutral

venue with a coordinator keeping them on the topic supported calm discussions about who would look after their child if she was hospitalised with recurring illness. *'We just spoke about what we needed to speak about.'* She had already provided solutions to the issues on the form completed before the FGC due to her clear sense of what solutions needed to be documented on the plan: *'He is a good dad, but if I'm in the hospital and I can't be there to look after her, he's like "that's your responsibility, you need to sort it out, so you ask your mam." It was that sort of thing, but obviously, they couldn't be like that in that meeting.'*

She also expressed that the value of working together to agree on the plan meant *'there's no umm-ing or ahh-ing, you know, "well I can't do this I can't do that," because we've already got this plan, and we know what we've got to do. So, it's just a massive weight lifted.'*

Her mother agreed that they could not continue with the dispute over emergency care, and that the benefit of FGC was that it provided a forum where *'everybody's got the chance to speak. It was more open, and everybody could discuss what the issues were. To ensure it was documented, and it was in black and white, rather than just sort of the way it had been. It was more structured because you could see it, you know when it came out, and this is what somebody's going to do, this is what someone else is going to do.'*

Many comments related to how FGC allowed the family to collaborate with the social workers to find solutions to challenges:

'The coordinator read the plan; the social worker was impressed with it. Everybody who looked at that plan was all impressed with us. It was taken quite seriously, for

something so new to be taken so seriously; that was truly good like, truly amazing.'
- (Paternal Grandmother (SGO), Family 3)

The core tenet of FGC is that families are given the lead in finding solutions to their adversities and difficulties rather than following the lead of a social worker (Nurmatov et al., 2020). This was evidenced in the present findings by parents recognising that FGC helped them work through issues with their support network present, reducing conflict between them and their partners in front of their children, as found by Green et al. (2007) and Byrne et al. (2012).

Life now

Participants were asked various questions about how their lives had changed after FGC, not only for the parents and caregivers but also for the children and wider family. They compared the quality of their relationships with current partners, ex-partners, children, and other family members before and after FGC. Strengthened relationships between family members resulted in several types of support for the parents, which was ongoing and constantly available to them if they felt the need to ask for it. Those who had implemented their FGC plan discussed whether it had made a difference to their quality of life and resolved the adversities that prompted an FGC in the first place.

A closer family

While many of the families became closer, the families interviewed varied in degrees of closeness before the FGC and the extent to which they became closer throughout the FGC process. This differs from the findings of Pennell and Burford (2000) and Mitchell (2020), who reported that a range of research studies on FGC outcomes found only positive effects in bringing families closer together.
One of the mothers from Family 1 who participated in FGC explained how the support that she gained from FGC also allowed her family members to spend more time with her and her children:

'It's brought me and my mam and dad closer because now they're here once a week, not just seeing me and my part-ner, but obviously to see the kids as well, which is even better because obviously, we don't live on each other's doorsteps. But at the same time, it's brought me clos-er with my sister as well 'cause we're on

the phone now once a week, chatting and making sure everything is okay.'

Participants appreciated being able to see their family members interacting in a friendly environment. When one of the maternal grandmothers (Family 2) was asked whether she felt that the FGC brought her family closer together, she responded, *'it was wonderful to see the child's mum and dad talking with us, sitting in the middle, and no rows. It was worth it just for that.'* She also felt it was positive for the child to see this positive interaction during FGC: *'it was lovely to see her sitting there quite happy with her mam and dad talking to each other, not rowing.'* A grandfather (Family 1) shared a similar experience, stating that *'you could say it did bring the family a little closer together. I think it showed, especially to the children who were both there at the meeting, that we were there for them.'* One response from a grandmother suggested that FGC had allowed her to develop a relationship with family members with whom she was not close:

'The relationship I have with the mother and her partner, I think it's made it clear what I thought of them. But now, like the mother tells us that she loves us and never ever ever would I have seen the day for that. Like she's such a private person, and I never gave her the opportunity, so it's given her the opportunity that I never gave her in the first place.'
    - (Paternal Grandmother (SGO), Family 3)

Similarly, the grandmother's sister (Family 3) was adamant that FGC and the support it provided helped her bond with the child's mother:

'Well, we've always been a close family but it's brought like me and the mother

closer as well. 'cause I didn't really have much to do with her before all this happened. Like it's totally brought us all closer. I think the mother, once upon a time, maybe she wouldn't have asked us for anything, obviously, before what happened and stuff like that. But now, she knows that we're there for her. Any time'

> \- (Paternal Grandmother's sister, Family 3)

The findings support that segregation between paternal and maternal sides of a family can lead to a deficit in 'connection to extended family', a well-documented risk factor for child maltreatment and family adversity (Vinson, Baldry and Hargreaves, 1996; Freisthler et al., 2014a). For example, one paternal aunt claimed that the paternal and maternal sides of the family had not met since the christening of one of the family's children years earlier until they met again at the FGC. When family members were unfamiliar with each other, the FGC allowed these members to get to know one another. For example, the father from Family 9 recalled that:

'The mam's parents got to meet my dad and older sister, and my younger brother and my ex-partner got to meet them as well. So, they all got to meet each other. It's basically pulled me, my oldest sister, and my dad together. Because, well, basically, my dad, he wasn't part of my life until all this happened. So, it's pulled us together as well, so to be honest, we've got a stronger bond now compared to what it was like when I was younger. So, my younger brother comes round now whenever he feels like it. He's got his own thing going on and all that, so basically, we talk when we need to talk.'

These benefits illustrate the utility of FGC in expanding the support network of parents and caregivers through new family members being added to the networks and better communication (Pennel and Burford, 2000). The evidence from the participants in this study suggests families became closer because they spent time together in the FGC or due to support with childcare or practical tasks. This supports earlier research from Hostinar, Sullivan and Gunnar (2014) and Horan and Widom (2015), in that becoming close to one's support network is a protective factor against stresses in the household.

Ongoing support from network

Following the FGC, the parents and extended family members shared many ways they received ongoing support. They mostly described practical support that alleviated pressures, either with day-to-day tasks or checking in on their mental health and well-being. As noted by Gottlieb (1985) and Rajendran, Smith and Videka (2015), practical support was highly valued by parents. The mother from Family 1 said that her friend helped her in many ways: *'She's like, helped me decorate the house. She's helping me with my daughter's headlice. She helped us clear the back garden. She's really hands-on. Once when she came for a cuppa, she started washing my dishes.'* Her father also helped her her draw up a repayment plan for debts she had accrued: *'We worked like budgeting to get on top of my arrears, to figure out where we could pay for things, get bills paid off. I can say that my arrears are nearly fully paid off, and I've still got a roof over my head.'* Her father agreed that the 'financial recovery plan' was essential support to his daughter and partner:

'I says "look, this is what you've got, these are what you've got to prioritise. Pay these first; this is what's left, that's your shopping money, got it? This is your

money to put away for a rainy day". I think after two/three months, we were talking on the phone, and she turned around, and she started crying. Actually, she said, "If you had not done that financial plan, we'd have lost wor house".'

The participants reported improvements and expansions to their social support networks as a result of FGC (Rodriguez and Tucker, 2015). Practical support was often provided to parents by extended family. For example, the sister of the grandmother who had an SGO for her grandchildren in Family 3, made soup, which she delivered to the mother during the pandemic. *'I remember a while ago, I'd made some chicken and vegetable soup, and she said it was the best soup she'd ever tasted. I took a big plastic mixing bowl over, and she loved it, absolutely loved it.'* A grandmother with an SGO for her grandchild valued phone conversations with the support network but felt that due to Covid-19, face-to-face meetings were limited:

'It's been a strange year with Covid, so I would say we haven't had as much family support, which I would have had from my side of the family. They were all, you know, over the moon to help and would have been, but obviously this has been forced on us where we couldn't mix, couldn't go out and couldn't go to the houses. It's been hard, but I know that will change, and I still got the support from them as I can ring them and stuff, but it's not quite the same as, you know, them coming up and saying we'll take him to the park. Do you want half an hour? That sort of thing.'

> \- (Paternal Grandmother (SGO), Family 5)

Support with childcare was a recurring theme within ongoing support, often in the form of

respite. A father from Family 9 shared that his sister *'takes the baby twice a week to gives me and my partner a break. Then after a while, we knocked it down to once a week just to get them settled properly and comfortable at home, and she takes her once a week now. She loves it, and she loves coming back home.'* The mother from Family 1 described how her friend would look after her children to give her time to focus on home improvements: *'sometimes then I do just pick up the phone and say, right, I'm struggling to get a bedroom decorated; I'll ring and just say can I drop the kids off at yours for a couple of hours and she's like, that's fine.'* The mother (Family 11) knew her mother would care for her child but only felt comfortable with this arrangement during the day: *'I won't let him sleep out yet. Cause I think he's too young, and he's been in foster care for a long time.'* A grandmother with SGO for her grandchildren experienced depression during the pandemic. She shared that she relied on her partner to provide support to her and the children in her care:

'I just laid in bed. I'd put the telly on. I wasn't even watching the telly. I wasn't even with it. My husband allowed me to have that time to basically recharge my batteries. I'm more likely to say to him, you know today I cannot cope. When I am not physically coping, he will say "go and take yourself off somewhere else. I'll sort everythin' out". I have that backup, which for me is a lifeline more than anything.'

> \- (Paternal Grandmother (SGO), Family 13)

The lack of support that some of the caregivers with SGO status had been receiving prior to FGC is consistent with previous reports on SGO challenges (Wade et al., 2014). Other than support from some family members, these caregivers did not report any other forms of

support. Similarly, Wade et al. found that only one in five special guardians in their sample received 'continuous social work' following the child's placement.

The grandmother from Family 2 talked about the ongoing support provided by the mental health crisis team for her daughter: *'The crisis team that were visiting her, and they were absolutely fantastic. And then I could ring if I was worried.'*
Immediate family members and friends were described as crucial support by parents. The mother from planned for different members of her support network to visit on different days, so she had ongoing help with managing the house and caring for her children:

'I'm still seeing my mam and dad once a week. My friends are here every couple of days, and I just mix who comes to see us, so I don't have them all here at the same time. They're a bit more hands-on with everything than they were before and like, they check up on us all the time.'

The father from Family 7 shared how his close friend sees him daily and can recognise when he struggles with managing his mental health: *'People can see like, when I am having bad days and stuff. I work with my friend, he's in my support group, and he sees us sees every day, and he knows how my moods are.'*
Grandparents often talked about weekly or daily visits to provide support to their children and grandchildren. One grandmother with an SGO for her daughter's child suggested that the support network learnt about her daughter's support needs when she lost her older children to the care system for some time until the family gained the SGOs: *'She comes over nearly every day, we're all on top of her and give her great support. I think that's all she needed in the first place was this support. Now*

she's got it. She's overwhelmed by it.'

Network support following the FGC was also by phone, which appeared to be valued by parents. The mother from Family 1 commented, *'I felt like I was failing my kids, but if I start to feel like I'm failing. I know that I've got them. I can, even if it's just to pick up the phone and talk to, you know, they're there.'* A father from Family 9 reflected: *'My family are basically just a phone call away. They come straight away if we need them. If we phone them up, they are straight here. So, it has brought us together. It's the same with my partner's Mam. We can talk to her about something; she's just on the phone, we can contact her if we need to.'*

WhatsApp was commonly used as the group chat facility to keep everyone in the network engaged with the parents. A grandfather believed the benefit of WhatsApp was that it allowed for regular check-ins that supported his daughter's mental health:

'A family WhatsApp group has definitely worked well. It was a really good idea; it means that we can all see the messages going between my granddaughter's mum and dad for her benefit. There was always mix-ups when she was going to be dropped off, and it was dreadful for her. I'm checking on them regularly. I haven't today, but we'll be in touch. We've been in touch by phone and will do it again. If nothing else came from anything, that was worth it.'
- (Maternal Grandfather, Family 1)

The grandmother (SGO) in Family 3 also saw the benefit of their WhatsApp group; 'whenever we have our grandchild, we update pictures and stuff on the WhatsApp group so she can see what she's doing. So yeah, it is truly working. Everybody doing what they said they were gonna do.'

The fact that, for most families, support gained from FGC was ongoing, and lasted beyond the immediate and urgent needs of the parents/caregivers, mirrors De Jong's (2016) findings, which suggested that families who engaged with FGC were more likely to have increased social support after the conference.

The ongoing support seemed to help the parents open up and share their worries and concerns. For example, the mother from Family 1 said *'I knew who I could talk to and start trusting, then I did start to open a bit more, and now after having the conference, I know who my go-tos are for the slightest little thing.'* She added that FGC led her to be open with her father about her financial difficulties. *'I sat down and worked out all the money with my dad, whereas before I would never do that.'* Her father described that, in addition to financial advice, he also signposted her to broader support services to help her tidy up the family home, a requirement from children's services:

'They're getting new carpets for the living room, which they desperately need. The lady from Gentoo, the people who run the estate and that, she's been great, she's become more of a friend with my daughter than a client you know, and it's great. They ended up with hampers from different organisations to help them, and her partner was like, "ah, we look like paupers 'cause we're getting…" and I says "No, it doesn't! This is because people care!"'

The mother from Family 13, who had her children returned to her from state care, described how she was more likely to seek the support of children's services for advice:

Now, if I'm struggling, I always say like that, help me. I ask for a nursery nurse. I got my baby back; I was open, and I was honest. I said, right, look, this is hard. Am I feeding her properly? You know I had a little bit of worry because she went through a stage of not eating at all and I phoned the social worker. Like I don't know what to do. So, any problems now, I'm straight on the phone. What do I do?'

Using the plan

Not all participants followed through on their FGC plans in their entirety, but most incorporated the plans into their lives to a certain extent. FGC participants described the effect of their plan on their lives in several ways. Some actively engaged with their plans frequently, accessing their support networks and adhering to family time scheduling and caregiving responsibilities. Others did not report engaging with the plan regularly, as their plan was instead designed to provide them with points of contact or support should they encounter further difficulties, which was not always the case. Green et al. (2007) and Byrne et al. (2012) suggest specific adversities that might be addressed by improved social support from friends and family members, including child neglect and domestic abuse, which were both raised as difficulties that the interviewees addressed through their FGC meetings.

Some of the family members remarked that having a plan that would provide support and helpful contacts in difficult or emergency cases was reassuring. The mother from Family 1 said she had her *'own little strategies and routines, and the social worker is happy with it.'* She added that she did not engage with her plan regularly anymore but keeps *'in touch with everybody'* who was a part of the support plan and that it reassured her to *'know that I've actually got that support when needed, and it's*

there, and I don't have to feel ashamed about it.' This sentiment, that the mere knowledge and perception that participants had support available to them if they needed it was positive and reassuring, corresponds with research findings from Cohen and Willis (1985) and Evans, Steel and DiLillo (2013). The ability to keep in touch with important contacts and the family's support network was emphasised by those who had put together plans involving WhatsApp groups. One maternal grandmother explained how setting up better communication systems between different sides of the family helped reduce tensions:

'So, having this WhatsApp group is just wonderful. After the family group conference, well it just helped the mam, it helped us all so that we could communicate better without all the aggro...

...We stuck to the plan; the social worker wrote it all out and sent us all a copy. Each of us got a copy so we can refer to that if we think things are not working. But the WhatsApp group seems to be working better than anything, to be honest.'
- (Maternal Grandmother, Family 2)

In addition to the benefits of having a WhatsApp group chat, one paternal aunt (Family 14) recalled another system called FamCal (a family shared calendar). Her family could organise and schedule pick-ups and drop-offs for the children. She said that using these tools in her plan made her 'much more relaxed' and gave the family 'clarification' about everyone's roles and support. The mother in Family 9 recalled that her family's plan included a WhatsApp group that was named after her child and expounded that they *'still keep the same plan, because my partner's sister had my child twice a week, and it's gone down to once a week because we didn't need all of that support.'*

A common outcome that participants reported from their FGC plan was improved structure and organisation of family time arrangements between parents. One mother recounted that, once their FGC plan was put in place, it 'solidified' agreements about family time and gave the children 'continuity and security.' She also explained how the plan aimed to improve the quality of family time between her children and their father:

'He's been able to do some of the things that they wanted him to do, so they've had sleepovers at his house, you know. And they've got a sense of belonging because they've got their space in his house. They've got their toys there in their computers and things, and they've got clothes there. And they actually said it feels like home, whereas before, they said it didn't. So, it's obviously working for them when they've said that.'
- (Mother, Family 12)

A further benefit of family time arrangements put in place by the FGC plan, as communicated by one mother, was that it reduced the risk of uncertainty and conflict. She elaborated:

'I think if it wasn't for the plan in place, then the father and I would have attempted to meet each other, and it could have ended up in an argument in front of the children or something like that. So, making this plan has put that structure in it. I don't get anxious or anything. The kids know when they are going. No one's changing their minds every two minutes. It was absolutely perfect, especially for our situation.'
- (Mother, Family 15)

The plan did not always solve family time disputes that existed before the FGC. One paternal grandmother felt that the plan was not being adhered to by the mother after the FGC:

'The contact was only supposed to be mum, dad, me, my partner and the children. Lo and behold, that her mum turned up with her partner, two of her aunties and their partners and their children... The plan that they came up with was that we'd have our meeting in May or contact him a supervised and then we have the one in August where they could take her off for an hour, but I'm not happy with that.'

- (Paternal Grandmother (SGO), Family 13)

The wide variety of support that Guay, Billette and Marchand (2006) and Rajendran, Smith and Videka (2015) claim can benefit families was well-represented in the interviews. FGC participants actively engaged in the plan through regular support and contact between the child's parents and the wider family. A maternal grandfather, who was heavily involved in the FGC plan for his daughter and grandchildren, described how it had helped the parents become more financially secure, create a safer environment for the children, and organise their lives. He elaborated on the process of carrying out the plan and how it changed over time:

'We give short term goals and long-term goals, and we've achieved the short-term goals, and now they're working on the long-term goals, and I think they're now heading in the right direction...

...Things have to be tweaked. But that's a natural progression. The plan isn't cast in stone; it's there to be sort of like flexible. So that they can do, you know, other things, you can tweak it where it needs to, or say, "that's not going to work, so we'll do this now", because you've got to have, as I said earlier on, if the contingency plans are already drawn up, we'll do that, but if that doesn't work, we can do this, you know?'

- (Maternal Grandfather, Family 1)

The parental grandparent in Family 3 noted that one of the key points in the FGC plan included that support roles taken on by each family member must be realistic and tailored to the family's needs:

'We had to explore what everybody was willing to do, realistically, not just saying oh I'm gonna do this... For example, we said, "ah the child can have a sleepover", like my sister cooked some chicken soup and took it over to the mam's. The child's maternal grandmother made them mince and dumplings. That's what they said is they'd teach the Mam to cook as well, 'cause she's not a very good cook, so everybody's done that. Even small things like that, like to help her to decorate her house. So, all the things on the plan were how we could help each other and how we could support each other. Breaks for the mam, breaks for the child because at the end of the day, everybody needs a bit of me time.'

The sister of this grandparent explained how they actively supported the mother of the child. She remarked that 'a lot of things were achieved' after the FGC plan was implemented and that she took 'every opportunity to go over' and provide support to the mother.

While most of the family support was informal, there were familial and extrafamilial contributors, as FGC participants recalled the involvement of close family members, extended family members and friends. The interviewees also spoke about how some family members provided emotional support through regular visits and/or phone calls. At the same time, others offered practical support, such as home improvements, cooking, child pick-ups and drop-offs, and childcare.

Finally, there was often a distinction between FGC plans that were highly engaged and active for some time, and plans formed as a precaution. Rajendran, Smith and Videka (2015) also differentiate between these forms of family involvement in their research on types of support.

Improving Family Group Conferencing

The participants provided a range of suggestions to improve the FGC intervention. Their ideas related to changes to the day, having the intervention sooner, and considering the mindsets that different family members may bring to the conference.

On the day

The key recommendation to improve FGC was to provide an advocate or referee for the day of the event. The reasons for this varied and included having an impartial mediator, managing those in high states of emotion, and supporting the network in taking part and having a voice.

A grandmother (SGO) from Family 13 who had previously experienced an unsuccessful FGC felt that an impartial individual needed to be present: *'I think for it to work, you've got to have someone in there who is impartial; who doesn't take a side who you know is going to say, "Well, I can see it from your point of view, but have you thought of this?"'* She felt that some families need support with managing angry emotions, mainly when there is no agreement on what support is required:

'I think people and their tempers and the way they perceive things is totally different. And what I think is right and what you think is right could be two different opposites. But who is right? Until you come to a compromise, where does that leave you? Whereas a mediator could sit there and turn down several roads and say, "If we go on this bit and we go on that…" it takes bits from each side. You know where I'm coming from? Then that would have been more beneficial, I think.'

Likewise, the mother from Family 1 felt a referee was a good idea for families where there were hostilities *'sometimes you might need to have a referee, 'cause obviously, it depends on what your circumstances are for having the family group conference.'* However, the aunt from Family 14 described the opposite situation in her FGC, where the group were passive and reluctant to contribute:

'I found it a bit awkward. And especially with like the two ladies, the two professionals leaving the room. They did explain really well; we knew exactly what was needed. But when you've got a room full of people who are quite passive. Nobody really wanted to take control or lead. I think it needed a bit like, a bit of a mediator.'

She added that it would be beneficial for the mediator to be someone who could stimulate discussion *'maybe somebody else who's used to stirring the pot, to coax opinions out of people. Like a host, just something where it wasn't one family member up there kind of being the spokesperson. I think somebody neutral.'* An alternative view was shared by the Family 13 paternal grandparent, who thought the need for a mediator would depend on the family issues:

'I think it depends on how the families are. And how well the person who's running the conference gets. Like I said if they're very impartial and they can listen to both sides without taking a side. I think it could work. If they can't do that, like in our case, then no. I think it's probably a waste of money. A waste of people's time as well.'

Some of the participants talked about how the environment for the FGC could be improved, whereas others felt the environment was suitable. The participants all accessed the

FGC during the Covid-19 pandemic, so the environments had to comply with the government-imposed restrictions. It must be acknowledged that because these FGC meetings were taking place during a pandemic, individuals' experiences would be different to pre-pandemic meetings. For example, the mother from Family 13 said she would have preferred a face-to-face FGC: *'I prefer things face to face and doing it on a conference call isn't the same as having someone sat in a room. And that's an issue.'* A grandparent from family 2 felt that *'the room in the venue wasn't that good, but it was because of the Covid, there's nobody to blame.'* The paternal grandparent's sibling in Family 3 agreed: *'it was a bit weird like, the two-metre social distancing due to Covid and wearing masks, but that's just normal life, isn't it, for now.'* Positive feedback was given by the mother of Family 1, who stated: *'I don't think there was anything that needed to change. It was a lovely room we were in.'*

Meeting on neutral territory seemed important to some participants. Due to Covid-19, the grandmother from Family 2 shared that their first FGC took place in her home, which she described as 'dreadful', although a subsequent one in an external environment was 'much, much, much better. We were dreading it, but in the end, it worked.' Other suggested improvements included: 'a cup of tea' and *'a smaller room; we couldn't sometimes hear; you know because of the height of the building was like a small gym'* (Maternal Grandmother, Family 2).

It is interesting to note that the most successful FGCs were on neutral territory. The participants were accepting of the Covid restrictions but felt these did not prevent a plan being drawn up and agreed.

Some respondents felt strongly that children should not attend the FGC, as they believed it put the children in a difficult position when there were tensions between their parents. Others felt the environment wasn't appropriate and that they were bored. The mother from Family 15 said she didn't know her children were going to be at the meeting:

'There should be no kids or [give a] 'heads up' kids are going to be there before you turn up. It's hard because she still has to live with her grandma and doesn't want to upset her, but she wants to come home, and she doesn't want to upset me. It wasn't fair to have her there.'

An aunt from Family 14 expressed concern that they had not been to the venue before or met the coordinator, 'it was just a really awkward, like, atmosphere, at first.' She was also concerned that the children were disengaged from the FGC:

'The children were bored. They were very restless; everyone was starving. Three hours was a long time limit for it. I think if there was that neutral person, I think they would've helped things move along. Like "come on, let's do this", they'd be more experienced, but like we didn't know where to start. Like I said, it's just so out of your comfort zone that if you had some-one to take the lead and is used to things like that, it would've been so much better, so much easier.'
  - (Maternal Aunt, Family 14)

A view that the meeting was too long for children was also expressed by this maternal aunt, who felt a mediator would have multiple benefits, *'if it was somebody neutral, and nobody from any family, then it's easier to be able to speak freely and respectfully, and if it was a quicker meeting, shorter time limits because three hours was just crazy.'*

Having it sooner

Some of the FGC participants felt that parents could have been offered FGC sooner, to find solutions to their adversities and to benefit from the extra support. Several participants specified that the FGC approach should be offered before other solutions are proposed, such as the involvement of social workers and solicitors. Additionally, a few participants explained why they believed that having FGC earlier would not have benefited them and their families.

Numerous family members declared that the absence of an FGC earlier in the family's adversities was a missed opportunity. The mother from Family 1 lamented, *'I don't know why somebody didn't recommend it like, a year ago. A lot of things could have changed between then and now.'* A maternal grandmother (Family 8) shared a similar view, claiming they 'weren't aware of anything like FGC.' The mother (Family 11) stated that FGC should be offered by social workers 'as soon as they notice' that there are difficulties in the family. In contrast, the child's grandmother agreed that the approach should be implemented 'before it (the difficultues) all starts to flare out.' While most of these participants were simply not made aware of FGC sooner, some felt that, once they engaged in the service, the actual conference attendance and/or implementation of the plan could have been arranged more promptly. One mother (Family 12), who 'felt quite vulnerable' during her difficulties and had waited for a long time for the plan to begin, 'wanted things to happen faster.' She felt that she could have been made aware of the service earlier and had not come across the service even when she actively searched for solutions to her situation:

'See, if I had known that service existed, I would've tapped straight into it. 'Cause I knew about the other ones, and that's why I went that way. I knew they'd be able to help, but I was actually researching loads at the time and looking things up and seeing what I could find online, to see what would help, and I wasn't aware of that until it was suggested.'

One of the mothers (Family 13) elaborated on why she would have preferred to engage with the FGC approach earlier, as she felt that *'things just build-up, and build-up, and build up, and then you just have no relationship.'* A maternal aunt (Family 14) also felt that certain stages of the process should have happened sooner. She claimed that 'the ice could have been broken sooner', as meeting members of the paternal side of the family, for the first time since the child's christening, at the FGC, created a 'weird environment.' The aunt from the paternal side of Family 14 simply felt that the whole FGC approach should have been offered sooner:

'I would say it would probably be better sooner for the sake of the kids. At first, there was no contact 'cause we couldn't get in touch, and then afterwards, it was like on and off contact. Maybe offering it just after the separation, and if they decline, like six months later, just like "Are you sure you don't need help?" And "Are you sure you're working well?". Because then, at least, if this was done a year and a half ago, the kids would have had stability by now, and they would have had like a routine in life. Whereas they're still a bit backwards and forwards, and I think that has had an effect on them.'

Several participants were more specific in their reasoning behind the desire to engage with FGC earlier, highlighting that they would have preferred to participate in FGC before the

involvement of children's services. One mother commended the idea of having FGC involved before social workers:

'I think if you have that chance to find another route before they get involved, where you could try and do it for yourself, I think it would work. I really do because I think then they don't, they're not so much, like, in your face. Whereas I think social services can be quite in your face with like what they want, whereas you are doing your own plan. You set the wheels in motion, and you put your boundaries in. You do everything for yourself. You set that, and that's your target, not somebody else dictating to you what you need to do and when. You need to do it.'

Other participants agreed that FGC should come before social worker involvement, with the children's aunt (SGO) in Family 10 suggesting 'if they need it before social services are involved then they should have it', and a children's maternal grandmother (SGO) from Family 13 sharing that families should receive FGC 'before they become involved with social care.' One father, in Family 7, elaborated that having FGC before children's services involvement could *'help the family to deal with problems and issues before the need for social services and children getting harmed at the end of it.'* The mother from Family 12 felt that the FGC approach could also be offered as 'conflict resolution' before 'mediating through solicitors', which was, fortunately, the case for her, leading her to be able to 'save a lot of money.'

As outlined, many respondents felt that they would have preferred to have been offered FGC earlier, and some families identified explicitly that they could have benefited from the approach before other services became involved. Dijkstra et al. (2016) agree with the notion that the purpose of FGC is to intervene prior to other services, which restrict the family's agency and ability to make their own decisions.

Finally, several reasons were articulated as to why having FGC sooner might not have been appropriate or helpful for some of the families. For example, one paternal grandmother (SGO) from Family 5 felt that it came 'possibly at the right time' and that if they had engaged with it before a critical custody ruling in court, the maternal side of the family would not have agreed to the meeting. One mother (Family 12) also considered the different scenarios other families might be in, reasoning that *'if there was abuse going on, it's gone beyond that then, hasn't it? But I think it could be applied in the early stages before things get out of hand for people.'* Finally, one of the mothers explained why she would not have wanted FGC earlier, but it would have benefitted her children to have an FGC meeting:

'I'm not sure if I would have wanted it to be sooner. I'm not sure it would have worked as well. I think it took time for us both to get over that we weren't together anymore. Maybe if it was offered right at the beginning, my children wouldn't have been as hurt as what they were. I think if this plan was put in place from when we split up, then my children would not have gone through the hurt of not being able to see their dad; they kind of blamed me. I think in a way, they wouldn't have been as hurt. I think for me, I needed to get over it myself, and might have been a bit sour about it before.'

There is an evidence base suggesting that the timing of FGC engagement is relevant to the success of its outcomes. Munro's (2011) findings, that early intervention is key for child protection, imply that offering FGC too late to families could pose child safety risks.

Mindsets

Participants considered the influence of mindsets on the success of the intervention. A grandmother from Family 5 remarked, *'I think if they go into it with an open mind and want a good outcome, then it can be achieved. But it's up to them to want that.'*

Some mothers believed that for FGC to work, the support network needed to have an open mind:

'I think if you go into these things with a clear mind, they can be achieved, and honestly, it's the best thing. I always say [it's] the best thing that we've done, and thanks to having it, my children are no longer on the child protection order. They've been moved down onto a child in need. So, I cannot fault it. I really can't.'
     - (Mother, Family 1)

Similarly, other mothers suggested 'you've got to be wanting to make it work' and 'you've gotta be wanting to do it.' In addition, one mother reflected that it is essential not only to be open-minded but to have a good understanding of what FGC is:

'I think if the family is open to it, and they understand what it is, and that's there to help and that it's not children services per say. I think if they know that it helps people from all different walks, you know, then they might be a bit more open to it. People can be a bit sort of proud and a bit embarrassed, but I think if they're open to it and it's explained to them that it's there to help and if they can see examples of it where it has helped.'

Honesty was raised by grandmothers as a key to FGC being effective, *'I do think it depends on the families and how open and honest they want to be'* and *'if they go determined to like, conniving, lying all that, to me it's not going to work.'* The mother who had her children taken into care felt that had she been honest with children's services, she would never have had her child removed:

'You just gotta be honest, and I think things would have been different. I would have had my baby with me now. You've got to be open and honest the whole way through it. Like it's no good lying, a lot of people try to lie about a lot of stuff and I'm like, why lie? We've all been there, we've all had times where we feel down, where we feel wrong about things, but the conference worked really well, and it helped me achieve a better me.'

For most families, FGC effectively provided support to a family, and the participants felt that no changes could be made to improve the intervention. Two mothers explicitly said the process and event did not need any changes, with one suggesting *'I don't think anything could have gone any better honestly. I really dinnit'*, and the other stating:

'Why change something that works? I mean, it's worked for me, but it might not work for somebody else. But then I do think you have to have a clear mind when you go into doing it. You have to like let people in and help you and not hold it all back.'
     - (Mother, Family 1)

The paternal grandmother (SGO) from Family 3 agreed, describing FGC as 'perfect':

'I think it's perfect as it is. It's perfect that nobody influences what the plan is. Nobody's sits over you, and everybody is talking to each other. We could put down on that piece of paper whatever we wanted to. If we disagreed about something,

there was nobody there to see the disagreement. It was adults all talking to each other. I think it's perfect the way that it is. It's literally down to the family and friends, and nobody kind of influences that. So, to be honest, I wouldn't change anything about it. I think it's brilliant.'

Comparably, the grandmother from Family 3 praised FGC, stating:

'I think it worked well. I like the fact that they were there, and our social worker said, "I'm coming with you to this, and I'm there if you need us." We really felt as if they were with us, backing us. I know the lady who took the meeting, and she was lovely, brilliant, friendly. We can't praise them enough to be fair. For us it went well.'

Her sister also felt no changes were needed to FGC: *'I just think everything was fine the way it was, to be honest.'* Two fathers commented that the approach worked well for their families: *'I think [it] was pretty perfect the way it was rolled out'* (Father, Family 7) and *'to be honest, it was alright. I would have left it the way it was. There's nee point in changing something what already works'* (Father, Family 9).

Concluding remarks

Conclusions

This study aimed to 'investigate the effectiveness of Family Group Conferencing from a service-user perspective' for TfC at Sunderland. As shown in Table 4 (appendix 3), the research aim and objectives have been fulfilled though this study, which identified five themes and 13 subthemes. The study found that families had a range of challenges that led them to children's services involvement, including child safeguarding concerns, marital conflict or separation, family time or custody disputes, parental substance misuse, and mental/physical health issues. The findings indicate that disputes between family members often existed due to communication difficulties and the absence of a neutral environment to resolve disagreements promptly. For some, problems did not arise solely from their adversities but also from the lack of support they received.

The investigation has shown that a range of factors influenced parents' attitudes and eagerness to engage with the FGC approach. The coordinators' positive relationship, and empathetic and comforting approach was critical to the participants' commitment to take part in FGC. The coordinators' transparent information and contact with the support network were instrumental in securing engagement by families. In general, family members bought into the FGC approach quickly, although some had reservations about bringing certain family members together – often maternal and paternal sides of the family – that might unearth uncomfortable tensions. Some were nervous and uneasy at the prospect of a large meeting but attended on the understanding that it was in the child's best interests.

One of the more notable findings in this study is that negative attitudes towards social workers, as a result of stigma or past experiences, was, to a certain degree, responsible for hesitation towards engaging with FGC. Some parents were initially reluctant to partake in FGC due to experiences with children's services, in which they lost custody of their children or were assigned to social workers who they perceived to be unempathetic or unhelpful. The negative attitudes could also stem from public perceptions of children's services and social workers, which hinders the profession in challenging historic notions of social work.

A further major finding was that FGC was generally effective in expanding support networks and securing support in emotional and practical forms for those participating in the study. The expertise of different family members was harnessed, increasing the number of individuals involved in decision-making. This could point to wider appeal for other families. For those participating in the study, FGC afforded opportunities to share thoughts, fostering a sense of empowerment over decisions through greater agency around child safeguarding, protection and care. Overall, this study suggests that FGC can positively impact the lives of those engaged with children's services. Most families involved in the study grew closer due to FGC, improving their children's lives. One of the significant findings to emerge from the study was that knowing support was constantly available improved outcomes for these families and for the success of the agreed plan. The findings suggest that a range of outcomes can be achieved through the FGC, including greater financial stability, improved home environment, more stability of care and better-planned family time. Despite these observations, a larger scale study is required to confirm these outcomes.

The study raised important questions about when FGC should be offered. However, it should be noted that these inferences are limited by numerous factors, including sample size, geographic region and service provider. Further research with larger and more diverse samples is required to confirm these conclusions in a more generalisable fashion. This research presents instances in which an earlier offer of FGC could have reduced the need for further children's services involvement. The findings point to a need for FGC to be made available to families as soon as there is involvement with children's services. The earlier the intervention happens, the more likely it seems that solutions to the families difficulties can be suggested, agreed upon, and implemented through the support plan. This research supports the idea of early intervention to improve outcomes for children and to prevent escalation of risks to children and adversities within families.

The data highlight the importance of an independent mediator to be present for the FGC. Some families involved in this study felt confident in being left to make the decisions without the coordinator or social worker present and took comfort in them remaining available in the building. However, the majority felt that they needed an independent person to stay for the duration of the FGC, to manage tensions between families, support children, stimulate discussion and ensure everyone had an opportunity to share their views. This study indicates that for some children, attending the FGC is not in their best interests due to hostilities in families, the length of the FGC, and the child not being explicitly involved in the decisions and consequently becoming bored.

The study has raised important questions about why those parents interviewed don't share their difficulties with their support network or children's services. Parents feeling 'shame' for not coping with their adversities, previously having children taken into the care system, and a history of domestic abuse were the main factors that prevented parents from engaging with children's services. It seems that user engagement with children's services increased following FGC, as the parents felt more in control of decisions made about them and their children. The findings imply that a limiting factor for user engagement is when a parent has substance dependency and/or mental ill-health such as depression or suicidal thoughts. The results indicate that some parents perceive they will be negatively judged by some social workers for having mental health difficulties, an abusive partner (past or current), or an appearance or living conditions that would lead to threats of having their children taken from their care. Overall, this study strengthens the idea that there is a stigma associated with families who have a social worker, a 'them and us' attitude that is only overcome when trusting, open, supportive and enduring relationships exist. The evidence that trust is built through a consistent and unchanging social worker is critical in improving user engagement with children's services.

The study has raised important questions about the authentic involvement of children in FGC. Approaches need to be embedded into FGC that creatively capture the children's views in meaningful ways so that they too are a central part of deciding outcomes for the family and how they will be achieved. There are challenges for those designated SGO, as they are dealing with the traumatic histories of children now in their care and must negotiate and facilitate family time with people they might be protecting the children from.

There is convincing evidence that, for most families in this study, FGC had positive outcomes, demonstrating that TfC should continue to fund the intervention. This study found that for most families, FGC was a protective factor for challenges within families. This review concludes that increasing and unifying a family's social support network results in positive outcomes for the child and family.

Future research

Future research is needed to examine if FGC makes a sustained difference in supporting children and parents. For example, a mixed-methods study could determine if the success rate for FGC is more significant for families who engage in FGC sooner, to examine the factors that influence a favourable outcome.

Limitations

Due to the small sample size and the participants being from only one locality in the North East of England, the results may be limited in generalisability. All but one family recently had their FGC, so it is impossible to determine the longer-term outcomes for children and parents. More participants felt that FGC had been a positive experience. This may be why they agreed to participate in the present study but may also be a cause of positive bias. A further limitation is that no children were suitable for inclusion in the study due to their ages, trauma history or special educational needs and disabilities. Therefore, their views on FCG are unknown.

Funding

Recommendations

Recommendations

Recommendation 1: For Together for Children to continue to fund Family Group Conferencing, recognising that this approach enables parents and families (involved in child protection services) gain increased levels of social support as a protective factor for child safety and wellbeing.

Recommendation 2: To explore the feasibility of offering targeted FGC to families where there are early concerns. The targeted support could be determined by the identification and assessment of the threshold of need, with level one and above being considered for the FGC intervention for children who are referred to child protection services as a child in need (Sunderland Safeguarding Children Board, 2018, appendix 1).

Recommendation 3: To develop creative approaches to engage children in the FGC so that their voices are authentically represented in the outcomes and decisions, and to recognise that for some children, this will include opportunities outside of the FGC itself.

Recommendation 4: To provide an independent referee/advocate on the day of the FGC to give impartial support, manage any hostilities, and ensure all support network members (including children) have their voices heard.

Recommendation 5: To make it explicit in the child and family 'guide to our service' on the TfC website that the FGC coordinator is independent of the referring service in children's services

Recommendation 6: To further develop mechanisms for reviewing and reporting FGC impact on preventing further engagement from children's services, where child protection concerns exist by robustly tracking the approach on the child and family.

Recommendation 7: To review family time arrangements following changes agreed on an FGC plan to determine possible adaptations for such arrangements following SGO placements and family time meetings. Such discussions should be held with the SGO, parent(s) and social worker, to include what worked well for the child and address any post-family time issues that occurred such as bedwetting, anxiety, and negative behaviours.

Recommendation 8: To provide core training for workers in children's services and ongoing continuing professional development (CPD) regarding the causes, prevalence and impact of adverse experiences on children and parents.

Recommendation 9: Promoting a positive understanding of children's services workers to counteract the negative stigma associated with children's services involvement in family matters across communities.

References

Aldridge, M. (1990) 'Social work and the news media: A hopeless case? *The British Journal of Social Work,* 20(6), 611-625.

Alpert, L. T. (2005) 'Research review: Parents' service experience – a missing element in research on foster care case outcomes', *Child & Family Social Work*, 10(4), pp. 361–366. doi: 10.1111/j.1365-2206.2005.00387.x.

Anda, R., Butchart, A., Felitti, V. and Brown, D. (2010) 'Building a framework for global surveillance of the public health implications of adverse childhood experiences', *American Journal of Preventative Medicine*, 39, pp. 93–98.

Arskey, H. and Knight, P. (1999) *Interviewing for social scientists.* London: SAGE Publications, Ltd.

Ban, P. (1993) 'Family decision making the model as practiced in New Zealand and its relevance in Australia', *Australian Social Work*, 46(3), pp. 23–30.

Barn, R. and Das, C. (2016) 'Family group conferences and cultural competence in social work', *The British Journal of Social Work*, 46(4), pp. 942–959.

Barnsdale, L. and Walker, M. (2007) *Examining the use and impact of Family Group Conferencing.* Scotland: Scottish Executive.

Barnardo's (2002) *Family group conferences: Principles and practice guidance*. London: Barnardo's.

Baum, N. (2006) 'The silenced gender: The reference of social work to the man as a client', *Society and Welfare*, 26(2), pp. 219–38.

Bazeley, P. (2013) *Qualitative data analysis: Practical strategies.* London: SAGE Publications, Ltd.

Bell, J. (2014) *Doing your research project*. 6th edn. Maidenhead: Open University Press.

Bell, M. and Wilson, K. (2006) 'Children's views of family group conferences', *British Journal of Social Work*, 36, pp. 671–681.

Bellis, M., Highes, K., Leckenby, N., Perkins, C. and Lowey, H. (2014) 'National household survey of adverse childhood experiences and their relationship with resilience to health-harming behaviours in England', *British Medical Council,* 12, pp. 1–10.

Bellis, M. A. et al. (2017) 'Does continuous trusted adult support in childhood impart life-course resilience against adverse childhood experiences - a retrospective study on adult health-harming behaviours and mental well-being', *British Medical Council Psychiatry,* 17, pp. 110–122.

Berzin, S., Cohen, E., Thomas, K. and Dawson, W. (2008) 'Does family group decision making affect child welfare outcomes? Findings from a randomized control study', *Child Welfare*, 87(4), pp. 35–54.

Brandon, M., Bailey, S., Belderson, P., Warren, C., Gardener, R. and Dodsworth, J. (2009) Understanding Serious Case Reviews and their impact: Department for Children, Schools and Families.

Braun, V. and Clarke, V. (2006) 'Using thematic analysis in psychology', *Qualitative Research in Psychology*, 3(2), pp. 77–101. doi: 10.1191/1478088706qp063oa.

Braun, V. and Clarke, V. (2020) 'One size fits all? What counts as quality practice in (reflexive) thematic analysis?', *Qualitative Research in Psychology*, pp. 1–25. doi: 10.1080/14780887.2020.1769238.

Braun, V., Clarke, V. and Rance, N. (2014) 'How to use thematic analysis with interview data (process research)', in *The Counselling and Psychotherapy Research Handbook*. London: SAGE Publications, Ltd.

British Educational Research Association (BERA) (2018) *Ethical guidelines for educational research.* BERA. Available at: https://www.bera.ac.uk/publication/ethical-guidelines-for-educational-research-2018 (Accessed: 14 November 2020).

Brown, L. (2003) 'Mainstream or margin? The current use of family group conferences in child welfare practice in the UK: Family group conferences in child welfare practice in the UK', *Child & Family Social Work*, 8(4), pp. 331–340. doi: 10.1046/j.1365-2206.2003.00293.x.

Buckley, H., Carr, N. and Whelan, S. (2011) '"Like walking on eggshells": Service user views and expectations of the child protection system', *Child and Family Social Work,* 16(1), pp. 101–10.

Burns, H. (2017) *Targets and indicators in health and social care in Scotland: A review.* Edinburgh: Scottish Government.

Byrne, S., Rodrigo, M. J. and Martín, J. C. (2012) 'Influence of form and timing of social support on parental outcomes of a child-maltreatment prevention program', *Children and Youth Services Review*, 34(12), pp. 2495–2503. doi: 10.1016/j.childyouth.2012.09.016.

Campbell, R., Adams, A. E., Wasco, S. M., Ahrens, C. E. and Sefl, T. (2009) 'Training interviewers for research on sexual violence: A Qualitative Study of Rape Survivors' Recommendations for Interview Practice', *Violence Against Women*, 15(5), pp. 595–617. doi: 10.1177/1077801208331248.

Canavan, J., Coen, L., Dolan, P. and Whyte, L. (2009) 'Privileging practice: facing the challenge of integrated working for outcomes for children', *Children & Society*, 23(5), pp. 377–388. doi: https://doi.org/10.1111/j.1099-0860.2009.00230.x.

Castleberry, A. and Nolen, A. (2018) 'Thematic analysis of qualitative research data: Is it as easy as it sounds?', *Currents in Pharmacy Teaching and Learning*, 10(6), pp. 807–815. doi: 10.1016/j.cptl.2018.03.019.

Chahal, K. (2004) *Experiencing ethnicity: Discrimination and service provision.* York: Joseph Rowntree Foundation.

Chand, A. (2008) 'Every child matters? A critical review of child welfare reforms in the context of minority ethnic children and families', *Child Abuse Review*, 17(1), pp. 6–22. doi: 10.1002/car.1001.

Charmaz, K. (2006) *Constructing grounded theory: A practical guide through qualitative analysis.* Thousand Oaks, CA: SAGE Publications, Ltd.

Child Law Advice (2021) *Legal aid if you have been a victim of domestic abuse or violence.* https://childlawadvice.org.uk/information-pages/legal-aid-if-you-have-been-a-victim-of-domestic-abuse-or-violence/. (Accessed 5 July 2021).

Children Act, 1989, s. 19(10). Available at: https://www.legislation.gov.uk/ukpga/1989/41/section/17. (Accessed: 5 July 2021).

Children Act 1989, *c. 41. Available at: https://www.legislation.gov.uk/ukpga/1989/41/part/II/crossheading/special-guardianship.* (Accessed: 28 June 2021).

Clarke, V. and Braun, V. (2013) 'Teaching thematic analysis: Overcoming challenges and developing strategies for effective learning', *The Psychologist*, 26(2), pp. 120–123.

Cleaver, H., Unell, I. and Aldgate, J. (1999) *Children's needs: Parenting capacity: The impact of parental mental illness, problem alcohol and drug use, and domestic violence on children's development.* London: Stationery Office.

Cohen, L. and Manion, L. (1994) *Research methods in education*. 4th edn. London: Routledge.

Cohen, L., Manion, L. and Morrison, K. (2018) *Research methods in education*. 8th edn. London: Routledge.

Cohen, S. and Wills, T. A. (1985) 'Stress, social support, and the buffering hypothesis', *Psychological Bulletin*, 98(2), pp. 310–357.

Colton, M., Drakeford, M., Roberts., S., Scholte, E., Casas, F. and Williams, M. (1997) 'Social workers, parents and stigma', *Child & Family Social Work*, 2(4), pp. 247–257. doi: 10.1046/j.1365-2206.1997.00054.x.

Coohey, C. (2000) 'The role of friends, in-laws, and other kin in father-perpetrated child physical abuse', *Child Welfare*, 79(4), pp. 373–402.

Coohey, C. (2007) 'Social networks, informal childcare, and inadequate supervision by mothers', *Child Welfare*, 86(6), pp. 53–66.

Corby, B., Millar, M. and Young, L. (1996) 'Parental participation in child protection work: Rethinking the rhetoric', *The British Journal of Social Work*, 26(4), pp. 475–492.

Corrigan, P. W. (2004) 'How stigma interferes with mental health care', *American Psychologist*, 59, pp. 614–25.

Corse, S, J., Schmid, K., Penelope, K. and Trickett, M. D. (1990) 'Social network characteristics of mothers in abusing and non-abusing families and their relationships to parenting beliefs', *Journal of Community Psychology*, 18(1), pp. 44–59.

Corwin, T. W. *et al.* (2014) 'Development and evaluation of the family asset builder: A new child protective services intervention to address chronic neglect', *Journal of Family Strengths*, 14(1), p. 34.

Corwin, T. W., Maher, E. J., Merkel-Holguin, L., Allan, H., Hollinshead, D. M. and Fluke, J. D. (2019) 'Increasing social support for child welfare-involved families through Family Group Conferencing', *The British Journal of Social Work*.

Coulton, C. J., Crampton, D. S., Irwin, M., Spilsbury, J. C. and Korbin, J. E. (2007) 'How neighborhoods influence child maltreatment: A review of the literature and alternative pathways', *Child Abuse & Neglect*, 31(11–12), pp. 1117–1142. doi: 10.1016/j.chiabu.2007.03.023.

Crampton, D. (2007) 'Research Review: Family group decision-making: a promising practice in need of more programme theory and research', *Child & Family Social Work*, 12(2), pp. 202–209. doi: 10.1111/j.1365-2206.2006.00442.x.

Dale, P. (2004) '"Like a fish in a bowl": Parents' perceptions of child protection services', *Child Abuse Review*, 13(2), pp. 137–57.

Davies, P. (2011) 'The impact of a child protection investigation: A personal reflective account', *Child and Family Social Work*, 16(2), pp. 201–9

Dalrymple, J. (2002) 'Family Group Conferences and youth advocacy: The participation of children and young people in family decision making', *European Journal of Social Work*, 5(3), pp. 287–299. doi: 10.1080/714053160.

Darlington, Y., Healy, K., Yellowlees, J. and Bosly, F. (2012) 'Parents' perceptions of their participation in mandated family group meetings', *Children and Youth Services Review*, 34(2), pp. 331–337. doi: 10.1016/j.childyouth.2011.10.030.

Davis, J. and Smith, M. (2012) *Working in multi-professional contexts: A practical guide for professionals in children's services.* London: SAGE Publications, Ltd.

Department for Education (DfE) (2017) *Special guardianship guidance Statutory guidance for local authorities on the Special Guardianship Regulations 2005 (as amended by the Special Guardianship (Amendment) Regulations 2016*). London: DfE.

DfE (2019) *Help, protection, education: Concluding the children in need review*. London: DfE.

DfE (2020) *A guide to looked after children statistics in England*. London: DfE.

Department of Health (1999) *Working together to safeguard children: a guide to inter-agency working to safeguard and promote the welfare of children.* London: Department of Heatlh.

Dijkstra, S., Creemers, H. E., Asscher, J. J., Deković, M. and Stams, G. (2016) 'The effectiveness of Family Group Conferencing in youth care: A meta-analysis', *Child Abuse & Neglect*, 62, pp. 100–110. doi: 10.1016/j.chiabu.2016.10.017.

Dijkstra, S., Asscher, J. J., Deković, M., Stams, G. and Creemers, H. E. (2019) 'A randomized controlled trial on the effectiveness of Family Group Conferencing in child welfare: Effectiveness, Moderators, and Level of FGC Completion', *Child Maltreatment*, 24(2), pp. 137–151. doi: 10.1177/1077559518808221.

Dinkins, C. (2005) Shared inquiry. *Beyond method: Philosophical conversations in healthcare research and scholarship*, 4, 111.

Dolbin-Macnab, M. L. and Keiley, M. K. (2009) 'Navigating interdependence: how adolescents raised solely by grandparents experience their family relationships', *Family Relations,* 582), pp. 162-75.

Doolan, M. (2012) 'Youth policy in the Netherlands: making provision for the voice of families', in: *The quiet revolution: Aggrandising people power by family group conferences.* Amsterdam: Academy for Public Change.

Dumbrill, G. (2006) 'Parental experience of child protection intervention: A qualitative study', Child Abuse and Neglect, 30(1), pp. 27–37.

Dunne, E. G. and Kettler, L. J. (2008) 'Grandparents raising grandchildren in Australia: exploring psychological health and grandparents' experience of providing kinship care', *International Journal of Social Welfare*, 17(4), pp. 333-45.

Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K. and Kyngäs, H. (2014) 'Qualitative content analysis: a focus on trustworthiness', *SAGE Open*, 4(1), p. 215824401452263. doi: 10.1177/2158244014522633.

English, D. J., Thompson, R. and White, C. R. (2015) 'Predicting risk of entry into foster care from early childhood experiences: A survival analysis using LONGSCAN data', *Child Abuse & Neglect*, 45, pp. 57–67. doi: 10.1016/j.chiabu.2015.04.017.

Evans, S. E., Steel, A. L. and DiLillo, D. (2013) 'Child maltreatment severity and adult trauma symptoms: Does perceived social support play a buffering role?', *Child Abuse & Neglect*, 37(11), pp. 934–943. doi: 10.1016/j. chiabu.2013.03.005.

Family Mediation Council (2021) *Family mediation voucher scheme.* https://www.familymediationcouncil.org.uk/ mediation-vouchers/. (Accessed 5 July 2021).

Family Rights Group (2005) *Survey of family group conference network projects.* London: Family Rights Group.

Farmer, E. (2010) 'What factors relate to good placement outcomes in kinship care?', *British Journal of Social Work,* Vol. 40(2), pp. 426-44.

Featherstone, B. and Broadhurst, K. (2003) 'Engaging parents and carers with family support services: What can be learned from research on help-seeking? Research Review: Engaging parents and carers with support services - lessons from research on help-seeking', *Child & Family Social Work*, 8(4), pp. 341–350. doi: 10.1046/j.1365-2206.2003.00289.x.

Felitti V. J., Anda, R. F., Nordenber, D., Williamson, D. F., Spitz, A. M., Koss, M. P. and Marks, J. S (1998) 'Relationship of childhood abuse and household dysfunction to many of the leading causes of death in adults. The adverse childhood experiences (ACE) study', *American Journal of Preventative Medicine*, 14, pp. 245–258.

Finkelhor, D. (2017) 'Screening for adverse childhood experiences (ACEs): Cautions and suggestions', *Child Abuse & Neglect*, pp. 1–6.

Finkelhor, D., Shattuck, A., Turner. and Hamby, S. (2013) 'Improving the adverse childhood experiences study scale'. *Journal American Medical Association, Pediatrics*, 167, pp. 70–75.

Flick, U. (2014) *The SAGE handbook of qualitative data analysis*. Los Angeles: SAGE Publications, Ltd.

Flick, U. (2018) *The SAGE handbook of qualitative research*. London: SAGE Publications, Ltd.

Fox, D. (2018) *Family Group Conferencing with children and young people.* Switzerland: Palgrave Macmillan.

Francis, J. J., Johnston, M., Robertson, C., Glidewell, L., Entwistle, V., Eccles, M. P. and Grimshaw, J. M. (2010) 'What is an adequate sample size? Operationalising data saturation for theory-based interview studies', *Psychology & Health*, 25(10), pp. 1229–1245. doi: 10.1080/08870440903194015.

Freisthler, B., Holmes, M. R. and Wolf, J. P. (2014a) 'The dark side of social support: Understanding the role of social support, drinking behaviors and alcohol outlets for child physical abuse', *Child Abuse & Neglect*, 38(6), pp. 1106–1119. doi: 10.1016/j.chiabu.2014.03.011.

Freisthler, B., Johnson-Motoyama, M. and Kepple, N. J. (2014b) 'Inadequate child supervision: The role of alcohol outlet density, parent drinking behaviors, and social support', *Children and Youth Services Review*, 43, pp. 75–84. doi: 10.1016/j.childyouth.2014.05.002.

Frost, N., Abram, F. and Burgess, H. (2014) 'Family group conferences: evidence, outcomes and future research: Family group conferences', *Child & Family Social Work*, 19(4), pp. 501–507. doi: 10.1111/cfs.12049.

Frost, N. and Jackson, B. (2018) *Research, policy and practice*. Bristol: Policy Press: University of Bristol.

Frost, N. and Stein, M. (2009) 'Editorial: Outcomes of integrated working with children and young people', *Children & Society*, 23(5), pp. 315–319. doi: https://doi.org/10.1111/j.1099-0860.2009.00253.x.

Fusco, R. A. and Fantuzzo, J. W. (2009) 'Domestic violence crimes and children: A population-based investigation of direct sensory exposure and the nature of involvement', *Children and Youth Services Review*, 31(2), pp. 249–256. DOI: 10.1016/j.childyouth.2008.07.017.

Gaudin, J. M. and Pollane, L. (1983) 'Social networks, stress and child abuse', *Children and Youth Services Review*, 5(1), pp. 91–102. doi: 10.1016/0190-7409(83)90021-X.

Ghaffar, W., Manby, M. and Race, T. (2012) 'Exploring the Experiences of Parents and Carers whose Children Have Been Subject to Child Protection Plans', *British Journal of Social Work*, 42(5), pp. 887–905. doi: 10.1093/bjsw/bcr132. ghaff.

Gilbert, L. K., Breiding, M. J. and Merrick, M. T. (2010) 'Childhood adversity and adult chronic disease: an update from ten states and the District of Columbia', *American Journal of Preventative Medicine,* 48, pp. 345–349.

Gottlieb, B. (1985) 'Stress and support processes in close relationships', *Journal of Social and Personal Relationships*, 2(3), pp. 351–375.

Gracia, E. and Musitu, G. (2003) 'Social isolation from communities and child maltreatment: a cross-cultural comparison', *Child Abuse & Neglect*, 27(2), pp. 153–168.

Guay, S., Billette, V. and Marchand, A. (2006) 'Exploring the links between posttraumatic stress disorder and social support: Processes and potential research avenues', *Journal of Traumatic Stress*, 19(3), pp. 327–338. doi: 10.1002/jts.20124.

Gulliver, A., Griffiths, K.M. and Christensen, H. (2010) 'Perceived barriers and facilitators to mental health help-seeking in young people: A systematic review', *British Medical Council Psychiatry*, 10, p. 113.

Guthrie, J., Petty, R., Yongvanich, K. and Ricceri, F. (2004) 'Using content analysis as a research method to inquire into intellectual capital reporting', *Journal of Intellectual Capital*, 5(2), pp. 282–293. doi: 10.1108/14691930410533704.

Hamilton, A. (2007) *Ask the family: National standards to support family led decision making and Family Group Conferences (FGC) in Scotland.* Edinburgh: Children 1st.

Hayes, D. (2000) 'The use of family group conferences in child protection work: An exploration of professionals' views', *Child Care in Practice*, 6(2), pp. 124–146.

Held, V. (2006) *The ethics of care: Personal, political, and global.* New York: Oxford University Press.

Her Majesties (HM) Government (2006) *Working together to safeguard children. A guide to inter-agency working to safeguard and promote the welfare of children.* The Stationery Office: London.

HM Government (2010) *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children.* Department for Children, Schools and Families: London.

HM Government (2013) *Working together to safeguard children: A guide to inter-agency working to safeguard and promote the welfare of children.* Department of Education: London.

HM Government (2018) *Working together to safeguard children A guide to inter-agency working to safeguard and promote the welfare of children.* London: DfE.

Holland, S., Scourfield, J., O'Neill, S. and Pithouse, A. (2005) 'Democratising the family and the state? The case of family group conferences in child welfare', *Journal of Social Policy*, 34(1), pp. 59–77. doi: 10.1017/S0047279404008268.

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(1), pp. 91–111. doi: 10.1177/0907568206059975.

Holland, S. and Rivett, M. (2008) '"Everyone started shouting": Making connections between the process of family group conferences and family therapy practice', *British Journal of Social Work*, 38(1), pp. 21–38. doi: 10.1093/bjsw/bcl064.

Hollinshead, D. M., Corwin, T. W., Maher, E. J., Merkel-Holguin, L. and Fluke, J. D. (2017) 'Effectiveness of Family Group Conferencing in preventing repeat referrals to child protective services and out-of-home placements', *Child Abuse & Neglect*, 69, pp. 285–294. doi: 10.1016/j.chiabu.2017.04.022.

Horan, H. and Dalrymple, J. (2003) 'Promoting the participation rights of children and young people in family group conferences', *Practice*, 15(2), pp. 5–14. doi: 10.1080/09503150308416915.

Horan, J. M. and Widom, C. S. (2015) 'From childhood maltreatment to allostatic load in adulthood: The Role of Social Support', *Child Maltreatment*, 20(4), pp. 229–239. doi: 10.1177/1077559515597063.

Hornor, G. (2005) 'Domestic violence and children', *Journal of Pediatric Health Care*, 19(4), pp. 206–212. DOI: 10.1016/j.pedhc.2005.02.002.

Hostinar, C. E., Sullivan, R. M. and Gunnar, M. R. (2014) 'Psychobiological mechanisms underlying the social buffering of the hypothalamic–pituitary–adrenocortical axis: A review of animal models and human studies across development', *Psychological Bulletin*, 140(1), pp. 256–282. doi: 10.1037/a0032671.

Humphreys, C. and Kiraly, M. (2011) 'High-frequency family contact: a road to nowhere for infants', *Child and Family Social Work,* 16(1), pp. 1-11.

Hunt, J., Waterhouse, S. and Lutman, E. (2010) 'Parental contact for children placed in kinship care through care proceedings', *Child & Family Law Quarterly*, 22(1), pp. 71-92.

Information Commissioner's Office (ICO) (2020) *Guide to the General Data Protection Regulation (GDPR).* Available at: https://ico.org.uk/for-organisations/guide-to-data-protection/guide-to-the-general-data-protection-regulation-gdpr/. (Accessed: 9 December 2020).

Institute of Health Equity (2020) *Health equity in England: the marmot review 10 years on.* London: Institute of Health Equity.

Jewkes, R., Dartnall, E. and Sikweyiya, Y. (2012) *Ethical and safety recommendations for research on perpetration of sexual violence. Sexual violence research initiative.* Pretoria: Medical Research Council.

de Jong, G., Schout, G., Meijer, E., Mulder, C. and Abma, T. (2016) 'Enabling social support and resilience: outcomes of Family Group Conferencing', *Public mental health care*, 19(5), pp. 731–748.

Kagan, M. (2016) 'Public attitudes and knowledge about social workers in Israel', *Journal of Social Work*, 16(3), pp. 322–43.

Kagan, M. and Itzick, M. (2020) 'The effect of gender and stigma on the self-reported likelihood of seeking social workers' help by social workers versus non-social workers', *British Journal of Social Work*, 50(3), pp. 389–404. doi: 10.1093/bjsw/bcaa004.

Kagan, M., Itzick, M. and Tal-Katz, P. (2017) 'Predictors of the self-reported likelihood of seeking social work help among people with physical disabilities', *Social Work in Public Health*, 32(6), pp. 369–81.

Kagan, M. and Zychlinski, E. (2016) 'Factors predicting the likelihood of seeking help from social workers in Israel', *Social Work Research*, 40(3), pp. 147–58.

Kawachi, I. and Berkman, L. F. (2001) 'Social ties and mental health', *Journal of Urban Health: Bulletin of the New York Academy of Medicine*, 78(3), pp. 458–467. doi: 10.1093/jurban/78.3.458.

Kissane, R. J. (2003) 'What's need got to do with it-barriers to use of non-profit social services', *Journal of Sociology & Society Welfare*, 30, 127.

Lally, J., Conghaile, A., Quigley, S., Bainbridge, E. and McDonald, C. (2013) 'Stigma of mental illness and help-seeking intention in university students', *The Psychiatrist*, 37(8), pp. 253–60.

Larkin, H., Felitti, V. J. and Anda, R. F. (2014) 'Social work and adverse childhood experiences research: Implications for practice and health policy', *Social Work in Public Health*, 29(1), pp. 1–16.

Lechuga, V. M. (2012) 'Exploring culture from a distance: the utility of telephone interviews in qualitative research', *International Journal of Qualitative Studies in Education,* 25(3), pp. 251–68.

Li, F., Godinet, M. and Arnsberger, P. (2011) 'Protective factors among families with children at risk of maltreatment: Follow up to early school years', *Children and Youth Services Review*, 33(1), pp. 139–148.

Limber, S. and Hashima, P. (2002) *The social context: What comes naturally in child protection', in Toward a Child-Centered, Neighborhood-Based Child Protection System: A Report of the Consortium on Children, Families, and the Law.* Praeger: Greenwood Publishing Group.

Lord Laming (2003) *The Victoria Climbié Inquiry: Report of an Inquiry by Lord Laming. Command 5730.* The Stationery Office: Norwich.

Lord Laming (2009) *The protection of children in England: A progress report.* The Stationery Office: London.

Love, C. (2000) 'Family Group Conferencing: Cultural origins, sharing, and appropriation— a Maori reflection', in *Family Group Conferencing: New Directions in Community-Centered Child and Family Practice*. New York: Aldine De Gruyter.

Lupton, C. and Nixon, P. (1999) *Empowering practice? A critical appraisal of the family group conference approach*. Bristol: Policy Press.

Mackenzie, C. S., Gekoski, W. L. and Knox, V. J. (2006) 'Age, gender, and the underutilization of mental health services: The influence of help-seeking attitudes', *Aging & Mental Health*, 10(6), pp. 574–82.

Marsh, P. and Crow, G. (1998) *Family group conferences in child welfare.* Blackwell: Oxford.

Marsh, P. and Walsh, D. (2007) *Outcomes of family group conferences: more than just the plan. Kent Plans Report.* Kent: County Kent County Council.

Martin-Denham, S. (2021) *'Walking on eggshells': An interpretative phenomenological analysis of service-users' perspectives of domestic abuse support services.* Sunderland: University of Sunderland.

Martin-Denham, S. and Donaghue, J. (2020) 'The impact and measure of adverse childhood experiences: reflections of undergraduates and graduates in England', *Journal of Public Health (Berlin)*. doi 10.1007/s10389-020-01359-z.

Martinez, J. I. and Lau, A. S. (2011) 'Do social networks push families toward or away from youth mental health services? A national study of families in child welfare', *Journal of Emotional and Behavioral Disorders*, 19(3), pp. 169–181. doi: 10.1177/1063426610377898.

McKillop, L. (2016) *Family Group Conferencing: Scotland's national standards.* Edinburgh: Scottish Family Group Conference Steering Group.

Merkel-Holguin, L., Nixon, P. and Burford, G. (2003) 'Learning with families: A synopsis of family group decision making research and evaluation in child welfare', *Protecting Children,* 18(1), pp. 2–11.

Mersky, J. P., Janczewski, C. E. and Topitzes, J. (2017) 'Rethinking the measurement of adversity: moving toward second-generation research on adverse childhood experiences', *Child Maltreatment*, 22, pp. 58–68.

Metze, R. N., Abma, T. A. and Kwekkeboom, R. H. (2015) 'Family Group Conferencing: A theoretical underpinning', *Health Care Analysis*, 23(2), pp. 165–180. doi: 10.1007/s10728-013-0263-2.

Ministry of Justice (2021) Family Mediation Voucher Scheme, GOV.UK. Available at: https://www.gov.uk/guidance/family-mediation-voucher-scheme (Accessed: 5 July 2021).

Mirsky, L. (2003) 'Family Group Conferencing worldwide: Part 1 in a series', *Restorative Practices E Forum*, pp. 1–8.

Mitchell, M. (2018) *Re-imagining Family Group Conferencing "outcomes." School of Social and Political Science.* Edinburgh: University of Edinburgh.

Mitchell, M. (2020) 'Reimagining child welfare outcomes: Learning from Family Group Conferencing', *Child & Family Social Work*, 25(2), pp. 211–220. doi: https://doi.org/10.1111/cfs.12676.

Morris, A., Hegarty, K. and Humphreys, C. (2012) 'Ethical and safe: Research with children about domestic violence', *Research Ethics*, 8(2), pp. 125–139. doi: 10.1177/1747016112445420.

Muench, K., Diaz, C. and Wright, R. (2017) 'Children and parent participation in child protection conferences: A study in one English local authority', *Child Care in Practice*, 23(1), pp. 49–63. doi: 10.1080/13575279.2015.1126227.

Morris, K. and Featherstone, B. (2010) 'Investing in children, regulating parents, thinking family: A decade of tensions and contradictions', *Social Policy and Society,* 9(4), pp. 557-566.

Munro, E. (2010) *The Munro Review of child protection 1st report.* The Stationery Office: London.

Munro, E. (2011) *Munro review of child protection: Final report a child-centred system.* London: DfE.

National Scientific Council on the Developing Child (2014) *Excessive stress disrupts the architecture of the developing brain: working paper 3. Updated Edition.* Cambridge: Center on the Developing Child.

Negash, T. and Maguire-Jack, K. (2016) 'Do social services matter for child maltreatment prevention? Interactions between social support and parent's knowledge of available local social services', *Journal of Family Violence,* 31(5), pp. 557–565.

Noddings, N. (2003) *Caring: A feminine approach to ethics and moral education*. 2nd edn. Berkeley: University of California Press.

National Society for the Prevention of Cruelty to Children (2021) *What is child abuse?* Available at: https://www.nspcc.org.uk/what-is-child-abuse/. (Accessed: 5 July 2021).

Nurmatov, U., Foster, C., Bezeczky, Z., Owen, J. and El-Banna, A. (2020) *Impact of shared decision-making family meetings on children's out-of-home care, family empowerment and satisfaction: A systematic review.* Cardiff: Cardiff University.

O'Leary, Z. (2004) *The essential guide to doing research*. London: SAGE Publications, Ltd.

Office for National Statistics (ONS) (2020a) *Children looked after in England including adoptions, Reporting Year 2020*. Available at: https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2020#releaseHeadlines-tables (Accessed: 18 June 2021).

ONS (2020b) *Characteristics of children in need, Reporting Year 2020*. Available at: https://explore-education-statistics.service.gov.uk/find-statistics/characteristics-of-children-in-need/2020 (Accessed: 29 June 2021).

ONS (2021) *Children looked after in England including adoptions, Reporting Year 2020*. Available at: https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2020 (Accessed: 21 April 2021).

Ortega, D. (2002) 'How much support is too much? Parenting efficacy and social support', *Children and Youth Services Review,* 24(11), pp. 853–876.

O'Shaughnessy, R., Collins, C. and Fatimilehin, I. (2010) 'Building bridges in Liverpool: Exploring the use of family group conferences for black and minority ethnic children and their families', *British Journal of Social Work*, 40(7), pp. 2034–2049. doi: 10.1093/bjsw/bcp102.

Osofsky, J. D. (1999) 'The impact of violence on children', *The Future of Children*, 9(3), pp. 33–49. DOI: 10.2307/1602780.

Parton, N. (1985) *The Politics of Child Abuse.* Palgrave/Macmillan: Basingstoke.

Parton, N. (2004) From Maria Colwell to Victoria Climbié: Reflections on public inquiries into child abuse a generation apart, *Child Abuse Review*, 13, pp. 80–94. DOI: 10.1002/car.838.

Parton, N. (2006) *Safeguarding childhood in a late modern society.* Palgrave: London.

Patton, M. (2015) *Qualitative research and evaluation methods*. Thousand Oaks, CA: SAGE Publications, Ltd.

Peel, K. L. (2020) 'A beginner's guide to applied educational research using thematic analysis', *Practical Assessment, Research and Evaluation,* 25(2), pp. 1–15. doi: https://doi.org/10.7275/ryr5-k983.

Pennell, J. (2004) 'Family Group Conferencing in child welfare: responsive and regulatory interfaces', *The Journal of Sociology & Social Welfare*, 31(1), pp. 117–136.

Pennell, J. and Burford, G. (2000) 'Family group decision making: Protecting children and women', *Child Welfare*, 79(2), pp. 131–158.

Pingley, T. (2017) The impact of witnessing domestic violence on children: A systematic review. https://sophia.stkate.edu/msw_papers/776/?utm_source=sophia.stkate.edu%2Fmsw_papers%2F776&utm_medium=PDF&utm_campaign=PDFCoverPages (Accessed: 25 March 2021)

Polansky, N. A., Guadin, J., Ammons, P.W. and Davis, K. B. (1985) 'The psychological ecology of the neglectful mother', *Child Abuse & Neglect*, 9(2), pp. 265–275. doi: 10.1016/0145-2134(85)90019-5.

Preston, N. (2001) *Understanding ethics*. 2nd edn. Leichhardt: Federation Press.

Rajendran, K., Smith, B. D. and Videka, L. (2015) 'Association of caregiver social support with the safety, permanency, and well-being of children in child welfare', *Children and Youth Services Review*, 48, pp. 150–158. doi: 10.1016/j.childyouth.2014.12.012.

Reid, W. J., and Misener, E. (2001) 'Social work in the press: a cross-national study', *International journal of social welfare,* 10(3), 194-201.

Reupert, A. and Maybery, D. (2007) 'Families affected by parental mental illness: A multi-perspective account of issues and interventions', *American Journal of Orthopsychiatry*, 77(3), 362-369.

Richards, D., Talbot, C. and Munro, E. (2015) *Targets? More targets! Even less change and more continuity in the performance regime in Whitehall.* Manchester Policy Blogs: The University of Manchester.

Ritchie, J., Lewis, J., Nicholls, C. M. and Ormston, R. (2013) *Qualitative Research Practice: A Guide for Social Science Students and Researchers*. SAGE Publications, Ltd.

Rickwood, D. J. and Braithwaite, V. A. (1994) 'Social-psychological factors affecting seeking help for emotional problems', *Social Science and Medicine*, 39, pp. 563–72.

Rodriguez, C. M. and Tucker, M. C. (2015) 'Predicting maternal physical child abuse risk beyond distress and social support: Additive role of cognitive processes', *Journal of Child and Family Studies*, 24(6), pp. 1780–1790. doi: 10.1007/s10826-014-9981-9.

Roose, R., Mottart, A., Dejonckheere, N., Van Nijnatten, C. and De Bie, M. (2009) 'Participatory social work and report writing', *Child and Family Social Work*, 14(3), pp. 322–30.

Roth, D., Tunnard, J., Lindley, B., Gaye, A. D. and Ashley, C. (2011) *Managing Contact: Research Findings on Managing Contact with Parents and Relatives for Children Living in Family and Friends Arrangements.* London: Family Rights Group.

Saunders, H. and Selwyn, J. (2008) 'Supporting informal kinship care', *Adoption & Fostering*, 32(2), pp. 31-42.

Secretary of State for Social Services (1974) *Report of the inquiry into the care and supervision provided in relation to Maria Colwell.* HMSO: London.

Sege, R. and Linkenbach, J. (2014) 'Essentials for childhood: promoting healthy outcomes from positive experiences', *Pediatrics*, 133(6), pp. 1489–1491.

Sheets, J. et al. (2009) 'Evidence-based practice in family group decision-making for Anglo, African American and Hispanic families', *Children and Youth Services Review*, 31(11), pp. 1187–1191. doi: 10.1016/j.childyouth.2009.08.003.

Silverman, D. (2017) *Doing qualitative research*. 5th edn. London: SAGE Publications, Ltd.

Simons, H. (2009) *Case study research in practice*. London: SAGE Publications, Ltd.

Skaale Haven, K. J. and Christensen, O. (2014) *Knowledge Review on Family Group Conferencing. Experiences and Outcomes*. Bergen: The Regional Centre for Child and Youth Mental Health and Child Welfare.

Skinner, G. C., Bywaters, P. W., Bilson, A., Duschinsky, R., Clement, K. and Hutchinson, D. (2020) The 'Toxic Trio': how good is the evidence base? Summary.

Slack, S. S., Font, S. and Jones, J. (2016) 'The complex interplay of adverse childhood experiences, race, and income', *National Association of Social Workers,* 42, pp. 24–31.

Social Work England (2021) *Continuing professional development (CPD) guidance for social workers until 30 November 2021.* Sheffield: Social Work England.

Spiers, J. and Riley, R. (2019) 'Analysing one dataset with two qualitative methods: The distress of general practitioners, a thematic and interpretative phenomenological analysis', *Qualitative Research in Psychology*, 16(2), pp. 276–290. doi: 10.1080/14780887.2018.1543099.

Spratt, T., Devaney, J. and Frederick, J. (2019) 'Adverse Childhood Experiences: Beyond Signs of Safety; Reimagining the Organisation and Practice of Social Work with Children and Families', *British Journal of Social Work*, 49(8), pp. 2042–2058. doi: 10.1093/bjsw/bcz023.

Stabler, L., O'Donnell, C., Forrester, D., Diaz, C., Willis, S. and Brand, S. L. (2019) *What is good practice in delivering meetings? Involving families meaningfully in decision-making to keep children safely at home: A rapid realist review.* Cardiff: The Children's Social Care Research and Development Centre.

Stallard, P., Norman, P., Huline-Dickens, S., Salter, E. and Cribb, J. (2004) 'The effects of parental mental illness upon children: A descriptive study of the views of parents and children.' *Clinical Child Psychology and Psychiatry*, 9(1), 39-52.

Straub, U. (2012) 'Family group conference in Europe: From margin to mainstream.' in. ERIS web journal.

Storrie, K., Ahern, K. and Tuckett, A. (2010) 'A systematic review: Students with mental health problems—a growing problem', *International Journal of Nursing Practice*, 16(1), pp. 1–6.

Sunderland Safeguarding Children Board (SSCB) (2018) *Sunderland safeguarding children board multi agency guide to our thresholds of need.* Sunderland: SSCB.

Taylor, S. (2011) 'Social support: A review', in *Oxford Handbook of Health Psychology*. York: Oxford University Press.

Templeton, L. (2014) Building resilience and reducing risks in children affected by serious untreated parental mental illness, Problematic substance use and domestic violence. *British Columbia Ministry of Children and Family Development.*

Thanh, N. C. and Thanh, T. T. (2015) 'The interconnection between interpretivist paradigm and qualitative methods in education', *American Journal of Educational Science*, 1(2), pp. 24-27.

The independent review of children's social care (2021) *Message from Josh MacAlister, Chair of the independent review of children's social care*. Available at: https://childrenssocialcare.independent-review.uk/. Accessed (22 June 2021).

Thoits, P. A. (2011) 'Perceived social support and the voluntary, mixed, or pressured use of mental health services', *Society and Mental Health*, 1(1), pp. 4–19. doi: 10.1177/2156869310392793.

Thompson, R. (2015) 'Social support and child protection: Lessons learned and learning', *Child Abuse & Neglect*, 41, pp. 19–29.

Thompson, N. (2019) 'The views of social workers and special guardians on planning contact for special guardianship children', *Journal of Children's Services*, 14(4), pp. 237-250. doi:10.1108/JCS-09-2018-0021.

Titcomb, A. and LeCroy, C. (2005) 'Outcomes of Arizona's family group decision making program', *Protecting Children*, 19(4), pp. 47–53.

Together for Children (2021a) *Family group conference service: A guide to our service – children and young people.* Available at: https://www.togetherforchildren.org.uk/parents-carers/family-group-conferencing. (Accessed: 5 July 2021.

Together for Children (2021b) *Family group conference service A guide to our service – families.* Available at: https://www.togetherforchildren.org.uk/parents-carers/family-group-conferencing. (Accessed: 5 July 2021).

Together for Children (2021c) *Family Group Conferencing*. Available at: https://www.togetherforchildren.org.uk/parents-carers/family-group-conferencing. (Accessed: 5 July 2021).

Topkaya, N. (2014) 'Gender, self-stigma, and public stigma in predicting attitudes toward psychological help-seeking', *Educational Sciences: Theory & Practice*, 14(2), pp. 480–7.

United Nations International Children's Emergency Fund (UNICEF) (1989) *The United Nations convention on the rights of the child*. London: UNICEF.

Valentine, K., Jenkins, B., Brennan, D. and Cass, B. (2013) 'Information provision to grandparent kinship carers: Responding to their unique needs', *Australian Social Work*, 66(3), 425-439.

Velleman, R. and Templeton, L. J. (2016) Impact of parents' substance misuse on children: An update. *British Journal of Psychological Advances*, 22(2), 108-117.

Vinson, T., Baldry, E. and Hargreaves, J. (1996) 'Neighbourhoods, networks and child abuse', *The British Journal of Social Work*, 26(4), pp. 523–543.

Vogel, D. L., Wade, N. G., Wester, S. R., Larson, L. and Hackler, A. H. (2007) 'Seeking help from a mental health professional: The influence of one's social network', *Journal of Clinical Psychology*, 63(3), pp. 233–45.

Wade, J., Sinclair, I., Stuttard, L. and Simmonds, J. (2014) *Investigating Special Guardianship: experiences, outcomes and challenges.* London: Department for Education.

Waites, C., Macgowan, M. J., Pennell, J., Carlton-LaNey, I. and Weil, N. (2004) 'Increasing the cultural responsiveness of Family Group Conferencing',' *Social Work,* 49(2), pp. 291–300.

Wenjing, L., Denson, L. and Dorstyn, D. (2016) 'Predictors of mental health service use by young adults: A systematic review', *Psychiatric Services,* 67(9), pp. 946–56.

Widom, C. S., Horan, J. and Brzustowicz, L. (2015) Childhood maltreatment predicts allostatic load in adulthood, *Child Abuse & Neglect,* 47, pp. 59–69.

World Health Organization (2001) *Putting women first: ethical and safety recommendations for research on domestic violence against women.* Geneva: World Health Organization.

World Health Organization (2021) *Coronavirus* Available at: https://www.who.int/health-topics/coronavirus#tab=tab_. (Accessed 18 June 2021).

Yin, R. K. (2011) *Qualitative research from start to finish.* New York: The Guilford Press.

Zellmer, D. D. and Anderson-Meger, J. (2011) 'Rural mid-western religious beliefs and help seeking behavior: Implications for social work practice', *Social Work & Christianity*, 38(1), pp. 29–50.

Appendices

Appendix 1: Thresholds of need
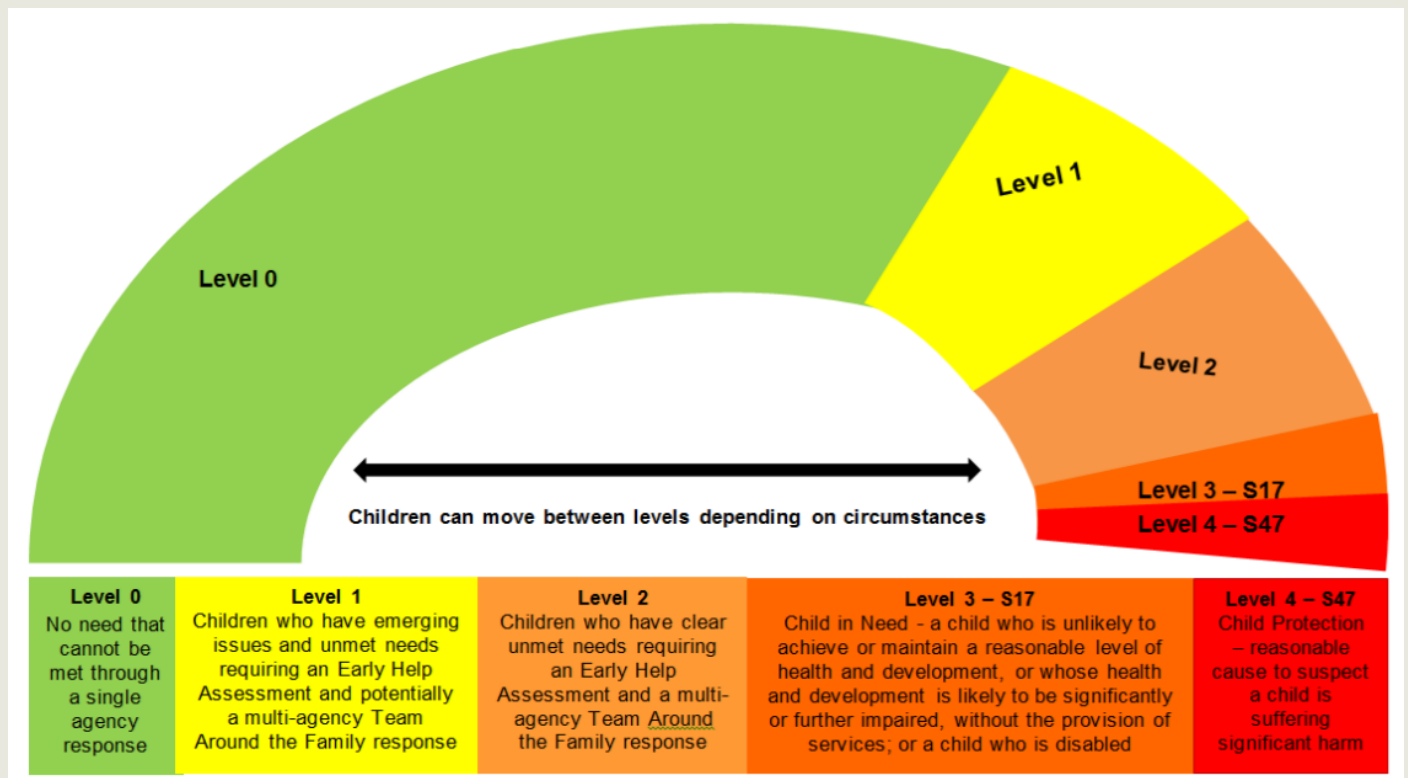
Sunderland Safeguarding Children Board (2018, p. 3).

Appendix 2: Indicative interview questions

- What were your initial thoughts about taking part in Family Group Conferencing (FGC)?
- Who attended the conference with you?
- How, if at all, do you think FGC helped you find solutions to the difficulties you were having as a family?
- Do you think it beneficial having everyone together? Why?
- What kinds of questions did you explore?
- Did you feel an increased sense of empowerment in decision making over your circumstances? How?
- How important was the co-ordinator in supporting you and your family?
- How, if at all was your child involved in the FGC process?
- What, if at all was the benefit of having child(ren) there?
- Do you think the process brought you and your family/network closer? How/ Why?
- Do you think having a wider support network in the meeting supported the outcome? Did it result in more practical help from your family?
- What were the issues the family were having to need social services involvement?
- Did anything prevent you sharing your difficulties with wider family members and asking for help?
- Why couldn't you ask from help from your family without FGC?
- What were the outcomes on the plan?
- Were the outcomes of the plan achieved? What helped you achieve them?
- If outcomes were not achieved on the plan, why do you think they weren't? Was there anything not achieved?
- Do you think FGC could help more families? Why?
- When should FGC be offered to families?
- Can you tell me if anything changed in your life after FGC? Why do you think this happened?
- What, if anything would make FGC better? How?

Appendix 3: Table 4. Mapping of study aim, objectives, research questions, theme, and subtheme

Aim: To investigate the effectiveness of family group conferencing from a service-user perspective

Objectives	Research questions	Link to theme	Link to subtheme
O1: To identify the challenges encountered by families who took part in the FGC approach.	Can you tell me about your family and support network?	Context setting questions	
	Who attended the conference with you?		
	Who attended the conference with you?	The families	Their adversities
O2: To identify the processes that supported participants in accessing the FGC approach.	What were your initial thoughts about taking part in FGC?	Engaging with FGC	Initial thoughts about taking part
	How important was the coordinator in supporting you and your family?	Engaging with FGC	The role of the coordinator
O3: To evaluate if FGC had a positive impact on those who accessed the intervention.	Was it beneficial to have everyone together? Why?	The conference	Feeling empowered Working together and communicating
	What kinds of questions did you explore?	The conference	Finding solutions
	How, if at all, do you think FGC helped you find solutions to the difficulties you were having as a family?	The conference Life now	Finding solutions Feeling empowered Ongoing support Using the plan
	Do you think the process brought you and your family/network closer? How/Why?	Life now	A closer family
	Did you feel an increased sense of empowerment in decision making over your circumstances? How?	The conference	Feeling empowered
	Do you think having a wider support network in the meeting supported the outcome? Did it result in more practical help from your family?	Life now	Ongoing support
	What were the outcomes on the plan?	The conference	Finding solutions
	Were the outcomes of the plan achieved? What helped you achieve them?	Life now	Using the plan
	If outcomes were not achieved on the plan, why do you think they weren't? Was there anything not achieved?	Life now	Using the plan
	Can you tell me if anything changed in your life after FGC? Why do you think this happened?	Life now	Using the plan Ongoing support Closer families
O4: To evaluate if and how FGC could be improved.	What, if anything, would make FGC better? How?	Improving FGC	Having it sooner On the day Mindsets
	What, if at all, was the benefit of having a child(ren) there?	Improving FGC	On the day
O5: To analyse service users' views on improving user engagement with children's social care services.	Can I ask what prevented you from sharing your difficulties with wider family members and asking for help?	Engaging with FGC	Barriers to support-seeking
	Why couldn't you ask for help from your family without FGC?	Engaging with FGC	Barriers to support-seeking
	Do you think FGC could help more families? Why?	Improving FGC	Having it sooner Mindsets
	When should FGC be offered to families?	Improving FGC	Having it sooner